East Islip School District 1 Craig B. Gariepy Avenue Islip Terrace, NY 11752-2800 Office of the Registrar (631) 224-2000 Ext. 2043 Fax (631) 581-8352

CHANGE OF ADDRESS WITHIN DISTRICT

Please find attached the Change of Address Within District Forms that will need to be completed to update your family's information. Please fill out a separate Student Residency Questionnaire for each child attending school.

Two proofs of residency are required along with a parent photo ID. (The photo ID does not need to coincide with the new address if it has not yet been updated with the DMV). The accepted documents are listed on the form. If there is a change in parent/guardian information, please also submit appropriate documentation if applicable.

Address changes can be submitted in person at the District Office, via fax # (631)581-8352, by email to <u>aricci@eischools.org</u> or by U.S.mail.

If you choose to mail the information, please send all required paperwork to:

East Islip School District Central Registration Office 1 Craig B. Gariepy Avenue Islip Terrace, New York 11752

Please note: Families who lack a fixed, regular and adequate nighttime residence, including those who are sharing the housing of other persons due to loss of housing, economic hardship or other similar reason may not be required to submit all of the listed documents. If you have any questions, please contact the registrar's office. Thank you.

	EAST ISLI CHANGE OF AI		OOL DISTRI S WITHIN DI		
(for office use only)	School		Buffer Zone_	Date	
	<u>TWO</u> PROOFS (OF RES	DENCY RE	QUIRED	
For Renter (this also appli One: Utility	eal Estate Tax Bill, or Mort es if residing with a family _ Pay Stub License	member ANI Gove	or friend): Le D ernment Issue	ase or District Third F d Mail Credit Ca	rd Cell Phone
(Must be current and show name a utility statement in the homeowner'					d, the second proof can be a
Student Information – P	Please list all children i	n the fa	milv who ha	ive moved	
Student Last Name	Student First Name	MI	Grade	Current School	For Office Use Only (Student ID#)
Deien Deeiderst Albert ("			,		
Prior Resident Address(#	and St.)		(City)	(Zıp)
New Resident Address(# and St.)			(City)		(Zip)
New Mailing Address(if different)			(City)		(Zip)
New Household Telephor	ne #	PI	ease specify	: Home Landline	Cell Phone
Changes in Parent/Guardian Information? Yes_			No	lf yes, please sp	ecify
Changes in Emergency Co	ontacts, if any:				
1. Name	Relations	hip to S	tudent	Home#	ŧ
Address		-			
Cell Phone#		Bu	siness Phone	9#	
2. Name	Relations	hin to S	tudent	Homet	+
		-			
Parental Signature					
	FOR TRANSPOL			E ONLY	
APPROVEDBUS STOF)				
BUS ROUTE # (AM)(P					

EAST ISLIP SCHOOL DISTRICT STUDENT RESIDENCY QUESTIONNAIRE

For Office Use:	
School Year	
School	Grade

In accordance with the McKinney-Vento Act-42 U.S.C.11435, your responses will help determine you or your child's eligibility for services. Please complete for all new entrants and in-district address changes.

Name of Student:				Date:	Date:	
	Last	First	Mic	ldle		
Student Birth Date: _	/	/	Grade:	Gender: M	[F	
Former Address:						
Current Address:					Phone:	
Where is the	student pres	ently living? (Please check	one)		
In pern	nanent housi	ng				
In a mo	otel/hotel	-				
In a she	elter					
or othe	er similar rea	ison (sometim	es referred to	as "doubled-up)	of housing, economic hardship, as a car, park or campsite	
Other t	emporary liv	ving situation	(Please descri	ibe):		
*If you checked anyth	hing other th	nan permanent	housing, ple	ase list your last peri	nanent address below:	
		will contact			r than permanent housing.	
Print name of Parent	t, Guardian,	or		Signature of Pa	rent, Guardian or	
Student (for unaccom	panied home	eless youth)		Student (for una	accompanied homeless youth)	
For Office Use: Date Family Contacted:		STA	AC form Yes	No Lunch Pro	ogram Transportation	
Liaison Signature:			Date:			