



Change of Address Form

Household Name: _____ Date: _____

Student Name: _____
First Middle Initial Last

Date of Birth: _____ Grade: _____

Current School Building: _____

New Address:

Address: _____ Apt/Floor: _____

City: _____ NY Zip: _____

Phone Number: _____ Address Change Effective Date: _____

Name of Guardian Requesting Address Change: _____

Is there a change in parent or guardian custody Yes No

Previous Address:

Address: _____ Apt/Floor: _____

City: _____ NY Zip: _____

When you move within the Schalmont School District, you are required to provide the school district with two documents for Proof of Residency for the New Address (check 2):

- | | |
|--|---|
| <input type="checkbox"/> National Grid Bill (within 30 days) | <input type="checkbox"/> Photo ID |
| <input type="checkbox"/> Cable TV/Internet Bill | <input type="checkbox"/> Custody Papers/ CPS |
| <input type="checkbox"/> Lease | <input type="checkbox"/> McKinney Vento Paperwork |
| <input type="checkbox"/> Notarized Affidavit/Landlord Letter | <input type="checkbox"/> Order of Protection |
| <input type="checkbox"/> Mortgage Statement | <input type="checkbox"/> Other _____ |

Does the student have a parent/guardian on active duty in the Armed Forces? Yes No

Parent/Guardian Certification: I certify that the above information is true and correct. Any misinformation regarding residency may result in being charged tuition to cover the cost of instruction and/or exclusion from attending Schalmont Central School District.

Parent or Guardian Signature: _____ Date: _____

Please call 518-355-9200 Ext. 4005 or 4014 to make an appointment to bring this form and your proofs to the Registration Department at the Schalmont District Office, 4 Sabre Drive, Schenectady, NY 12306.