

**Twin Rivers Unified School District**  
**Transitional Kindergarten Enrollment Agreement**

*Reflects amendments to California Education Code sections 46300, 48000 and 48010, effective 2010*

School Year: \_\_\_\_\_

Home School: \_\_\_\_\_

TK School: \_\_\_\_\_

Student Legal Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

By my signature below, I agree to and understand the following:

1. The Transitional Kindergarten program is the first year of a two-year kindergarten program.
2. Upon completion of Transitional Kindergarten, my child will return to his/her home school (school of residence) for the second year of regular Kindergarten.
3. If my child attends Transitional Kindergarten at a site that is not his/her home school, and transportation is not provided by the school district, I will transport my child to and from the Transitional Kindergarten program.
4. If space is available, my other children may attend the Transitional Kindergarten site in their respective grade level. I will fill out an intradistrict transfer request form for each child not in Transitional Kindergarten and I will provide transportation for them to the Transitional Kindergarten site.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Home School Personnel

\_\_\_\_\_  
Date