



RIPON UNIFIED SCHOOL DISTRICT

304 North Acacia Avenue
Ripon, California 95366

Transitional Kindergarten Enrollment Agreement 2025-2026

Location: Ripon Elementary, Ripona Elementary, Park View Elementary, Weston Elementary

Student Name: _____ Age: _____ Date of Birth: _____ MF

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 turn 4 years old on or before September 1, 2025 to participate in Transitional Kindergarten (TK) Class.

_____ I understand that I must re-enroll my child as a kindergartner 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