



**Saugus Union School District**   
Dual Language Immersion Interest Form

*hello!*   
*hola!* 

**For Office Use Only:**  
Approved by Asst.  
Superintendent  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home School: \_\_\_\_\_ Grade Level for 2019/20 School Year: \_\_\_\_\_

Siblings: \_\_\_\_\_ Age: \_\_\_\_\_

Siblings: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address of Residence: \_\_\_\_\_

Telephone/Cell Numbers: \_\_\_\_\_ Email: \_\_\_\_\_

Language/s Spoken at Home: \_\_\_\_\_

**Does your child have any special accommodations that we may assist with? (Please explain below)**

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**Comments/Questions:**

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**Please Note: Parents/Guardians are responsible for transportation to and from school.**

*DLI 1/23/19 rt*