

NEW! Apply fully online at tylerisd.org/applybirdwell

APPLICATION PROCESS



2024-2025

We celebrate your interest in pursuing a dual language experience for your child at our school! All the forms you need are available on our website and in paper form. Regardless of your choice in accessing the application, be sure to return a completed copy with all required documents to our school.

APPLICATION CHECKLIST

	Application	School Records	Teacher Survey	School of Choice Form	Language Assessment
Pre-K or K	✓		Kinder Only* (if applicable)	✓	✓
2-5	✓	✓	✓	✓	✓
6-8	✓	✓	✓	✓	✓

*Kinder Only: Teacher survey applies only if child was enrolled in a Pre-K program this school year

LANGUAGE ASSESSMENTS

Specific dates and times are designed for each grade cluster. Appointments will be made available for parents to schedule when applications and supporting documents are returned to the school office. You will be contacted by school staff to schedule an appointment.

IMPORTANT DATES

Applications Open	Applications Close	Acceptance Letters Mailed
JAN 1	MAR 1	APR 1

LETTERS OF ACCEPTANCE

Students selected will have a letter sent inviting parents to attend a New Parent Orientation as a condition for full acceptance.

For Pre-K, we will call you.

Office Hours: Monday - Friday from 7:45am - 3:45pm

¡NUEVO! Solicite completamente en línea en tylerisd.org/applybirdwell



PROCESO DE SOLICITUD

2024-2025

¡Celebramos su interés en buscar una experiencia de lenguaje dual para su hijo en nuestra escuela! Todos los formularios que necesita están disponibles en nuestro sitio web y en formato de papel. Independientemente de su elección al acceder a la solicitud, asegúrese de devolver una copia completa con todos los documentos requeridos a nuestra escuela.

LISTA DE VERIFICACIÓN DE SOLICITUD

	Solicitud	Expediente Educativo	Encuesta de Profesores	Formulario de Escuela de Elección	Evaluación del Idioma
Pre-K o K	✓		Solo Kinder* (si corresponde)	✓	✓
2-5	✓	✓	✓	✓	✓
6-8	✓	✓	✓	✓	✓

*Solo Kinder: La encuesta para maestros se aplica solo si el niño estuvo inscrito en un programa de Pre-K este año escolar.

EVALUACIONES DE IDIOMA

Se diseñan fechas y horarios específicos para cada grupo de grados. Las citas estarán disponibles para que los padres programen cuando las solicitudes y los documentos de respaldo se devuelvan a la oficina de la escuela. El personal de la escuela se comunicará con usted para programar una cita.

FECHAS IMPORTANTES

Solicitudes Abiertas	Solicitudes Cierran	Cartas de Aceptación Enviadas por Correo
1 DE ENERO	1 DE MARZO	1 DE ABRIL

CARTAS DE ACEPTACIÓN

A los estudiantes seleccionados se les enviará una carta invitando a los padres a asistir a una Orientación para Padres Nuevos como condición para **completar su aceptación**.

Para Pre-K, lo llamaremos.

Horario de oficina: lunes a viernes de 7:45 a.m. a 3:45 p.m.



STUDENT APPLICATION

2024-2025

STUDENT INFORMATION

Student Name: _____
(Print Name) Last First Middle Name

Date of Birth: _____ (mm/dd/yyyy) **Age as of Sept 1:** _____ **Gender:** M F

Current Grade: _____ **Grade Level for the Fall of 2024:** _____

Current School: _____ **School District:** _____

PARENT CONTACT INFORMATION

Parent/Guardian Name(s): _____

Home Address: _____
P.O. Boxes are not accepted as home addresses

Street Address: _____

City: _____ **Zip Code:** _____ **Home Phone #:** _____

Cell Phone #: _____ (*father & mother/guardians*) **Email Address:** _____

Email Address: _____ (*father & mother/guardians*)

ADDITIONAL INFORMATION

Has your child participated in a Dual Language or Spanish Immersion Program? Yes or No

If you selected yes, please provide the name of the school, daycare, program and the city, state it was located _____

Please bring this application, including the items listed below, to Birdwell Dual Language Immersion School:

Parent ID, Proof of Address, School Attendance Record, Discipline Record*, Report Card*, Student School of Choice Request Form, and Teacher Survey (survey only if student is presently in school)*

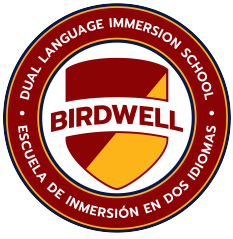
* If your child is currently attending a school in Tyler ISD, request for the report: Stu Snapshot for VT Referral to get all these items in one report via Frontline.

Parent/Guardian Signature: _____
Your signature above indicates your acknowledgement that missing your scheduled language assessment appointment, without prior notification, automatically forfeits this application.

I have another child(ren) currently enrolled as a magnet student at Birdwell Dual Language Immersion School

Yes **No**

Your child's name: _____ Grade Level: _____



STUDENT APPLICATION

2024-2025

STUDENT INFORMATION

2nd Applicant's Name

(Print Name)

Last

First

Middle Name

Date of Birth:

_____ (mm/dd/yyyy)

Age as of Sept 1:

Gender: M F

Current Grade Level:

Grade Level for the Fall of 2024:

Current School:

School District:

3rd Applicant's Name

(Print Name)

Last

First

Middle Name

Date of Birth:

_____ (mm/dd/yyyy)

Age as of Sept 1:

Gender: M F

Current Grade Level:

Grade Level for the Fall of 2024:

Current School:

School District:

4th Applicant's Name

(Print Name)

Last

First

Middle Name

Date of Birth:

_____ (mm/dd/yyyy)

Age as of Sept 1:

Gender: M F

Current Grade Level:

Grade Level for the Fall of 2024:

Current School:

School District:

ADDITIONAL INFORMATION

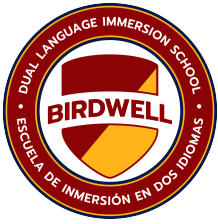
Please bring this application, including the items listed below for each child, to Birdwell Dual Language Immersion School:

Parent ID, Proof of Address, School Attendance Record, Discipline Record*, Report Card*,
Student School of Choice Request Form, and Teacher Survey (survey only if student is presently in school)*

* If your child is currently attending a school in Tyler ISD, request office staff print the report: Stu Snapshot for VT Referral to get all these items in one report via Frontline.

Parent/Guardian Signature: _____

Your signature above indicates your acknowledgement that missing your scheduled language assessment appointment, without prior notification, automatically forfeits this application.



TEACHER REFERRAL

2024-2025



Teachers, please complete this teacher referral form for the student applying to Birdwell Dual Language Immersion. We ask that you scan and email a completed copy of this form to birdwell@tylerisd.org or submit by scanning QR code above. Our campus staff will reply with an email confirmation once it has been received.

Teacher Completing This Form: _____

STUDENT INFORMATION

Student Name: _____
(Print Name) Last First Middle Name

Current Grade: _____

Current School: _____ School District: _____

Please respond by circling the number applicable to the statement based on your observation

Highly Agree	Agree	Disagree	Highly Disagree	N/A	
4	3	2	1	N/A	Student works well with others on collaborative assignments
4	3	2	1	N/A	Student demonstrates responsibility in completing assignments and homework on time.
4	3	2	1	N/A	He/she is a model student for others.

Assessment Information (Gr. 3-7)

Scores	Test	Language	Scores	Test	Language
_____	STAAR Reading Spring 2023	Eng / Span	_____	STAAR Math Spring 2023	Eng / Span
_____	Reading Benchmark	Eng / Span	_____	Math Benchmark	Eng / Span
_____	Reading Unit Assessments	Eng / Span	_____	Math Unit Assessments	Eng / Span
_____	Science Benchmark	Eng / Span			

In the space below, please share what you are most proud of with regard to the student's academic growth this year.

TEACHERS: Please scan and email this completed document to birdwell@tylerisd.org