Long Beach Unified School District
Transitional Kindergarten Interest Form

Student's Name: _____

Student's Birthdate: _____

Parent's Name/s: _____

Contact Information

Address:

Phone contact information

( ) home

( ) cell

E-mail address: _____

I have the following questions:

____ I am interested in having a district staff member call me to discuss placing my student in Transitional Kindergarten.

Please **fax** this form to the Deputy Superintendent's Office at (562) 997-8285 or **mail** to 1515 Hughes Way, Long Beach, CA 90810