

Label

OCEAA Office Use  
Only Grade (19/20) : \_\_\_\_\_ or Pre-Kinder:  Yes  
Tour date: \_\_\_\_\_  
Names of Siblings with Interest Forms:  
\_\_\_\_\_  
\_\_\_\_\_



# Interest Form 2019-2020

Student's grade level in the  
2019/2020 school year:  
\_\_\_\_\_

Student must be 5 years of age on or before September 1<sup>st</sup> to begin Kindergarten

I understand OCEAA is a Dual Immersion school  Yes  No

<b>Student Information</b>	Last Name:		First Name:		Middle Name:
	Street Address:		City:	State:	Zip code:
	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: / /	What school is your child currently attending?		

<b>Mother's Information</b>	Last Name:		First Name:		Preferred Language:
	Phone number: ( ) -		E-mail address:		
<b>Father's Information</b>	Last Name:		First Name:		Preferred Language:
	Phone number: ( ) -		E-mail address:		
How did you hear about us? <input type="checkbox"/> Current OCEAA Family <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Flyer <input type="checkbox"/> OCSA <input type="checkbox"/> SAUSD <input type="checkbox"/> YELP <input type="checkbox"/> Current OCEAA Staff <input type="checkbox"/> Social Media <input type="checkbox"/> Website <input type="checkbox"/> Other: _____					
Why are you interested in your child attending OCEAA?					

**Please Read and Sign**

- I confirm that the above information is true and correct to the best of my knowledge and that I am responsible to notify the OCEAA registrar of any information changes. If the registrar is unable to reach me at the above contact information, my child will be dropped from the wait list.
- I understand this interest form will remain in **effect until March 1, 2020**
- If I don't get a call for registration between now and March 1, 2020, **I must return to OCEAA between the 1st and the 15th of March** of 2020 to be received a new "L" number for the lottery if I wish to enter the lottery for the following school year.

Printed Name of Parent: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/20\_\_

Student Name/Nombre del estudiante: \_\_\_\_\_ Date/Fecha: \_\_\_\_\_

## OCEAA Language Background Questionnaire

Please answer the following questions honestly. This information will be used to ensure our classrooms have a balance of both English and Spanish speaking students.

What language(s) did your child speak first?

How well does your child **understand** English?     Not at all     A little     Completely

How well does your child **speak** English?     Not at all     A little     Completely

How well does your child **understand** Spanish?     Not at all     A little     Completely

How well does your child **speak** Spanish?     Not at all     A little     Completely

In what language(s) do you, and the other adults in your home, speak to your child? In what language does your child respond?

Adult and language spoken:	Child responds in:

Who does your child spend the majority of their day with and in what language does s/he speak to her/him?

In what language does your child respond?

In what language is your child strongest? (Select **ONE**)     English     Spanish     Both (equally strong)

Is there anything else you would like us to know about your child's language development?

For office use only: **Language Dominance**

E	BR    BE	S
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