

**Tuolumne County School Districts**  
**ALLEN BILL ENROLLMENT 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
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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 \_\_\_\_\_

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**For Office Use Only**

Enrollment Request:  Accepted  
 Denied

Reason(s) for denial: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature, Title

\_\_\_\_\_  
Date

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Original-District of Attendance

Copy-District of Residence

Copy-Parent/Guardian