

South Country Central School District

CHANGE OF ADDRESS

STUDENT NAME: _____

SCHOOL OF ATTENDANCE: _____ GRADE: _____

PLEASE LIST PARENT(S)/GUARDIAN(S) RESIDING IN THE HOUSEHOLD:

PARENT/GUARDIAN NAME: _____ RELATIONSHIP TO STUDENT: _____

PARENT/GUARDIAN NAME: _____ RELATIONSHIP TO STUDENT: _____

OLD ADDRESS: _____ DATE OF CHANGE: _____

NEW HOUSEHOLD ADDRESS: _____ MAILING ADDRESS (if different from household): _____

HOUSEHOLD PHONE: (_____) _____ HOUSEHOLD LANGUAGE: _____

RESIDENCE TYPE: OWN RENT LEASE OTHER _____

MOVE IN DATE: _____ LEASE EXPIRATION DATE : _____

NUMBER OF ADULTS IN HOUSEHOLD (21 & OVER): _____ NUMBER OF SENIORS IN HOUSEHOLD (62 & OVER): _____

PLEASE LIST ALL MEMBERS OF THE HOUSEHOLD (UNDER 21) AND THEIR RELATIONSHIP TO THE STUDENT:

NAME	DATE OF BIRTH	CURRENT GRADE	NAME OF SCHOOL	RELATIONSHIP TO STUDENT

ACCEPTABLE FORMS FOR PROOF OF RESIDENCY:

*Please provide one of the following items from each column

PRIMARY	SECONDARY
<i>If you reside in your own home:</i>	Utility Bill
• Deed of Ownership of Premises	Cable/Satellite Statement
• House Insurance Statement	Fuel Delivery Statement
• Mortgage Statement	Bank Statement or Check
• Suffolk County/Town of Brookhaven Tax Statement	Department of Social Services Documentation
<i>If you are renting or leasing:</i>	Current Driver's License
• Lease or Rental Agreement	Voter Registration Card
• Notarized Residency Affidavit Form	Change of Address Confirmation Notice from USPS

* If you have any questions regarding forms please call Central Registration at (631)730-1617.

**Cellphone bills are NOT accepted.

PLEASE NOTE: TO IMPLEMENT CHANGE OF ADDRESS, A COPY OF PROOF OF RESIDENCY MUST ACCOMPANY THIS FORM. Please allow at least 2-3 business days to implement changes.

Parent/Guardian Signature: _____

Date: _____