

DUAL LANGUAGE LETTER OF COMMITMENT AND CONSENT

I give consent for placement of my child _____ in the Wood Dale School District 7 Dual Language Program beginning with the 2018-2019 school year at Oakbrook School.

I have been informed about the Dual Language Program's mission, vision, and goals, as well as the curriculum, instructional, and assessment approaches. I agree to support my child and the program by committing to the following:

My child will:

- Participate in the program for no less than six years (K- 5).
- Be in a classroom with 50% dominant English speakers and 50% native Spanish speakers.
- Be in a classroom that includes English instruction and Spanish instruction.
- Develop bilingual (listening and speaking) and bi-literate (reading and writing) competencies.

Instruction will:

- Be 80% in Spanish and 20% in English beginning in Kindergarten and First Grade.
- Be 70% in Spanish and 30% in English in Second Grade.
- Be 60% in Spanish and 40% in English in Third Grade.
- Be 50% in Spanish and 50% in English in Fourth and Fifth Grades.

I understand that the teachers and administrators commit to:

- Setting high academic expectations, which will prepare students for college readiness and prepare students to work in a global society.
- Preparing and delivering instruction that meets the needs of all students in the class.
- Communicating with and engaging parents in the learning process to ensure success of individual students.
- Promoting an educational environment where students can thrive in the learning of two languages.

If more families show interest than enrollment allows, then a waiting list will be established. For more information visit our website at www.wd7.org

I am acknowledging that I consent and agree to the placement of my child in the Dual Language Program in Wood Dale School District 7. **If my child is enrolled into the program and I choose to later withdraw my child, I agree to do so by June 1, 2018. Withdrawal requests made after June 1, 2018 will not be honored.**

Parent's Signature

Date

Address

Home Number

Mobile Number

Child's Name (DOB)

Email Address

Please complete and return the bottom portion to:

Dr. Merri Beth Kudrna

543 N Wood Dale Road, Wood Dale, IL 60191