



# Culver City Unified School District

Administration Building 4034 Irving Place Culver City, CA 90232-2848  
(310) 842-4220

Culver City Resident                      School of Residence \_\_\_\_\_

Interdistrict Permit Applicant              District of Residence \_\_\_\_\_

## CCUSD DUAL LANGUAGE PROGRAM APPLICATION FORM

Japanese and English Dual Language Program at El Marino Language School OR

Spanish and English Dual Language Program at El Marino Language School and/or

Spanish and English Dual Language Program at La Ballona Elementary School

Grade:  Kindergarten (2010/2011)       1<sup>st</sup> Grade (2010/2011)

Please list the language(s) your child hears on a regular basis and from whom:

Language	From Whom	Frequency

Please list the language(s) your child uses to communicate and with whom:

Language	From Whom	Frequency

\_\_\_\_\_ M      F \_\_\_\_\_  
Student's Last Name      First Name      *circle one*      Date of Birth

\_\_\_\_\_ Parent's Last Name      First Name      Parent e-mail

\_\_\_\_\_ Address      City      Zip Code

\_\_\_\_\_ Daytime Phone #      Cell Phone #      Sibling(s):      Yes      No  
*circle one*

I wish to have my child, \_\_\_\_\_, apply to the Dual Language Program at  El Marino Language School and/or  La Ballona Elementary School. I understand the goals of the program are for students to become bilingual, biliterate, and bicultural by the fifth grade and that **this program requests a long-term commitment of six years.**

\_\_\_\_\_ Signature of Parent or Guardian      \_\_\_\_\_ Date