

Change of Address Form

Date: _____

Please return this form with the appropriate documentation to your child's school or Central Registration. Forms will be returned to you if required documentation is missing. Please contact the Registrar at 516-801-7008 with any questions.

Child(ren) reside with: Both Parents Mother Only Father Only Other Guardian(s)

Mother/Guardian Name: _____ Father/Guardian Name: _____

New Address: _____ New Address: _____

Old Address: _____ Old Address: _____

New Phone #: _____ New Phone #: _____

Is the change of address due to temporary loss of housing? No Yes

Children attending Glen Cove City School District (Please write clearly)

Last Name	First Name	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Proof of Residency

Please supply a current bill or document with current address. Suitable documents to prove residency can be, but not limited to (please supply at least one):

- Tax Bill
- Mortgage Statement
- Lease Agreement
- Utility Bill
- Car Insurance Bill
- Health Insurance
- Updated License
- Bank Statement

Parent/Guardian Signature

Date