

Shelton School District

Check this box if your student is currently enrolled in the Dual-Language Program.

Renewal

700 S. 1st St. Shelton, WA 98584 360-426-1687

Dual Language Program Lottery Form

*Please fill this form out <u>ONLY</u> if Evergreen Elementary School is your home school

Student's neighborhood school:	on open seats			
Date this application submitted:				
Student's name (one student pe	r form):			
Student's current physical addre	ss:			
	Street Address	Apt. #	City	State/Zip
Student's anticipated physical ad	ddress (if moving):			
	Street Address	6 Apt. #	City	State/Zip
Language spoken at home:				
Grade student will be at time of t	ransfer:A	ge student will be at t	ime of transfer:	
Last school attended:				
Is the student enrolled in any spe	ecial education programs: Yes	: No:		
Signature of Parent/Guardian	Phone Number/Msg. Numb	er Date		
Printed Name of Parent/Guardia	n:			
FOR SCHOOL USE ONLY				
Lottery Request: Accepted	Declined			
Name/Title	Signature		Date	