



**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 (2023-2024)**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade in 23-24: \_\_\_\_\_

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

If move is due to address change, proof of residency must be provided.  
 Please don't forget to update your child's emergency contacts on Parent Connect.

Updated: 2021