



# Redondo Beach Unified School District

Educational Services, 1401 Inglewood Avenue, Redondo Beach, CA 90278  
Phone (310) 937-1223 Fax (310) 798-8659

School Year: **2019-2020**



## Transitional Kindergarten Enrollment

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_

Home/Neighborhood School \_\_\_\_\_

If I had a choice, I would prefer my child be enrolled in:  Morning Class  Afternoon Class

Reason for preference? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_, give permission for my child, to participate in the  
**(Printed name of Parent/Guardian)**

Transitional Kindergarten Program in the Redondo Beach Unified School District during the 2019-2020 school year. As part of his/her participation I understand/agree that:

- ✓ my child's birthdate falls within the established criteria for the program of September 2, 2014 through December 2, 2014.
- ✓ my child will be enrolled in this program for the entire 2019-2020 school year and will attend a year of traditional kindergarten during the 2020-2021 school year.
- ✓ by submitting this request, I am responsible for providing transportation for my child to and from the transitional kindergarten location (either Madison Elementary School or Tulita Elementary School).
- ✓ my child will attend traditional kindergarten in 2020-2021 at his/her home/neighborhood school of residence.

I agree to have my child enrolled in the Transitional Kindergarten program in the Redondo Beach Unified School District, with the understanding of the above-mentioned criteria, responsibilities, and permissions.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date Signed



**School Office Staff: Please attach a copy of this form and forward to the Educational Services Department.**