

Walnut Valley Unified School District



Transitional Kindergarten Application 2017-2018

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

_____ 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 Jackie Brown, Director of Educational Programs and Assessment at (909)595-1261 Ext. 31215.

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