



## CHANGE OF ADDRESS CHECKLIST

- **Application** (only a parent or guardian can complete, unless the student is an emancipated minor)
- **Parent/ Guardian Verification**
  - Photo ID valid driver's license, passport, military ID, resident card, or other government issued ID; or
  - Custodian Affidavit (if a judicial custody order is not available), if you are not the child's parent or
  - DS-2999 Form (School District Notification of Child Entering Foster Care, Placed in a Foster Family, Agency Boarding, or Group Home)
- **Proof of Residency**
  - Homeowners
    - proof of ownership (deed, closing statement, tax bill, home insurance ,or mortgage statement); and
    - Two (2) documents verifying full name and address
  - Renters
    - Current signed residential lease agreement. If a lease is not available, a Landlord Affidavit signed by a property owner or landlord or a Third Party Affidavit; and
    - Two (2) documents verifying full name and address

The District will consider the following documents, including but not limited to, to establish proof of residency : pay stub, income tax form, utility or other bills, membership documents based on residency (i.e., library card), voter registration documents, official driver's license, learner's permit or non-driver identification, state or other government issued identification, documents issued by Federal, State or local agencies (e.g., local social service agency, Federal Office of Refugee Resettlement) or evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers.

**Once complete, please call our office for an appointment**

**516-876-5100**





### CHANGE OF ADDRESS APPLICATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Student resides with:  both parents  one parent  one parent and another adult  foster parents  a guardian(s)  alone with no adults

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. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

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

- Shelter
- Hotel/motel
- Car, park, bus, train, or campsite
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled- up")
- Other temporary living situation (please describe): \_\_\_\_\_
- In permanent housing

#### Support Services

Check off any services that your child is currently receiving (check all that apply):

- Math support  Reading support  English support (ELL)  Other \_\_\_\_\_

Does your child have an Individual Educational Plan (IEP)?  Yes  No

Check off any services that your child is currently receiving (check all that apply):

- Special education  Speech/language  Physical therapy  Occupational therapy



Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Student's Siblings:**

Name	Gender	Date of Birth	School	Grade

**Parent/Guardian 1:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Parent/Guardian 2:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Foster Parent and Foster Care Agency: please complete the following and provide a DSS-2999 Form.**

Foster Parent's Last Name: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Agency: \_\_\_\_\_ Caseworker: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Emergency Contacts:**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Emergency Contact #1**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Emergency Contact #2**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Emergency Contact #3**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

If we are not able to reach you or your emergency contacts, what do you wish the school to do in case the student is sick or injured?

\_\_\_\_\_

## Transportation

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

To School:     Child will take bus to school from home address  
                   Child will take bus to school from childcare address\*  
                   Parent will provide own transportation to school  
                   Walker/other arrangement: \_\_\_\_\_

From School:  Child will take bus from school to home address  
                   Child will take bus from school to childcare address\*  
                   Parent will provide own transportation from school  
                   Walker/other arrangement: \_\_\_\_\_

### \* Childcare Information (if applicable)

Childcare provider's name: \_\_\_\_\_

Childcare provider's address: \_\_\_\_\_

Childcare provider's phone: \_\_\_\_\_

The following people have my permission to pick up my child from school or the bus stop:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Parent or Guardian Oath:

I certify that I do not maintain a residence outside the boundaries of the Westbury Union Free School District (WUFSD). I understand that if the child set forth in these student registration materials is found not to be a resident of WUFSD, I may be legally responsible for paying the District's tuition rate for the period of improper enrollment, retroactive to the first day of admission, along with any costs associated with enrolling such child. I further understand that it is my responsibility to notify the district if I change my residence. I understand that the district reserves the right to make announced and unannounced home visits for any lawful purpose, including the verification of residency.

Name of parent/guardian completing this form: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_







**LANDLORD AFFIDAVIT**  
**AFFIDAVIT BY LANDLORD TO CONFIRM RESIDENCY**

Instructions

**This is a legal document.** Any person giving **false information** may be subject to prosecution for the crimes of perjury and/or offering a false instrument.

**Please answer all questions.**

STATE OF NEW YORK            )

ss:

COUNTY OF NASSAU            )

I, \_\_\_\_\_,

[Please check the appropriate box below]

- am the recorded owner (or authorized master tenant/leaseholder) of the property
- am duly designated agent for the owner of the property
- am a relative, family member, or family friend renting my home

at: \_\_\_\_\_ which is  
located within the territorial boundaries of the Westbury Union Free School District.

This rental/living arrangement began on \_\_\_\_\_ and will end on \_\_\_\_\_

- there is a written lease for the premises.

I am renting/providing a room/apartment to the following persons

Parent/Guardian

Parent/Guardian

Child(ren)

Seeking to Enroll

This statement is submitted unsworn

**or**

This statement is sworn to under the penalties of perjury. The above information made by me is true, and I understand that if the statements I have made are false, the Westbury Union Free School District will take legal action to collect tuition charges if the student/s is/are illegally registered. Any person or persons, in addition to the parents or guardians, who provide false evidence of residency, will be prosecuted. The above information made by me is true, and I know that perjury is a Class A misdemeanor pursuant to section 210.45 of the Penal Code.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed name*

Sworn to before me this \_\_\_\_  
day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public



**THIRD-PARTY AFFIDAVIT**  
**AFFIDAVIT BY THIRD PARTY TO CONFIRM RESIDENCY**

**Instructions**

**This is a legal document.** Any person giving **false information** may be subject to prosecution for the crimes of perjury and/or offering a false instrument. In addition, if you make untruthful statements knowing that the student does not meet the legal standards for enrollment, **you may be liable for the payment of tuition costs** for the student. The information provided by you will be used by the Westbury Union Free School District to determine whether a child is entitled to a free public education in the District's Schools.

Please answer all questions.

**IN THE MATTER OF THE RESIDENCY OF:**

\_\_\_\_\_  
*Student's Name*

**STATE OF NEW YORK**                    )  
  }**: ss.:**  
**COUNTY OF NASSAU**                 )

The undersigned individual, being duly sworn, deposes and says, under penalties of perjury, as follows:

1. My name is: \_\_\_\_\_.
2. My telephone number is: \_\_\_\_\_.
3. My current home address is: \_\_\_\_\_.
4. My relationship to the student's family is: \_\_\_\_\_.
5. The name(s) of the student's natural parent(s) is (are):  
\_\_\_\_\_.
6. The name(s) of the student's legal guardian(s) or custodian(s) is (are) [*answer only if applicable*]: \_\_\_\_\_.
7. The student lives at:  
\_\_\_\_\_ in Westbury  
*(Address of Residence) (City, State, Zip Code)*  
with \_\_\_\_\_.  
*(Insert the names of parent(s)/legal guardian(s)/custodian(s))*

8. \_\_\_\_\_ lives at this residence with the following persons:

(Student's Name)

<u>Name</u>	<u>Relationship to Student</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

9. I know the student lives at this residence with the following persons listed in Question 8 because:

\_\_\_\_\_

*Explain*

\_\_\_\_\_

\_\_\_\_\_

10. The student has lived at this residence since \_\_\_\_\_.

11. I expect the student to live at this residence until: \_\_\_\_\_.  
*Date. If you do not know. Write "Indefinitely."*

12. I understand that the Westbury Union Free School District will rely upon the truthfulness of the statements made in this document in deciding whether or not to enroll the student in the public schools of the School District.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed name*

Sworn to before me this \_\_\_\_  
day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public