New Paltz Central School District

196 Main Street, New Paltz, New York 12561
Phone: (845) 256-4040 • Fax: (845)256-4024
http://www.newpaltz.k12.ny.us

CHANGE OF ADDRESS FORM

DIRECTIONS:

- Complete this form with your legal residential address,
- If your residential address is different from your mailing address, include your mailing address also,
- Provide two (2) items that demonstrate you reside at the new address as per BOE Policy # 7130 (see options below for proof of address), and
- Be sure to sign and date the form.

Proof of address (2 items), which must include the name and street address of the parent or guardian.

- Copy of a residential lease or proof of ownership of a house or condominium;
- A sworn statement (affidavit) authored by a third party landlord, owner or tenant from whom the parent/guardian leases or shares property ***document must be notarized and third party will provide proof of residency (2 items)*;
- Other acceptable documentation of residency provided by the parent/guardian such as:
  - pay stub
  - utility bills (e.g. electric, gas, garbage disposal, cable/internet)
  - auto insurance policy declarations page
  - voter registration documents
  - official driver's license, learner's permit or non-driver identification card issued within the last 30 days which displays new address
  - state or other government issued identification
  - documents issued by federal, state or local agencies (e.g., local social services agency, federal Office of Refugee Resettlement

We are sorry, but we will NOT accept the following as proof of identification:

- U.S. Mail
- Bank or credit card records
- Any proof older than 30 days

Please submit the change of address form to the school office.

The transportation department will contact you with a change in transportation if warranted.

DATE: _____ CHILDREN'S NAMES and GRADES: _____

_____

PARENT/GUARDIAN NAME(S):_____

OLD ADDRESS: _____ NEW ADDRESS: _____

_____ _____

_____ _____

OLD PHONE: _____ MAILING ADDRESS (if different): _____

NEW PHONE: _____ _____

PARENT/GUARDIAN SIGNATURE _____

For Office Use Only: NPCSD Employee Signature _____

FAX to Transportation 845-256-4079