

CHANGE OF ADDRESS

Cheektowaga Central School District

(Parent/Guardian #1 must reside at the same address as indicated for the student.)

#1 Parent/Guardian Name: _____
Last Name First Name MI

Address: _____
Street Address Apt. # City/Town Zip Code

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Home Email Address: _____

Relationship to student: _____

#2 Parent/Guardian Name: _____
Last Name First Name MI

Address: _____
Street Address Apt. # City/Town Zip Code

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Home Email Address: _____

Relationship to student: _____

Previous Address: _____
Street Address Apt. # City/Town Zip Code

Student(s) is living with: (Please Circle)

- | | | | | |
|--------------|----------------|-------------------------|--------|-------|
| Both Parents | Mother Only | Father Only | Agency | Alone |
| Guardian(s) | Spouse Partner | Foster Parent (DS-2999) | | |

Are you in possession of a court order that limits a non-custodial parent's access to the child, the child's school programs and activities, or the child's educational records?

YES

NO

Please list all the children in the family affected by this change

	<u>Name</u>	<u>Birthdate</u>	<u>Gender</u>	<u>Grade</u>	<u>School</u>
1.	_____				
2.	_____				
3.	_____				
4.	_____				
5.	_____				

Complete the following section ONLY if it reflects your child's current living situation OR if you are a youth not living with a parent or guardian. Please check one of the following:

- Sharing housing with another person due to the loss of housing, economic hardship or similar reason.
- Living in a hotel, motel, trailer park or camp ground.
- Living in an emergency or transitional shelter awaiting DSS placement.
- Living in a car, park, bus or train station.
- Living in an abandoned building or similar substandard housing.
- Other, please specify: _____

(Your answer will help school staff determine if the student is eligible to receive additional services.)

Emergency Contacts
(Enter only if this information had changed.)

Contacts should be someone other than the parent/guardian.

Name: _____
Last Name First Name MI

Address: _____
Street Address Apt. # City/Town Zip Code

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to student: _____

Name: _____
Last Name First Name MI

Address: _____
Street Address Apt. # City/Town Zip Code

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to student: _____

Certification & Authorization

I hereby certify that the student(s) listed on this form actually reside at the address provided which is located within the Cheektowaga Central School District boundaries. I further certify that all the information provided is correct. I understand I must immediately notify the district if the residency of the student changes at any time.

I give permission to Cheektowaga Central School District to verify telephone numbers and addresses. I understand that if the district believes that the information provided is no longer correct the district reserves the right under New York State law to investigate and to withdraw the student from the Cheektowaga Central School District.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

