

Freeport Public Schools

Office of Second Language Programs

Freeport High School • 50 S. Brookside Avenue

Freeport, New York 11520



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Freeport Public Schools Dual Language Program Contract

Student's Name _____ Date _____
Parent's Name _____ Current Grade _____
Current School _____

I am requesting that my child be considered for placement in the Dual Language Program in the Freeport Public Schools. I understand that the enrollment of my child in the program is based upon a readiness screening, teacher recommendation and space availability, as well as my commitment to the following:

1. I understand that regular and punctual student attendance is required to retain placement in the Dual Language Program.
2. I understand that parents will need to read to/with their child at home 20-30 minutes daily, in English or Spanish or both.
3. I understand that class instruction will be taught 50% in Spanish and 50% in English.
4. I understand that learning a second language is a process and that the program has cross-cultural goals as well as linguistic and academic goals.
5. I understand that this is a 6-7 year program.
6. I understand it is not unusual for children to experience some fatigue and adjustment during the first months of the program. Knowing this, I will communicate with my child's teacher if I have concerns.
7. I understand that parent participation and support is key to the success of this program.
8. Once enrolled in the Dual Language Program, if my child is not making adequate progress, I will agree to discuss the situation with his/her teachers and may have to consider reassignment to a regular classroom.

Parent/Guardian's Signature _____ Date _____
Parent/Guardians Signature _____ Date _____
Child's Signature _____

Please complete and return this document to your child's teacher, bring it to the Dual Language Meeting, mail it to the Office of Second Language Programs, 50 S. Brookside Ave., Freeport, NY 11520, or scan and e-mail to: danmarquez@freeportschools.org

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