



THATCHER UNIFIED SCHOOLS



Request for Transition Kindergarten OR Preschool Reverse Mainstream

2023-24 School Year

*This form must be filled out **completely** and turned into the Jack Daley Primary School office in order to be considered. It is also important to realize that not all requests can be honored because of the number of requests received. Decisions will be based on application and classroom availability. Only children living within the TUSD school district will be eligible for placement.*

DATE: _____

NAME: _____ PARENT: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____ PHONE: _____

EMAIL ADDRESS: _____

AGE: _____ BIRTHDATE: _____ (circle one) MALE or FEMALE

PRESCHOOL (Circle one) TRANSITION KINDERGARTEN

Why would you like to enroll your son/daughter in Preschool or Transition Kindergarten?

What would you like for your son/daughter to get out of our program if they attend?

For Office Use Only

Date Received: _____

Processed: _____