Lancaster Central School District

149 Central Avenue
Lancaster, NY 14086
Phone: 716 686-3218
Fax: 716 686-3219
mclark@lancasterschools.org

Michelle Clark
District Registrar

***Will need bussing: YES or NO**
(circle one)

MOVING FORM

Current Address or School (moving from)

_____

_____

_____

New Address or school (moving to)

_____

_____

_____

Anticipated date of move: _____

If you are staying in the district PLEASE PROVIDE 2 PROOFS OF RESIDENCY
Utility bill, homeowner or renter insurance, deed, mortgage statement, tax bill, purchase contract or Lease agreement, Notarized Owner affidavit (2 bills from owner and 2 proof from parent)

If you are moving out of the district, please indicate new school and district:

_____

Surname of Household: _____

1. Name of child and current school/grade: _____
2. Name of child and current school/grade: _____
3. Name of child and current school/grade: _____
4. Name of child and current school/grade: _____
5. Name of child and current school/grade: _____

SIGNATURE _____

DATE_____ Phone _____