BURBANK UNIFIED SCHOOL DISTRICT
1900 WEST OLIVE AVENUE
BURBANK, CALIFORNIA 91506-2460
TELEPHONE (818) 729-4482 FAX (818) 729-4402

AFFIDAVIT TO TEACHER TRANSITIONAL KINDERGARTEN

I, _____, the undersigned declare as follows:

I am a credentialed teacher and, by initialing below next to the applicable criteria, agree that I meet one, or more, of the requirements for a Transitional Kindergarten assignment at Burbank Unified School District:

_____ Completed at least 24 units in Early Childhood Education (ECE), Child Development, or a combination of both; or

_____ Hold a Child Development Teacher permit or an Early Childhood Education Specialist credential issued by the California Commission on Teacher Credentialing; or

_____ Taught at least two years in Transitional Kindergarten: or

_____ Taught at least two years in Kindergarten; or

_____ Possess Master's degree or Bachelor's degree in Early Childhood Education, Child Development, or both; or

_____ Holds a PreKindergarten Teacher permit

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this _____ day of _____ 20____, at Burbank, California.

_____
Teacher Signature

_____
Date