Oglethorpe Avenue Elementary School

1150 Oglethorpe Avenue
Athens, GA 30606

Dual Language Immersion
2021-22 Registration Form

> ___Please note___: **This form is intended for registration for the Dual Language Immersion (DLI) program only. Your child also must be registered for Pre K or kindergarten at your neighborhood school.**

Program Mission

The mission of the Oglethorpe Avenue Elementary School Dual Language Immersion (DLI) program is to prepare students for college, careers, and world citizenship. Through this program, students will acquire communication and collaboration skills which will provide them with a competitive edge in the global marketplace.

Program Overview

Oglethorpe Avenue Elementary's 80/20, 70/30, and 50/50 Models call for at least 80, 70 or 50% of the school day to be spent learning Georgia Standards of Excellence and the Georgia Performance Standards of Modern Language in Spanish, the new language. A team of dual language teachers will teach students in all content areas in Spanish and will spend a portion of the day teaching language arts and literacy skills in English. Through this Dual Language Immersion model, students will develop proficiency in both English and Spanish. By the completion of their elementary education, participating students are expected to acquire bilingual and biliterate proficiency.

Eligibility

Pre-Kindergarten and Kindergarten Enrollment

Enrollment in the Dual Language Immersion program is open to all rising Pre-Kindergarten and Kindergarten students. In order to apply, you must be zoned to or already enrolled in OAES DLI program. Applications for Pre-K enrollment into the DLI program may be submitted immediately after the CCSD Pre-K lottery process. **Applications for Kindergarten enrollment into the DLI program are accepted beginning April 19th of each year. The deadline to submit an application is the last day of April of each calendar year.** If the number of applications received exceeds the number of spaces available, a lottery will be used to determine placements. A 50/50 ratio of native speakers and non-native speakers will comprise each class. This criteria will be used in the lottery process.

First-fourth Grade Enrollment

Opportunities for late entry to the program will be based on available space and additional factors which include:

- Transferring from another state-accredited school with a Spanish Dual Language Immersion program.
- Transferring from a country where the primary language of learning was Spanish.

Please join a parent information session with Dr. Bipul Singh singhb@clarke.k12.ga.us or call 706-549-0762 if you are interested in our Dual Language Immersion Program.

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Please complete all sections of the Registration Form and return it to the school no later than
Please print clearly.

Student Information:

Last Name: _____ First Name: _____ Middle Name: _____

Street Address:_____ City:_____ Zip Code:_____

Birthdate(Month/Day/Year):_____Grade: _____ Phone Number: _____

Parent/ Legal Guardian Information:

Last Name: _____ First Name: _____Middle Name: _____

Mailing Address (If different from above):_____

Parent/ Guardian Email Address: _____

School Zone
Is your student currently zoned to attend this school?   Yes   No

Please answer below:

1. *What is the first language spoken in the home? _____*
2. *What is the first language spoken by the child? _____*
3. *Which language is spoken most often by the child? _____*

Important Note: Parents and students must have a long-term commitment to this program for a child to get the most from this learning experience. It would be detrimental to all parties involved in the program for parents not to fulfill this commitment. If you are strongly considering a move over the next few years, please consider whether this program is appropriate for your student.

By signing this registration form, I am verifying that I have read the registration form and program overview document and wish to register my student for the Dual Language Immersion program at Oglethorpe Avenue Elementary School.

Parent/Guardian Signature:_____ Date: (Month/ Day/ Year)_____

For Office Use Only
Date Received :_____
Reg. # :_____
Conf. Sent: _____