

ELWOOD PUBLIC SCHOOLS

Central Registration Change of Address Form

PLEASE NOTE: All residents are required to provide proof of residency to the District Office when a change of address is reported to the school building.

DATE: _____

(Family Name) Guardian _____

New Address Information:

Former Address Information:

(Street Address)

(Street Address)

(Town)

(Zip)

(Town)

(Zip)

()

(Home Phone)

()

(Home Phone)

()

(Cell Number)

()

(Cell Number)

☐ **Own** ☐ **Rent**

☐ **Own** ☐ **Rent**

FAMILY MEMBERS AT NEW ADDRESS

Parent/Guardian(s):

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____	Birth Date: _____	Spec Ed Y N	School _____
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Name: _____	Birth Date: _____	Y N	_____
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Name: _____	Birth Date: _____	Y N	_____
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PROOF OF RESIDENCY:

HOMEOWNERS:

- ☐ Deed or Suffolk County Tax Bill
- ☐ Three (3) proofs of address with current date.

RENTERS:

- ☐ Notarized affidavit from landlord (Form provided by District)
- ☐ Copy of Deed or tax bill from landlord
- ☐ Notarized affidavit from renter (Form provided by District)
- ☐ Three (3) proofs of address with name and current date.