



# Transitional Kindergarten



## Transitional Kindergarten Application 2019-2020

Child's Name: \_\_\_\_\_  
(Please Print)                      First                      Middle                      Last

Birth Date: \_\_\_\_\_ Sex:  M  F  
                    Month    Day    Year

District of Choice Lottery  Inter-District Transfer  Allen Bill  \*Resident

\*School of Residence (if Resident) \_\_\_\_\_

Home Address: \_\_\_\_\_  
    Street                      City                      State                      Zip Code

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Work/Cell Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

Has your child attended preschool?  Yes  No    If yes, how many years? \_\_\_\_\_

Comments: \_\_\_\_\_

I would like to enroll my child in Transitional Kindergarten at: (please indicate 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choice)

**\* If your home school is listed below, please mark it as your #1 choice. In the event there is no space available, indicate your 2<sup>nd</sup>/3<sup>rd</sup> choice.**

\_\_\_\_\_ C.J. Morris Elementary                      \_\_\_\_\_ Collegewood Elementary                      \_\_\_\_\_ Vejar Elementary

\_\_\_\_\_ Castle Rock Elementary                      \_\_\_\_\_ Evergreen Elementary                      \_\_\_\_\_ Maple Hill

\_\_\_\_\_ I understand that enrollment is based on available space. I will be offered my 2nd/3rd choice if  
*Initial* enrollment requests exceed space available or if enrollment requests are not sufficient to open a  
Transitional Kindergarten at this site.

\_\_\_\_\_ I understand that transportation to and from the Transitional Kindergarten school site will be my  
*Initial* responsibility.

\_\_\_\_\_ I understand that my child will return to his/her home school the following year for Kindergarten.  
*Initial*

*Please submit this form with your completed registration packet.*

*If you have any questions, please contact Dr. Resma Byrne, Director of Educational Programs and Assessment at (909) 595-1261 Ext. 31215.*

*District Superintendent: Robert P. Taylor, Ed.D.*