Walnut Valley Unified School District

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 ❑ *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 1st, 2nd and 3rd 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 2nd/3rd choice.***

_____C.J. Morris Elementary _____Collegewood Elementary _____Vejar Elementary

_____Castle Rock Elementary _____Evergreen Elementary _____Maple Hill

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

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

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

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.