NEWBURGH ENLARGED CITY SCHOOL DISTRICT

Mrs. Andrea Moriarty
Registrar

Office of Registration
(845) 568-6670

SCHOOL DUAL LANGUAGE APPLICATION

This year the Dual-language Program students will be interviewed and selected prior to the Kindergarten lottery placement process. This application applies ONLY to those candidates seeking participation in the Dual Language Program offered at Temple Hill, Vails Gate and Fostertown schools.

School Preference: _____ Fostertown _____ Temple Hill _____ Vails Gate

Student's Name: _____ Date of Birth: _____

Home Address: _____

Contact Phone Number: (_____) _____-_____

Parent's name: _____

Gender: M F Student's Dominant Language: **ENGLISH** **SPANISH**
Language spoken at home: **ENGLISH** **SPANISH**

Pre-School Information: _____
Address: _____
Phone: _____
Teacher(s): _____

Student Questionnaire

Please circle the category that best describes your child:

Speaks in complete sentences	Always	Seldom	Never
Works well independently	Always	Seldom	Never
Works well with multiple adults	Always	Seldom	Never
Independently draws	Always	Seldom	Never
Handles change well	Always	Seldom	Never
Is quiet and shy	Always	Seldom	Never
Acquires new skills quickly	Always	Seldom	Never
Is a self –starter	Always	Seldom	Never
Likes new challenges	Always	Seldom	Never
Is willing to take a risk	Always	Seldom	Never
Is confident	Always	Seldom	Never
Is creative	Always	Seldom	Never

PARENTS SIGNATURE: _____

Please return this form by Tuesday, December 5, 2017 with your School of Choice to:
Office of Registration – Mrs. Andrea Moriarty, 124 Grand Street, Newburgh, New York 12550