



**Proposition 58 Dual Language Education Program  
Parent Request Form**

School:	Date of Request:	For School Year:
Parent/Guardian Name:	Parent/Guardian Phone:	
Student Name:	Student's Grade Level (at time of request):	
Languages Spoken by Student:		

LANGUAGE ACQUISITION PROGRAM REQUESTED	
<input type="checkbox"/> <b>Dual Language Two-Way Immersion Program (TWI) Grades K-12</b> The TWI program is designed for ELs and English Speakers. Content instruction is provided in a target language* and English. *Target language refers to a language other than English.	<input type="checkbox"/> <b>Dual Language One-Way Immersion Program (OWI) Grades K-12</b> The OWI program is designed for ELs of the target language. Content instruction is provided in a target language* and English. *Target language refers to a language other than English.
<b>Target Language Requested:</b> <input type="checkbox"/> Spanish <input type="checkbox"/> Korean <input type="checkbox"/> Mandarin <input type="checkbox"/> Armenian <input type="checkbox"/> French <input type="checkbox"/> Arabic <input type="checkbox"/> Other: _____	

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Parents of native English-speaking students may request the Dual Language Two-Way Immersion Program.**

For School Use Only		
Student Language Classification:		
<input type="checkbox"/> EL <input type="checkbox"/> IFEP <input type="checkbox"/> EO <input type="checkbox"/> RFEP		
Request Received By:	Signature:	Date: