Tuolumne County School Districts
ALLEN BILL ENROLLENT INFORMATION FORM

This form is for the_____ School Year to establish residency in the_____School District

This form is used to establish residency based on parent/guardian employment in a school district
There is no annual renewal required once accepted
Parents/Guardians assume all responsibility for transportation

Pupil's Name:_____ Birthdate:_____ Incoming Grade:_____

Parent/Guardian's Name: _____ Phone(s):_____

Address:_____

Mailing Address (if different):_____

District of Residence: _____

Work Information:

Name of Employer:_____ Phone:_____

Address:_____ City:_____Zip_____

List any Special Education Services (i.e., Special Day Class, Resource Specialist, Speech, APE, etc.) your child qualifies for and attach current IEP. *Per California Education Code 48204(b)(3), a school district may prohibit the transfer of a pupil if the district determines that the additional cost of educating the pupil would exceed the amount of additional state aide received as a result of the transfer.*

BY MY SIGNATURE BELOW, I certify that to the best of my knowledge the information provided in this form is true and correct.

Parent/Guardian Signature_____ Date_____

For Office Use Only

Enrollment Request: ☐ Accepted
☐ Denied
Reason(s) for denial:_____

_____ _____
Authorized Signature, Title Date

Original-District of Attendance Copy-District of Residence Copy-Parent/Guardian