

Date Received: _____



REDDING ELEMENTARY
SCHOOL DISTRICT
¡LISTO! MAGNET PROGRAM,
SYCAMORE ELEMENTARY
SCHOOL
Program Application

Student Name: _____ Birth Date _____

Student Information: Grade 2017-18 School Year Kinder First

Parent Name/s _____

Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____ (Parent 1 _____)

Cell Phone _____ (Parent 2 _____)

(If in two households):

Parent Name/s _____

Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____ (Parent 1 _____)

Cell Phone _____ (Parent 2 _____)

Has your child attended preschool or other early education classes? Yes ____ No ____

If 'Yes' please provide the name of the school, address, and contact information.

School Name _____ Phone Number _____

Address _____

How long was your child at this preschool? From _____ To _____

Does your child have an IEP (Individualized Education Plan) Yes ____ No ____

If yes, which services: Speech and Language ____ Resource Services ____ Special Day Class ____

LANGUAGE SURVEY

What language did your child learn when he/she first began to talk? _____

What language does your child speak most frequently at home? _____

What language do you use most frequently when you speak to your child? _____

What language is most often spoken by the adults in your household? _____

OTHER SIBLINGS

Name _____ Current Age ____ School _____ Grade ____

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