

GLENDALE UNIFIED SCHOOL DISTRICT

Student Support Services

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

CAREGIVER AUTHORIZATION INSTRUCTIONS

2026-2027

State legislation has established the category of an “Adult Caregiver” (either a relative or non-relative) who is authorized to enroll a minor living under his/her care in school. The following conditions must be met and forms completed before calling for an appointment:

1. Complete Caregiver’s Supplemental Information Form (Form A).
2. Complete Caregiver’s Authorization Affidavit (Form B).

Documentation must be presented to prove the degree of relationship (see Form C). If relative seeking temporary custody cannot prove the degree of relationship, you will be required to provide proof of foster licensing within three (3) months of signing this document. For a Foster Home License, contact the Department of Children and Family Services at 1 (888) 811-1121 or if you prefer to get a Petition of Guardianship, call the Los Angeles Probate Court at (213) 974-5471.

3. Student and the caregiver residing within the Glendale Unified School District must attend in person for proper signing of these documents.
4. **Verification of residency** (two current original utility bills in caregiver’s name) and **picture identification** with current address of caregiver must be submitted.
5. **Transcripts or latest report card** of last school of attendance and **immunization records** are required.
6. **Notarized Letter:** The Caregiver shall provide a notarized letter from the parent, allowing residency to be established with Caregiver in our District.
7. When all necessary documents are in order, ***please call (818) 241-3111, Extension 1285 to schedule an appointment - Monday through Friday from 8:30 AM to 4:00 PM.***

If all documents and all persons involved are present, the issuing of the Caregiver’s Authorization should not take longer than 15 minutes.

Please Note:

- Falsification of any documentation will be cause for ***immediate*** withdrawal of your student.
- If your student's school of residence is “Capped,” your student will be placed in another District school where space is available.



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**OFFICE OF
STUDENT SUPPORT SERVICES**

Is student under current expulsion order from another school district (Ed. Code §48915.1 b)?

☐ No

☐ Yes

CAREGIVER'S SUPPLEMENTAL INFORMATION 2026-2027

Form A

Student's Last Name

First Name

Middle Name

Birth Date

Grade for 2026-2027

School of Residence _____

Please Note: If the school of residency is "Capped," the student will be placed in another school in the District.

Reason student is not living with parent(s) _____

Name of Caregiver _____

Address _____

Home Phone

Work Phone

Cell Phone

Parent/Court Appointed Guardian Information:

Completion of the items below and the signing of this supplement are intended to designate person(s) responsible for program placement, financial matters, and disciplinary issues regarding attendance and behavior policies and procedures:

Name of Parent/Legal Guardian of Student _____

Address _____

Home Phone

Work Phone

Cell Phone

Person(s) maintaining financial responsibility for student _____

The above named student is living in my home as his/her place of residence, and I accept the responsibilities in all matters pertaining to the school attendance while he/she is residing with me. I also understand/agree to the following conditions:

1. **Length of Agreement** – This agreement need *not* be renewed annually.
2. **Residency** – The student shall reside at the above address, *seven days a week*, for the duration of the 2026-2027 school year. There will be *no* exceptions. Periodic residency checks will be performed throughout the year. If there is an address change of the responsible adult **or** student at any time during the course of this agreement, the Glendale Unified School District Office of Student Support Services *must* be contacted within *three (3) days*. If, at any time, it comes to the District's attention that a student is *not* residing in the District, the student will be withdrawn from school *immediately*.
3. **Attendance, Citizenship, and Grades** – Satisfactory attendance, citizenship, and grades are required of all students. If, in the opinion of the site administrator, the student's conduct is below acceptable standards, disciplinary steps will be taken if necessary—including school transfers.
4. **Notarized Letter** – The Caregiver shall provide a notarized letter from the parent, allowing residency to be established with the Caregiver in the Glendale Unified School District.
5. **Foster Home License** – If you are not a qualified relative, you are required to provide proof of foster licensing within three (3) months of signing this documents.

Date _____

Signature of Caregiver _____

- TO BE COMPLETED BY STUDENT SUPPORT SERVICES -

Executed at _____, _____ day of _____, 20____

☐ Qualified Relative

☐ Need Foster Home License

Verified _____

(date)

Authorized Signature _____

Residency Verification Home Visit (dates) _____

☐ Verified

☐ Unverified

☐ Cancelled

☐ Fraud

Date School Informed _____ By _____

Revised 01/2024



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OFFICE OF

STUDENT SUPPORT SERVICES

CAREGIVER'S AUTHORIZATION AFFIDAVIT

2026-2027

Form B

Use of this affidavit is authorized by Part 1.5
(commencing with Section 6550) of Division 11 of the California Family Code.

Instructions: Completion of Items 1-4 and the signing of the affidavit are necessary to authorize enrollment of a student in school and authorize school-related medical care. Completion of Items 5-8 is additionally required to authorize any other medical care.

Please Print Clearly:

The student named below lives in my home and I am 18 years of age or older.

1. Name of student _____
2. Student's date of birth _____
3. Caregiver's name _____
4. Home address _____
5. () I am a grandparent, aunt, uncle, or other qualified relative of the student (see below for a definition of "qualified relative").
If you are not a "qualified relative," you will be required to provide proof of foster licensing within three (3) months of signing this document.
6. Check one or both (for example, if one parent was advised and the other cannot be located):
() I have advised the parent(s) or other person(s) having legal custody of the student of my intent to authorize medical care and have received no objection.
() I am unable to contact the parent(s) or other person(s) having legal custody of the student at this time, to notify them of my intended authorization.
7. Caregiver's date of birth _____
8. Caregiver's California Driver's License or Picture Identification Card Number _____

WARNING: Do not sign this form if any of the statements above are incorrect or you will be committing a crime punishable by a fine, imprisonment, or both

I declare, under penalty of perjury and the laws of the State of California, that the foregoing is true and correct:

Signed _____ Date _____

- This declaration does not affect the rights of the student's parents or legal guardian regarding the care, custody, and control of the student and does not mean that the caregiver has legal custody of the student.
- A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
- This affidavit need *not* be renewed annually.
- "Qualified Relative," for purposes of Item 5, means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great" or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.
- If you are not a relative or a currently licensed foster parent, the law requires you to obtain a foster home license in order to care for a minor. If you have any questions, please contact the Department of Children and Family Services at 1 (888) 811-1121.
- If the minor stops living with you, you must notify the school, the office of Student Support Services, the parents, local authorities (if necessary), and the health care provider/health care service plan that was given this affidavit.
- If you do not have a California driver's license or other picture identification, please provide another form of I.D., such as: social security or Medi-Cal number.

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Form C**DOCUMENT(S) REQUIRED FOR DETERMINATION OF RELATIONSHIP**

<i>IF CHILD IS YOUR:</i>	<i>REQUIRED DOCUMENTS:</i>
Son or Daughter	Child's birth certificate
Brother or Sister	Child's birth certificate, <i>and</i> Brother/sister's birth certificate
Stepson or Stepdaughter	Child's birth certificate, <i>and</i> Marriage license of child's parent and stepparent (if unrelated stepparent is registering the child)
Half-brother/sister or Stepbrother/sister	Child's birth certificate, <i>and</i> Half-brother/sister's birth certificate (<i>showing common parent</i>)
Niece or Nephew	Child's birth certificate, <i>and</i> Birth certificate of mother or father who is related to the aunt or uncle, <i>and</i> Birth certificate of the aunt or uncle
Aunt or Uncle	Same as for niece or nephew
First Cousin	Child's birth certificate, <i>and</i> First cousin's birth certificate, <i>and</i> Birth certificates of the related parents of the cousins
Grandson or Granddaughter	Child's birth certificate, <i>and</i> Birth certificate of the child's parent who is the son or daughter of the grandparent
Great-grandson or Great-granddaughter	Same as grandparent, <i>and</i> Birth certificate of the child's grandparent who is the son or daughter of the great-grandparent
Other "Grand" or "Great" relative	Add another step back to the relative shown above

If birth certificate(s) is (are) not available, baptismal records, or other official church documents, and/or a passport can be substituted, as long as the substituted documents prove degree of relationship.

Please Note: "Relative" means spouse, parent, stepparent, son, daughter, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any such person denoted by the prefix "grand" or "great" or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.

California Code of Regulations, Title 22, §87001

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