



2026-2027 Folsom Cordova Unified School District Transitional Kindergarten Program Online Enrollment Begins March 2nd

This program is for those families who are exploring options prior to Kindergarten.

What is Transitional Kindergarten?

Transitional Kindergarten is the first year of a two-year, state-funded Kindergarten experience for students. Research suggests that children greatly benefit from programs that address school readiness and Transitional Kindergarten will provide this opportunity for our students.

The Folsom Cordova Unified School District Transitional Kindergarten program will provide a supportive environment for your child and will focus on social and emotional development, physical and motor development, as well as academic skills needed to prepare your child for Kindergarten.

Age Eligibility:

For the 26-27 school year, the age eligibility for enrollment is for students turning four by September 1.

Please complete a Transitional Kindergarten Registration Packet and return it to the elementary school assigned to your home address. The Transitional Kindergarten Registration Packet includes:

- 2026-2027 Transitional Kindergarten Program Application
- Proof of Age:
 - Ed Code 48002 states that any of the documents listed proof of age is acceptable -
 - Certified copy of birth record or statement by the local register or county recorder certifying birth date
 - Baptism certificate duly attested
 - Passport
 - An affidavit of the parent, guardian, or custodian of the minor
 - Or any other means of providing the age of the child as proscribed by the governing board
- Immunization Records: Please bring your child's immunization card into the office for copying.
- Verification of Residency:
 - As defined Ed Code 48204.1 (but not limited to): Utility service contracts, statements, payment or receipts, government documents, driver's license or non-government issued photo ID, voter registration, property taxes, or pay stub, declaration of residency, or correspondence from a government agency may be submitted.
 - If you do not have Verification of Residency in your name, an Affidavit of Residency must be completed by the resident whose name is on the utility service paperwork at the time of enrollment. The resident must provide their utility paperwork and photo ID or non-government issued photo ID at the time of verification completion.
- Custody Papers (if applicable): Please provide us with a court stamped copy.
- Report Health Examination for School Entry
- Oral Health Assessment

You will be notified by school office staff regarding the status of your child's placement in the TK program by mid-May



2026-2027 Transitional Kindergarten Program Application

If your child turns 5 between September 2, 2026 and September 1, 2027, please submit this parent application and a TK Enrollment Packet (required items on reverse side) to the school assigned to your home address: <https://www.fcusd.org/Page/2456>

We offer Transitional Kindergarten for all students in the age appropriate date range.

Special Needs: Special Ed/IEP _____ 504 Plan _____ Speech _____ Other _____

PLEASE PRINT: Student Name: _____
(First) (Middle) (Last)

Gender: M/F/Nonbinary: _____ Birthdate: _____ Home Phone: _____

Student's Home Address: _____ Apt # _____

City: _____ Zip Code: _____

Mailing Address if different from above: _____ Apt # _____

City: _____ Zip Code: _____

Place of Birth: _____
City State

Parent I/Guardian Name: _____ Cell Phone: (____) _____

Parent I/Guardian Email Address: _____

Parent II/Guardian Name: _____ Cell Phone: (____) _____

Parent II/Guardian Email Address: _____

If parents are divorced or separated, to whom has physical custody been granted? _____

Custody papers on file: Yes ___ No ___

Has your child attended preschool? Yes ___ No ___

If yes, for how many years? _____ Name of Preschool(s) Attended: _____

Name and ages of siblings enrolled or currently enrolling in FCUSD:

Name: _____ Age: _____ Current School: _____

Name: _____ Age: _____ Current School: _____

In accordance with Folsom Cordova Unified School District Policy 5117, I hereby declare that I reside with my student at the address shown above. *Falsifying this address will result in immediate disenrollment of my student. My signature below verifies all of the information on this form to be true under penalty of perjury.*

Parent/Guardian Signature: _____ Date: _____

School Office Use:

Date Received: ____/____/____ Time Received: _____

Home Boundary School: _____

District Office Use:

Date Received: ____/____/____

Student ID #: _____

TK School Admittance: _____

SnapCode:
