



Office Use:
Student Transferring: To: _____ From: _____

Central Registration

475 First Street
Troy, New York 12180
(518) 328-5007
Reg@troycsd.org

Change of Address Form

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.

Date: _____

Student Name: _____ Date of Birth: _____
First Middle Last

School currently enrolled: _____ Grade: _____

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

Is there a change in parent or guardian ☐ Yes ☐ No

If yes, Who is the new guardian: _____ Relationship to Student: _____

PREVIOUS ADDRESS:

Address: _____ NY _____
Street Apt/Flr City Zip

NEW ADDRESS:

Address: _____ NY _____
Street Apt/Flr City Zip

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 _____

Change in Emergency Contacts – If unable to contact parents

Emergency Contact 1:

Name _____ Relationship _____

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

Address: _____

Emergency Contact 2:

Name _____ Relationship _____

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 (Please Explain) _____

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.

Parent or Guardian Signature _____ **Date:** _____

Office Use:

New Home School: _____

IEP (Individualized Education Plan)? ☐ Yes ☐ No ENL services? ☐ Yes ☐ No

Proof of Residency / other paperwork :

_____ National Grid Bill/ Spectrum (within 30 days)

_____ Lease

_____ Notarized Landlord Letter

_____ Mortgage Statement

_____ Other _____

_____ Photo ID

_____ Custody Papers _____ CPS/DSS

_____ Parent/ Custodial Affidavits

_____ McKinney-Vento

_____ Order of Protection

Student needs to Transfer : ☐ Yes ☐ No | If yes, what school transfer to: _____ | Ok per SPED ☐ Yes ☐ No

Housing Questionnaire

Name of School: _____ Grade: _____

Name of Student: _____
First Middle Last

Gender: ☐ Male | ☐ Female | ☐ Nonbinary

Date of Birth: ____/____/____
Month Day Year

Address: ____/____/____/____/____
Street Apartment/Floor City State Zip

Phone: (____) _____

The answer you give below will help the District determine what service you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? Please check one box.

- ☐ In permanent housing
- ☐ In a shelter
- ☐ In a motel/hotel
- ☐ With another family or person because of loss of housing or economic hardship
- ☐ In a car, park, bus, train, or campsite
- ☐ Other temporary living situation: _____

 X

Print name of Parent/Guardian or Student

 X

Parent/Guardian Signature or Student

Date