



# 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 SDDDES? (please list siblings)		
Yes      No		
Parent Employee of SDDDES?		
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 SDDDES attendance zone.
- € I commit to my child's participation in the Dual Language Path Program of Choice from kindergarten through 5<sup>th</sup> 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.

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Parent/Guardian Signature

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Date