



Little Language League™

Spanish Kindergarten

Application for Admission 2006-2007

Applicant

Full Name of Applicant _____ Nickname _____

Birth date _____ Language of desired program: Spanish

Home address: _____

City/State/Zip: _____

Telephone: _____

Primary School: _____

Mother or Female Guardian

First Name: _____ Last Name: _____

Home Address, if different from above: _____

Email: _____

Father or Male Guardian

First Name: _____ Last Name: _____

Home Address, if different from above: _____

Email: _____

School(s) previously attended by applicant, and year attended: _____

Are there any special health or educational needs of which we should be aware? _____

Applicant's prior language experience, if any: _____

Describe your child's reading ability: _____

Describe your child's writing ability: _____

How would you support your child's learning in the second language when he/she is not at the LLL? _____

Please return this form with a \$50 application fee to:

Little Language League

22 Purdy Avenue

Rye, NY 10580

The undersigned agree that the information furnished on the Application for Admission together with all information and materials of any kind received by the LLL shall be considered confidential and shall not be disclosed to anyone, including the candidate and the candidate's family.

Signature of Parents or Guardians:

Mother: _____

Father: _____

Little Language League is committed to admitting children of any race, color, nationality, ethnic origin and religion.