



# Amherst Central School District

Anthony J. Panella  
Superintendent

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Assistant Superintendent  
for Curriculum, Instruction & Technology

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## Change of Address Form

Effective Date: \_\_\_\_\_

Parent(s)/Guardian Name(s): \_\_\_\_\_

Previous Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Two (2) Proofs of Residency:

#1  **Rental Agreement / Lease / Property Tax Bill, Mortgage Papers or Deed\***

\* If you are staying with someone that is renting, your name must be added to the lease or the landlord must provide a statement that you are living there.

If you are staying with someone that owns a home, and you do not have a rental agreement, complete the Resident Without Lease Agreement along with the necessary proofs.

#2  **Utility Bill (phone, cable, heat, water, electric)**

New Home Phones: \_\_\_\_\_

Cell Phones: \_\_\_\_\_


Work Phones: \_\_\_\_\_

Name(s) of Children in your Household

School

Grade

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Over please 

**Notice**

Please be advised that the provision of false information on this change of address form could constitute a crime. In addition, the District reserves its right to recover from parents, legal guardians or other responsible parties, the entire actual cost of educating a student, plus related costs, for the entire period that any non-resident student is enrolled in the District's school without authorization and/or under false pretenses. The costs for students receiving special education services are considerably higher and vary depending upon the specific programs.

I, THE UNDERSIGNED, STATE THAT ALL THE INFORMATION CONTAINED IN THIS CHANGE OF ADDRESS FORM IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Parent / Guardian Name: \_\_\_\_\_ (please print)

Parent / Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

*FOR DISTRICT USE ONLY*

*STUDENT ID #* \_\_\_\_\_ *DATE:* \_\_\_\_\_

*REGISTRAR:* \_\_\_\_\_