



## RIPON UNIFIED SCHOOL DISTRICT

304 North Acacia Avenue  
Ripon, California 95366

### **Transitional Kindergarten Enrollment Agreement 2015-2017**

**Program Location:** Ripon Elementary or Ripona Elementary

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ☐ M ☐ F

Home Address: \_\_\_\_\_  
(Address) (City) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother/Guar Work Phone: \_\_\_\_\_ Father/Guar Work Phone: \_\_\_\_\_

E Mail \_\_\_\_\_

#### **INITIAL**

\_\_\_\_\_ I understand that my child must be 5 years old to participate in Transitional Kindergarten (TK) Class. Children must turn five between September 2 and December 2. Children who will turn five after December 2 may enroll as they turn five (if space is available).

\_\_\_\_\_ I understand that I must reenroll my child as a kindergartener next year and go through the kindergarten registration process. Placement at the TK Class site does not guarantee placement at that site for kindergarten.

\_\_\_\_\_ I understand that the TK Class is the first year of a two-year kindergarten program and I acknowledge that the second year in kindergarten will be beneficial to my child.

\_\_\_\_\_ I have been provided with information regarding the advantages and disadvantages and any other explanatory information about the effect of this early admittance (Education Code 4800).

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Receiving School Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Superintendent or Designee

\_\_\_\_\_  
Date