



Waller ISD
Bilingual/ESL Department
Dual Language Program
Student Information Form



Name of Child: _____ M F

Date of Birth: _____ Current age: _____

Name of Parent(s)/Guardian(s): _____

Mailing Address: _____
Street City State Zip Code

Telephone #: _____
Home Work Cell

Did your child attended Pre-Kindergarten? Yes No

If so, where? _____
School District

STUDENT / FAMILY INTERESTS

What language does your child speak most often? _____

What other languages are spoken at home? _____

Do you agree to keep your child in Dual Language for 6 years? Yes No

Please tell us about your family's interest in becoming bilingual:

Are there siblings currently in the Dual Language Program? Yes No

Please list other children at home (specify if in DL Program)

Name School Age

Name School Age

Name School Age

Name School Age

Parent Signature

Date