Bedford Central School District



Inspiring and Challenging Our Students

Office of Pupil Personnel Services Phone: (914) 241-6022



Change of Address Form

In order to complete your change of address request, please complete this form and return it to me as soon as possible, along with the 3 required proofs of residency;

If you own:

- 1. A copy of your mortgage, deed or home loan
- 2. Two recent bills (ex. utility, medical, cable/cell phone bill) with your name & address listed

If you rent:

- 1. A copy of your lease agreement or a notarized landlord affidavit (included in registration packet)
- 2. Two recent bills (ex. utility, medical, cable/cell phone bill) with your name & address listed

| Parent name(s): | |
|-----------------------|--------|
| New Address: | |
| Contact phone number: | |
| Child's full name: | Grade: |
| School: | ID: |
| Child's full name: | Grade: |
| School: | ID: |

Upon receipt of the required forms, I will process your change of address and notify your child's school as well as our Transportation Department.

Please do not hesitate to contact me if you have any questions.

Kristine Connor Central Office Registrar kconnor5136@bcsdny.org (914) 241 6107