



**Creighton Elementary**  
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## Dual Language Immersion/Two-Way Program (DLTW) Application 2024-2025 School Year

Name of Child: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

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

\_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Do you reside in the Caney Creek Attendance Zone? Yes: \_\_\_\_ No: \_\_\_\_

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

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

Did your child attend Pre-K? Yes: \_\_\_\_ No: \_\_\_\_ If yes, where? \_\_\_\_\_

As part of the application process for the DLTW program, I give permission for my child to have an oral language proficiency test to determine eligibility. I understand that I must bring my child to the testing site on the date chosen. Parents will not be allowed in the testing room, but my child test's results will be shared with me after the program selection is complete. The due date for this application is May 2nd.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For School Use: PreLAS Results: \_\_\_\_\_

Recommended TWDL: Yes No