



Cheektowaga-Sloan Union Free School District

166 Halstead Avenue, Sloan, New York 14212

Change of Address Form

SECTION 1: Household and Student information			
Primary Parent/Guardian Full Name			
Enrolled Student(s) Full Name, Grade, and School	Student Name	Grade	School

SECTION 2: Change of Address and Residency Proof	
New Address:	
City, State, Zip:	
Phone Number:	
Type of Residence:	___ Own / ___ Renting / ___ Lease from _____ to _____
	___ Single Family Home / ___ Multi--Family Home / ___ Apartment Building
Three Proofs of Residency <small>(copy and attach to this form for processing)</small>	Proof 1: _____
	Proof 2: _____
	Proof 3: _____



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NOTICE: STATEMENT OF RESIDENCY

The Cheektowaga-Sloan Union Free School District has a very strict policy on who may attend its schools. The Board of Education of the Cheektowaga-Sloan Union Free School District has directed administrators to bill the parents/guardians of students illegally attending Cheektowaga-Sloan UFSD for the cost of the child's education. If the amount owed is not paid within 30 days, the district will pursue court action to recover this money and the district's expenses involved in investigating the residency issues. The amount charged will be calculated using a formula established by the State Education Department. **The cost of educating a student in the Cheektowaga-Sloan Union Free School District ranged from \$8,128 to \$24,479 depending on grade level and program.** This amount usually increases each year.

My signature below indicates that I have received a copy of the Cheektowaga-Sloan Union Free School District's policy on Non-Residents. I understand that if the district learns that either my child or I are not residents of the District, I will be liable for the costs of my child's education as described above. I am aware that the provision of any false information or fraudulent documents to the District may constitute a crime. I certify that I am a resident of the District, and that the information and documents provided in support of this application are accurate and truthful. I authorize the request of student records from prior schools on any and all children listed above and give permission to the District to verify any and all information provided in support of this application. I acknowledge that the District reserves the right to investigate, at any time, the accuracy of all information and documents submitted on any and all children listed above. I promise to promptly notify the District when any supporting information or document that has been provided to the District is no longer accurate or up to date. I understand that if the District discovers that my child/children are not a legal resident of the district, my child/children will not be permitted to attend District schools and I will be liable for the cost of education for each day attended as a non-resident.

I, the undersigned, state the information contained in this registration form is accurate to the best of my knowledge.

Parent Signature

Date