



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.

*Student's Name: _____ * School/Grade _____
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: _____