



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  Female Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade: \_\_\_\_\_  
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.