



## Foreign Language Enrichment Program Application

Brookwood Elementary  
16850 Middlebrook Drive Houston, Texas 77059  
281-284-5600 Fax: 281-284-5605

Name of Child: \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Child's attendance zone school: \_\_\_\_\_

What language does your child speak most often? \_\_\_\_\_

What other languages are spoken in the home? \_\_\_\_\_

Did your child attend pre-k/pre-school?  Yes  No If so, where? \_\_\_\_\_

Other children currently participating in the FLEP program: \_\_\_\_\_ Grade: \_\_\_\_\_

Other children at home: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

I give permission for my child to receive an oral language proficiency test to determine program eligibility. CCISD employees will complete the testing. I understand that I must bring my child to the testing site on the testing date. Parents will not be allowed in the testing room, but my child's test results will be discussed with me.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Please send this application via mail or fax to Ann Arrington, Principal by May 15, 2015.