

Change of Address Form

Home School: _____ School Enrolled: _____ School Choice: _____ NCLB SP ESL

Name of Student: _____
Last First Middle

Date of Birth: / / Current School Building: _____ Relocation Date: _____
Month Day Year

Are you in your current school due to school choice? Yes No

New Address:

_____ Zip Code: _____
Street Apt/Flr City

Phone: _____ Email Address: _____

Name of Parent/Guardian who last registered the student: _____

Is there a change in parent or guardian? Yes No

Previous Address:

_____ Zip Code: _____
Street Apt/Flr City

Previous Address Phone Number: _____

Special Education Services:

Does the student currently have an IEP (Individualized Education Plan)? Yes No

Does the student currently receive ESL services? Yes No

Are translation services needed? Yes No

When you move within the Troy City School District, you are required to provide the school district with Proof of Residency for the new address.

One of the following is required to verify residency:

- | | |
|---|---|
| <input type="checkbox"/> National Grid bill (within 30 days)
<input type="checkbox"/> Lease
<input type="checkbox"/> Notarized Landlord Letter
<input type="checkbox"/> Mortgage Statement
<input type="checkbox"/> Other (describe: _____) | <input type="checkbox"/> Photo ID
<input type="checkbox"/> Custody Papers _____ CPS/DSS
<input type="checkbox"/> Parent/Custodial Affidavits
<input type="checkbox"/> McKinney-Vento
<input type="checkbox"/> Order of Protection |
|---|---|

Does the student have a parent/guardian on active duty in the Armed Forces? Yes No

Parent Guardian Certification: I certify that the above information is true and correct. Any misinformation regarding residency may result in being billed to cover the cost of instruction and/or exclusion from attending the Troy City School District.

Signature of Parent/Guardian

Date



Parent/Guardian Information

Mother/Guardian: _____ / _____ / _____
First Middle Initial Last

Relationship to child: Mother Stepmother Legal Guardian Foster Parent Other _____

Resides in Home Yes No Custodial Parent Yes No Is to receive Correspondence Yes No

Mailing Address if different from above: _____ / _____ / _____
Street Apt/Flr City State Zip

Home Phone: (_) _____ Work Phone: (_) _____ Cell Phone: (_) _____

Email Address: _____ Phone call priority (1-3): Home _____ Work _____ Cell _____

Father/Guardian: _____ / _____ / _____
First Middle Initial Last

Relationship to child: Father Stepfather Legal Guardian Foster Parent Other _____

Resides in Home Yes No Custodial Parent Yes No Is to receive Correspondence Yes No

Mailing Address if different from above: _____ / _____ / _____
Street Apt/Flr City State Zip

Home Phone: (_) _____ Work Phone: (_) _____ Cell Phone: (_) _____

Email Address: _____ Phone call priority (1-3): Home _____ Work _____ Cell _____

Other Children Living in the Household

Name: _____ Date of Birth: ____/____/____

Gender: Male Female Past Registrant Yes No

Name: _____ Date of Birth: ____/____/____

Gender: Male Female Past Registrant Yes No

Change in Emergency Contacts (if unable to contact parents)

Emergency Contact 1: Name: _____ Relationship to Student: _____
Other than parent/guardian

Home Phone: (_) _____ Work Phone: (_) _____ Cell Phone: (_) _____

Address: _____

Emergency Contact 2: Name: _____ Relationship to Student: _____
Other than parent/guardian

Home Phone: (_) _____ Work Phone: (_) _____ Cell Phone: (_) _____

Address: _____

My child can (please check off one of the following):

___ Go home by him/herself _____ Can go home with: _____

___ Can go to: _____ Other (explain): _____