



Saugus Union School District 
Dual Language Immersion Interest Form



For Office Use Only:
Approved by Asst.
Superintendent

Child's Name: _____ Birth Date: _____
Home School: _____ Grade Level for 2019/20 School Year: _____
Siblings: _____ Age: _____
Siblings: _____ Age: _____

Parent/Guardian Name: _____
Address of Residence: _____
Telephone/Cell Numbers: _____ Email: _____
Language/s Spoken at Home: _____

Does your child have any special accommodations that we may assist with? (Please explain below)

Comments/Questions:

Please Note: Parents/Guardians are responsible for transportation to and from school.

DLI 1/23/19 rt