

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): _____ Email: _____

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