



CHANGE OF ADDRESS FORM

This form must be accompanied by a proof of residency which may include:

- Signed statement of sale agreement or signed rental agreement
- A valid NYS driver's license (with current address)
- Utility bill, Credit card bill, Insurance bill, etc.
- Income tax return
- Proof of voter registration

Please complete the required fields marked by an asterisk \*

\*Today's Date: \_\_\_\_\_ \*Effective Date: \_\_\_\_\_

\*Student's Name: \_\_\_\_\_ \* School/Grade \_\_\_\_\_  
Last First Middle I.

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Last First Middle I.

\*Student's Name: \_\_\_\_\_ \* School/Grade \_\_\_\_\_  
Last First Middle I.

\*Address: \_\_\_\_\_ \*City/Zip: \_\_\_\_\_

\*Previous Address: \_\_\_\_\_

\*Parent/Guardian Name: \_\_\_\_\_ \*Relationship to student: \_\_\_\_\_

\*Home address and Phone if different than student: \_\_\_\_\_

\*Parent/Guardian Name: \_\_\_\_\_ \*Relationship to student: \_\_\_\_\_

\*Home address and Phone if different than student: \_\_\_\_\_

Marital Status of Student's Parents:  Married  Divorced  Separated  Other

Is there a custody agreement in place?  Yes  No

If yes, which parent/guardian has physical custody? \_\_\_\_\_  
(If yes, please provide the district with a copy of the agreement.)



Other parent, siblings, extended family members living at above listed home address:

<i>Last Name, First Name, MI</i>	<i>Relationship to Student</i>	<i>Date of Birth if sibling/child</i>	<i>Current Grade if student</i>

**Non-custodial parent/guardian contact (information for school mailings/communications):**

Parent/Guardian Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone numbers: \_\_\_\_\_

Home Address: \_\_\_\_\_

**\* The two questions below are intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services that you or your child may be eligible to receive.**

1. Is your current address a temporary living arrangement?  Yes  No
2. Is this temporary living arrangement due to loss of housing or economic hardship?  Yes  No

**\*If you answered YES to the above questions, please complete a McKinney-Vento Act Residency Questionnaire.**

**\* I understand that statements made in this form will be relied upon by the Fayetteville-Manlius School District. I swear/affirm that these statements are true under the penalty of perjury, and I understand that the filing of a false instrument and the theft of services from a governmental agency such as a school district may be punishable under New York State Law. I further acknowledge that making false statements in this affidavit may subject me to criminal prosecution. \_\_\_\_\_ (Initial here please)**

*Please call (315) 692-1234 with any questions regarding documentation, proof of residency, or guardianship/custody.*

**FOR OFFICE USE ONLY:**

- |  |   |
|--|---|
| <input type="checkbox"/> Proof of Residency (one required)     | <input type="checkbox"/> Voter Registration/ Income Tax Return                |
| <input type="checkbox"/> Valid NYS Driver's License            | <input type="checkbox"/> Utility Bill, Credit Card bill, Insurance bill, etc. |
| <input type="checkbox"/> Statement of Sale or Rental Agreement |   |

School assignment: ER FE MR EH WW HS

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_