



HARLEM LANGUAGE ACADEMY PROGRAM INTEREST FORM
INCOMING KINDERGARTEN FOR 2018-2019 SCHOOL YEAR



This form serves the purpose of identifying students whose parents are interested in the Harlem Language Academy at Rock Cut Elementary. In order to ensure that all applicants are considered, parents/legal guardians must turn in this form in person at the time of Registration. SUBMITTING THIS INTEREST FORM DOES NOT AUTOMATICALLY ENSURE YOUR CHILD'S ADMISSION INTO THE HARLEM LANGUAGE ACADEMY.

INTEREST:

I am interested in signing up for the HoLA Program for my child for the 2018-2019 school year.

YES [] NO []

The reason I want my child to be in the HoLA Program is:

Two horizontal lines for text input.

STUDENT PERSONAL INFORMATION:

Form fields for Last Name, First Name, Date of Birth, Father's last name, Father's first name, Email address, Mother's last name, Mother's first name, Email address.

Student street address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ Cell phone: _____

• Is a language other than English spoken in your home?

Yes

What language? _____

No

• Does your child speak a language other than English?

Yes

What language? _____

No

By signing this HoLA Interest Form, I give consent for my child to be accepted into the HoLA Program. Given the nature of the development of a second language, our family understands that the program is designed to span over the course of seven years (K-6).

Parent/Guardian Signature

Date

FOR SCHOOL USE ONLY

Home School: _____

Grade: _____

Qualifying Status:
Yes No N/A

Student ID: _____

Notes: