



GLENDALE UNIFIED SCHOOL DISTRICT

223 North Jackson St., Glendale, California 91206-4380
Telephone: 818-241-3111, Ext. 1283 • Fax: 818-547-0213

**OFFICE OF
STUDENT SUPPORT SERVICES**

SCHOOL TRANSFER FORM (2021-2022)

Name: _____ Student ID: _____ Date of Birth: _____

Transferring From: _____ Transferring To: _____

Reason for Transfer (permit/magnet/FLAG/change of address...): _____

Child Lives With: Parent/Guardian #1:

Parent/Guardian Name: _____

Address: _____

Primary Telephone Number: _____ Email Address: _____

Child Lives With: Parent/Guardian #2:

Parent/Guardian Name: _____

Address: _____

Primary Telephone Number: _____ Email Address: _____

If parents are not living together, please provide the following information on the parent not living with child:

Name: _____ Father Mother Other: _____

Address: _____

Telephone Number: _____ Email Address: _____

Does your child have a current Individualized Education Program (IEP)? YES NO

Is your child on a 504 Plan? YES NO

Are there any Legal Documents (Restraining Orders, Custody Order, Ward of Court, etc.) on file for this child? YES NO

Preferred Language for School-to-Home Communication: _____

Parent/Guardian Signature

Date