



196 Main Street, New Paltz, New York 12561
Phone: (845) 256-4040 • Fax: (845)256-4024
<http://www.newpaltz.k12.ny.us>

CHANGE OF ADDRESS FORM

DIRECTIONS:

- Complete this form with your legal residential address,
- If your residential address is different from your mailing address, include your mailing address also,
- Provide two (2) items that demonstrate you reside at the new address as per BOE Policy # 7130 (see options below for proof of address) or complete the back of this document.
- Be sure to sign and date the form.

Proof of address (2 items), which must include the name and street address of the parent or guardian.

- Copy of a residential lease or proof of ownership of a house or condominium;
- A sworn statement authored by a third party landlord, owner or tenant from whom the parent/guardian leases or shares property;
- Other acceptable documentation of residency provided by the parent/guardian such as:
 - pay stub
 - utility or other bills
 - membership documents (e.g., library cards) based upon residency
 - voter registration documents
 - official driver's license, learner's permit or non-driver identification card
 - state or other government issued identification
 - documents issued by federal, state or local agencies (e.g., local social services agency, federal Office of Refugee Resettlement)

We are sorry, but we will not accept the following as proof of identification:

- U.S. Mail
- Bank or credit card records
- Any proof older than 30 days

Please submit the change of address form to the school office.

The transportation department will contact you with a change in transportation if warranted.

DATE: _____ CHILDREN'S NAMES and GRADES: _____

PARENT/GUARDIAN NAME: _____

OLD ADDRESS: _____ NEW ADDRESS: _____

OLD PHONE: _____ MAILING ADDRESS (if different) _____

NEW PHONE: _____

PARENT/GUARDIAN SIGNATURE _____

Continued on back →

*For Office Use Only: NPCSD Employee Signature _____
Then, Fax Transportation @ 64079*

NOTE TO SCHOOLS: Please assist students and families in filling out this form.

RESIDENCY QUESTIONNAIRE

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male Date of Birth: ____ / ____ / ____ Grade: ____
 Female Month Day Year (K-12)

Address: _____ Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act.

Where is the student currently living? (Please check one box.)

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as “doubled-up”)
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): _____

- In permanent housing

Print name of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Date

For Office Use Only: If the student is **NOT** living in permanent housing, **proof of residency** and other documents normally needed for change of address **are not required** and the **student is to remain enrolled**.

Note to Schools: If the student is **NOT** living in permanent housing, please contact the Homeless Liaison in the Pupil Personnel Services.