



**Sandra Dunagan Deal Elementary School
Dual Language Path
Program of Choice Application
2025-2026**

Child's Last Name	First Name	Middle Initial	
2025-2026 Grade Level	Date of Birth (MM/DD/YY)	Gender	
Home Address	City	State	Zip
County of Residence	Zoned School District	Zoned School	
Parent/Guardian Names	Email		
Home Number	Cell Number	Other Number	
Home Language			
Sibling of Current Student at SDDES? (please list siblings)			
Yes	No		
Parent Employee of SDDES?			
Yes	No		

PARENT ASSURANCES: As a Parent/Guardian, I understand that:

- € The Dual Language Path Program of Choice will include approximately 90% of instruction in Spanish and 10% of instruction in English K-1st and 50% instruction in Spanish and 50% English 2-5.
- € I must provide transportation to and from school for my child if I live outside the SDDES attendance zone.
- € I commit to my child's participation in the Dual Language Path Program of Choice from kindergarten through 5th grade to ensure my child will receive the maximum benefit from the program.
- € If my child has persistent attendance, behavior, or motivation issues, he/she may be required to return to his/her zoned school.
- € If at any time during the program it is decided that the Dual Language Path Program of Choice is not the optimal environment for my child to succeed, he/she may be required to return to his/her zoned school.

Parent/Guardian Signature

Date