

Elmsford Union Free School District
Kindergarten
2010 – 2011



Dual Language Academy Application

Child's Name: _____ DOB: _____ Gender: **M** **F**

Ethnicity: **African-American** **Asian** **Caucasian** **Hispanic** **Other:** _____

Parent's Name: _____

Address: _____

Home Telephone: _____ Cellular/Alternate: _____

Where was your child born? _____

What language does your child speak at home? _____

What language does mother speak at home? _____

What language does father speak at home? _____

Does your child receive services through the Committee for Pre-School Special Education (CPSE)? **Yes** **No**

Are you (the parent) an employee of the Elmsford School District? **Yes** **No**

A lottery system will be held to determine program participants and a wait list will be created.

Parent Signature: _____ Date: _____