



PELHAM PUBLIC SCHOOLS

CHANGE OF ADDRESS

RESIDENTS MOVING WITHIN THE DISTRICT

Registrar Office, 629 Fifth Ave., Pelham, NY 10803
Tel. 914-738-3434, Ext 1211

NAME OF STUDENT: _____ DATE: _____
 HOME PHONE: _____ SCHOOL _____ GRADE _____
 DOB: _____ PLACE OF BIRTH: _____
 PARENT (1) _____ TEL: _____
 PARENT (2) _____ TEL: _____
 PREVIOUS ADDRESS: _____
 NEW ADDRESS: _____

List All Other Students:

SIBLING: _____ SCHOOL: _____ GRADE: _____
 SIBLING: _____ SCHOOL: _____ GRADE: _____
 SIBLING: _____ SCHOOL: _____ GRADE: _____

DOCUMENT CHECKLIST

ALL RESIDENTS MUST COMPLETE A HOUSING QUESTIONNAIRE: _____ Housing Questionnaire

HOMEOWNERS:	_____ PROPERTY TAX BILL WITH NAME & ADDRESS , CLOSING STATEMENT OR DEED _____ NOTARIZED RESIDENT AFFIDAVIT _____ TWO DIFFERENT FORMS OF UTILITY BILLS
NON-HOMEOWNERS:	_____ COPY OF THE LEASE - SIGNED AND DATED _____ NOTARIZED LANDLORD AFFIDAVIT _____ NOTARIZED RESIDENT AFFIDAVIT _____ PROOF OF RENT PAYMENT (Cancelled Check or Receipt) _____ TWO DIFFERENT FORMS OF UTILITY BILLS, BANK STATEMENT OR VOTER REGISTRATION CARD

OFFICE USE ONLY:

DATE: _____ AUTHORIZED BY: _____

DR. Alice Bowman
Assistant Superintendent
for Teaching and Learning