

**SCHOOL RENEWAL APPLICATION FOR  
KIDS INTERACTING THROUGH EARLY LANGUAGE LEARNING (KITE-LL) PROGRAM  
TO BE SUBMITTED BY THE PRINCIPAL**

PLEASE PRINT OR TYPE

PRINCIPAL'S NAME \_\_\_\_\_ DISTRICT \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

NUMBER AND STREET

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SCHOOL PHONE \_\_\_\_\_

PREFERRED E-MAIL ADDRESS \_\_\_\_\_

I AM APPLYING FOR  
KITE-LL FRENCH

KITE-LL GERMAN

KITE-LL SPANISH

Please check only the levels in which you will implement KITE-LL in 2015–16:

NUMBER OF STUDENTS IN GRADE 3 \_\_\_\_\_

NUMBER OF CLASS SECTIONS \_\_\_\_\_

NUMBER OF STUDENTS IN GRADE 4 \_\_\_\_\_

NUMBER OF CLASS SECTIONS \_\_\_\_\_

NUMBER OF STUDENTS IN GRADE 5 \_\_\_\_\_

NUMBER OF CLASS SECTIONS \_\_\_\_\_

KITE-LL videos will be broadcast through:

media center

video streaming through the school/district server

video streaming through Streamline

I will have new KITE-LL language teachers in 2015–16. I am attaching a copy of their teaching certificates. I understand that they will have to take the *Bringing New Languages to Young Learners* course in 2015-16. Their names are:

\_\_\_\_\_

I will need a set of DVDS for level \_\_\_\_\_ since it was not offered in my school in 2015-16.

Please initial each of the following statements

I have read *Frequently Asked Questions* about the *KITE-LL program*.\_\_\_\_\_

I agree to hire the appropriate number of modern language certified teachers to staff the program.\_\_\_\_\_

I agree to provide a copy of each KITE-LL teacher's teaching certificate.\_\_\_\_\_

I agree to provide a budget for necessary materials such as paper, cardstock and chart paper.\_\_\_\_\_

I agree to inform any new KITE-LL teachers in my school that they are required to take the *Bringing New Languages to Young Learners* course offered through the Office of Instructional Practices and Evaluations. No exceptions will be made without prior approval from the State Department of Education. \_\_\_\_\_

I agree to schedule KITE-LL lessons daily with the following format:  
Video Lesson Day 1, Video Lesson Day 2, Video Lesson Day 3, Face-to-Face Lesson Day 4, Face-to-Face Lesson Day 5. \_\_\_\_\_

I agree to provide the State Department of Education with the schedule of KITE-LL classes by **June 30, 2015** Participation in the KITE-LL program is contingent upon receipt of each grade level's KITE-LL schedule. \_\_\_\_\_

I agree to provide release time for the KITE-LL teachers to participate in the professional development network of state's KITE-LL teachers. \_\_\_\_\_

I agree to report student unit assessment data to the State Department of Education for the purpose of continued program development. \_\_\_\_\_

I understand that the State Department of Education and Educational Television reserve the right to withdraw the KITE-LL program from a school if it does not comply with the above-mentioned agreements. \_\_\_\_\_

---

Principal's Signature

Date

PLEASE MAIL OR FAX THE COMPLETED APPLICATION BY June 30, 2015 to:

Ruta Couet  
South Carolina Department of Education  
Office of Instruction Practices and Evaluations  
1429 Senate Street, Room 607-A  
Columbia, SC 29201  
803-734-8388 Fax  
rcouet@ed.sc.gov