

### CHANGE OF ADDRESS FORM

If you have moved or are moving from one home to another in the Ballston Spa Central School District, you must fill out this form and return it to the District Registration Office. **Two (2) copies of Proof of Residency are required along with this form.** Proof of Residency must display your name and new address.

Acceptable Proofs of Residency include: current utility bill, updated driver's license or state issued identification card, rental/lease agreement, home deed or closing papers, auto insurance, or a notarized letter from your landlord. If you have any questions regarding what documents qualify as valid Proof of Residency, please call the Registrar's Office at (518) 602-0256.

Submit this form and Proofs of Residency to the District Registration Office at 70 Malta Avenue, Ballston Spa, NY 12020 in person, by US Mail, email at [akavanaugh@bcsd.org](mailto:akavanaugh@bcsd.org), or fax. **This form and proofs are required to change your student's bus assignment.** Once the form is received by District Registration, please allow 3-5 days for processing.

#### TO BE COMPLETED BY PARENT/GUARDIAN

(PLEASE PRINT)

Effective date of move: \_\_\_\_/\_\_\_\_/\_\_\_\_

New Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Updated Phones: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell)

Mailing Address (if different): \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Please list **ALL** occupants, adults and children, living at this address (include school and grade of students):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

#### FOR DEPARTMENT USE ONLY

Transportation: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Stamp Here

Registrar: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Received By: \_\_\_\_\_