

# 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

**DOWNLOAD FOR FILLABLE DOCUMENT**