



Miller Place Union Free School District

7 Memorial Drive
Miller Place, NY 11764
Phone: (631) 474-2700
Fax: (631) 474-0686

CHANGE OF ADDRESS CHECKLIST

If you move within the boundaries of the district, a parent or guardian must complete a Change of Address form for each student. Proofs of your new residency must be presented. Changes to busing will not be permitted until the Change of Address form is completed with the necessary proofs of residency. The following items are required to update your address:

Student Registration Information:

- Change of Address Form (RF-11)

Please update if necessary due to changes in family circumstances:

- Family Information Supplemental Form (RF-05)
 - All applicable custodial agreements (*official copies*)

Family Residency Information (1 copy for each Student):

Each of the documents listed below are required to have the parent or guardian's name and be dated within 45 days, if applicable, with a current district address:

One (1) of the following items:

- Lease
- Deed
- Recent Mortgage Statement
- Landlord's Affidavit of Occupancy
- Other Affidavits

Two (2) of the following items:

- Electric Bill
- Gas Bill
- Water Bill
- Fuel Delivery Bill
- Cable Bill
- Landline Phone Bill
- Drivers License
- Non-Driver Identification Card
- Car Insurance
- Car Registration
- Bank Statement (*first page only-
black out account number*)

If your new address is outside of the district boundaries, your child/(ren) will be ineligible to attend the Miller Place Union Free School District. You will need to de-enroll your child(ren) from the District and complete the necessary paperwork to have your records transferred to the new District. Please contact your child's building for the specific de-enrollment process.



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CHANGE OF ADDRESS FORM (Please Print All Information)

Student Name:				ID #:	
Grade:		Date Change Effective:		DOB:	
Teacher Assigned:					
Parent/Guardian Name:			New or Current Phone Number:		
Old Address:		_____			
New Address:		_____			
Additional Custodial/ Non Custodial Parent or Guardian Name:			New or Current Phone Number:		
Mailing Address:		_____			
<i>For Office Use Only:</i>					
Bus Stop Location:		Bus In to School:		Bus Letter or Number	Approximate Time
		Bus Home from School:		Bus Letter or Number	Approximate Time
Special Needs or Other Comments:		_____			

Signature of Parent/Guardian

Date



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FAMILY INFORMATION SUPPLEMENTAL FORM (Please Print All Information)

Not applicable (please sign below)

Parents have the responsibility of presenting an official copy of any legally binding instrument effecting custody or other parental rights, and, without one, the school will assume that both parents have equal access to school records and student information.

Student Information			
Student's Legal Last Name	Student's Legal First Name	Middle Name	Grade/School

Custodial Parent Information				
Last Name	First Name	Employer		
Street Address		City	State	Zip Code
Home Phone #	Work Phone #	Cell Phone #		
E-mail Address			Receive Mailings? <i>Yes or No</i>	

Non-Custodial Parent Information				
Last Name	First Name	Employer		
Street Address		City	State	Zip Code
Home Phone #	Work Phone #	Cell Phone #		
E-mail Address			Receive Mailings? <i>Yes or No</i>	

Step Parent Information (if applicable)				
Last Name	First Name	Employer		
Street Address		City	State	Zip Code
Home Phone #	Work Phone #	Cell Phone #		
E-mail Address			Receive Mailings? <i>Yes or No</i>	

Legal Guardian (if other)				
Last Name	First Name	Employer		
Street Address		City	State	Zip Code
Home Phone #	Work Phone #	Cell Phone #		
E-mail Address			Receive Mailings? <i>Yes or No</i>	

Signature of Parent/Guardian

Date