This program is for those families who are exploring options prior to Kindergarten.

What is Transitional Kindergarten?

Transitional Kindergarten is the first year of a two-year, state-funded Kindergarten experience for students. Research suggests that children greatly benefit from programs that address school readiness and Transitional Kindergarten will provide this opportunity for our students.

The Folsom Cordova Unified School District Transitional Kindergarten program will provide a supportive environment for your child and will focus on social and emotional development, physical and motor development, as well as academic skills needed to prepare your child for Kindergarten.

Age Eligibility:

If my child's date of birth is….	…my student is eligible to be enrolled in…		
	Kindergarten	TK	Preschool
Sep 1, 2019 or before	X		
Sep 2, 2019 through June 2, 2020		X	X
Sep 1, 2019 through Sep 1, 2021			X

Please complete a Transitional Kindergarten Registration Packet and return it to the elementary school assigned to your home address. The Transitional Kindergarten Registration Packet includes:

- 2024-2025 Transitional Kindergarten Program Application

- Proof of Age:
  - ➢ Ed Code 48002 states that any of the documents listed proof of age is acceptable -
    - o Certified copy of birth record or statement by the local register or county recorder certifying birth date
    - o Baptism certificate duly attested
    - o Passport
    - o An affidavit of the parent, guardian, or custodian of the minor
    - o Or any other means of providing the age of the child as proscribed by the governing board

- Immunization Records: Please bring your child's immunization card into the office for copying.

- Verification of Residency:
  - ➢ As defined Ed Code 48204.1 (but not limited to):Utility service contracts, statements, payment or receipts, government documents, driver's license or non-government issued photo ID, voter registration, property taxes, or pay stub, declaration of residency, or correspondence from a government agency may be submitted.
    - o If you do not have Verification of Residency in your name, an Affidavit of Residency must be completed by the resident whose name is on the utility service paperwork at the time of enrollment. The resident must provide their utility paperwork and photo ID or non-government issued photo ID at the time of verification completion.

- Custody Papers (if applicable): Please provide us with a court stamped copy.

- Report Health Examination for School Entry
- Oral Health Assessment

You will be notified by school office staff regarding the status of your child's placement in the TK program by mid-May

2024-2025 Transitional Kindergarten Program Application

If your child turns 5 between September 2, 2024 and June 2, 2025, please submit this parent application and a TK Enrollment Packet (required items on reverse side) **to the school assigned to your home address:** https://www.fcusd.org/Page/2456
We offer Transitional Kindergarten for all students in the age appropriate date range.

Special Needs: Special Ed/IEP_____504 Plan_____ Speech_____Other _____

PLEASE PRINT: Student Name: _____
(First)   (Middle)   (Last)

Gender: M/F/Nonbinary: _____ Birthdate: _ Home Phone: _____

Student's Home Address:_____Apt #_____

City:_____Zip Code: _____

Mailing Address if different from above:_____Apt #_____

City:_____Zip Code: _____

Place of Birth:_____
City   _State_

Parent I/Guardian Name:_____Cell Phone: (_)_____

Parent I/Guardian Email Address: _____

Parent II/Guardian Name:_____Cell Phone: (_)_____

Parent II/Guardian Email Address: _____

If parents are divorced or separated, to whom has physical custody been granted? _____

        Custody papers on file: Yes___No____

Has your child attended preschool? Yes____No_____

If yes, for how many years?_____Name of Preschool(s) Attended: _____

Name and ages of siblings enrolled or currently enrolling in FCUSD:

Name:_____Age:_____Current School: _____

Name:_____Age:_____Current School: _____

In accordance with Folsom Cordova Unified School District Policy 5117, I hereby declare that I reside with my student at the address shown above. _Falsifying this address will result in immediate disenrollment of my student. My signature below verifies all of the information on this form to be true under penalty of perjury._

Parent/Guardian Signature:_____Date: _____