

## GLENDALE UNIFIED SCHOOL DISTRICT

223 North Jackson St., Glendale, California 91206-4380 

## **OFFICE OF**

## CADECINED'S SUDDIEMENTAL INCODMATION

(Ed.Code §48915.1 b)?	REGIVER'S SUPPLI 202	<u>emental info</u> 21-2022	RMATION	FORM A	
□ No □ Yes					
Student's Last Name	First Name M	iddle Name Bir	th Date	Grade for 2021-2022	
School of Residence					
Please Note: If the school of residence	y is "Capped," the student w	ill be placed in another	r school in the Di	strict.	
Reason student is not living with pare	nt(s)				
Name of Caregiver					
Address					
Home Phone	Work 1	Phone	Cell P	hone	
placement, financial matters, and disc.  Name of Parent/Legal Guardian of Stu  Address			-		
Home Phone	e Phone Work Phone		Cell Phone		
Person(s) maintaining financial respon	sibility for student			_	
The above named student is living in m to the school attendance while he/she					
<ol> <li>Length of Agreement – This are student shall year. There will be no exception change of the responsible adu District Office of Student Suppartention that a student is not reasonable of the opinion of the site administances ary—including school to the Notarized Letter – The Carewith the Caregiver in the Glength of the Carewith the Caregiver in the Glength of the Carewith the Caregiver in the Glength of the Carewith of the Carewith</li></ol>	reside at the above address ons. Periodic residency check tor student at any time dure ort Services must be contacted esiding in the District, the student's conduct fractor, the student's conduct fractor is a conduct fractor of the student's conduct fractor is a conduct fractor of the student's conduct fractor o	, seven days a week, for ks will be performed the ing the course of this and within three (3) days adent will be withdrawn dance, citizenship, and is below acceptable standed letter from the pare	arroughout the year agreement, the Carron of	ar. If there is an address idendale Unified School it comes to the District's <i>mediately</i> . The red of all students. If, in ary steps will be taken if dency to be established	
Date		Signature of Care	ignature of Caregiver		
- TO B	E COMPLETED BY STUI	DENT SUPPORT SEI	RVICES -		
Executed at Qualified Relative	□ Need Foster	day of Home License	Verified _	, 20	
Authorized Signature				(date)	
Residency Verification Home Visit (d	ates) Unverified	☐ Cance	elled	☐ Fraud	

Date School Informed \_\_\_\_\_\_ By \_\_\_\_\_