

KINDERGARTEN PROGRAM OPTIONS **2021-22 Program Application**

Complete ONLY if you plan to enroll your student in a program other than full-day kindergarten at your neighborhood school.

Date Received:	
Received by:	

Student Information				
Student Name	Birth Date:	Gender: M	F Z	X(non-binary)
Parent/Guardian:	Phor	ne:		
Address:		Phone:		
Email Address:				
Neighborhood School:				
Program Options				
Dual Language	Chehalem Online	e Academy (COA	١)	
Hours: 8:30 am - 3:10 pm Location: Edwards Elementary School Transportation: May be provided Description: Class consists of an equal number of native English and Spanish speakers. Class follows	Hours: Flexible sche Location: Home & Transportation: No Description: COA is blends online learning	1421 Deborah Stre t provided s a dual enrollment ng with regular con	prog tact w	ram that vith a highly-
Oregon kindergarten standards led by a highly-qualified teacher.	qualified teacher. Patheir student's education		ader	ship role in
Selection				
Check the program you are requesting. □	Dual Language	□ COA		
Does your student have a sibling enrolled in the Dual Langua If yes, what is the enrolled student's name? Does your student have a sibling also applying for a special kilf yes, which program?	-	_ Teacher's Name ₋	YES	
Terms and Conditions				
Every effort will be made to accommodate all requests for placeme have a lottery, but the Dual Language program may be subject to se program, remaining applicants will be placed on a waiting list. To be considered for the Dual Language lottery, applications must be Any applications received AFTER May 6, 2021 will be placed on a warandomly assigned a lottery number on May 13, 2021. All applicant This application must be accompanied by a completed Newberg Pu Forms are available at all elementary schools and on the district's was to enroll in a kindergarten program for the 2021-22 school year.	election by lottery. Once be received by May 6, 20 aiting list in the order rec s will be contacted regar blic Schools enrollment f	maximum capacity is r 21. eived. All completed a ding placement after t orm and proof of birth	eache pplicat he lott and ir	d for this tions will be tery. mmunization.
I have read the attached program information sheet and I understa not guarantee enrollment in a specialized kindergarten program.	nd and agree to these te	rms. I understand that	this ap	pplication does
Parent/Guardian Signature		Date		
Please Return this application with you	ır enrollment form to yo	our neighborhood sch	iool	

return this application with your emoliment form to your neighborhood school

	FOR OFFICE USE ONLY
Neighborhood school:	Lottery number: