

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 aricci@eischools.org 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 ISLIP SCHOOL DISTRICT
CHANGE OF ADDRESS WITHIN DISTRICT

TWO PROOFS OF RESIDENCY REQUIRED

(for office use only)

Date _____

School _____

For Homeowner: Deed, Real Estate Tax Bill, or Mortgage Payment Statement _____

For Renter (this also applies if residing with a family member or friend): Lease or District Third Party Statement _____

AND

One: Utility _____ Pay Stub _____ License _____ Government Issued Mail _____ Credit Card _____ Cell Phone _____

(Must be current and show parent/guardian name and new address)

Student Information – Please list all children in family who are moving

Student Last Name	Student First Name	MI	Grade	Current School	For Office Use Only

Prior Resident Address(# and St.) _____ (City) _____ (Zip) _____

New Resident Address(# and St.) _____ (City) _____ (Zip) _____

New Mailing Address(if different) _____ (City) _____ (Zip) _____

Household/Primary Telephone # _____ Please specify: Home Landline _____ Cell Phone _____

Changes in Parent/Guardian Information? Yes _____ No _____ If yes, please specify _____

Changes in Emergency Contacts, if any:

1. Name _____ Relationship to Student _____ Cell Phone# _____

Address _____

Home# _____ Business Phone# _____

2. Name _____ Relationship to Student _____ Cell Phone# _____

Address _____

Home# _____ Business Phone# _____

Parental Signature _____

