



Mandarin Immersion Program

Student Name: _____ Date of Birth: _____ **Kindergarten 2018-19**

Parent Name: _____ Address: _____

Contact Number: _____ Email address: _____

Please explain why you would like your student enrolled in the Mandarin Choice Partial Immersion Program:

I understand that enrollment in the Mandarin Choice Partial Immersion Program may require additional support at home. As a parent/guardian of a Mandarin Choice Student, our family will commit to a regular homework time each school night for a minimum of 20 minutes each night.

Initial _____

Acceptance letters will be sent if you are selected for the Mandarin Choice Partial Immersion Program. Factors affecting enrollment include application submittal date, previous enrollment, employee of SUSD, gender balance, or older sibling in the program.

Initial _____

Administration Use Only:

- Previous Class Member
- Family Mandarin Choice Member Sibling name (_____)
- SUSD Employee (Location _____)
- Live in DCES boundaries
- Live in SUSD boundaries
- Outside SUSD boundaries