**Bilingual Summer School Program K-1 Initial Parent Survey**

**Independent School District / Charter School**

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| **Summer:** |
| **Campus:** |
| If your child is entering kindergarten or first grade in the fall of , your child may be eligible to attend the Bilingual Summer School Program K-1.  Please complete the following information so that we can send you information about the summer program. |
| Student name: |
| Date of birth: |
| Parent/guardian: |
| Address: |
| Telephone: |

Please return this form to the principal at your home school or call the Bilingual Department at **.**

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