

# CHANGE OF ADDRESS/PHONE FORM

**INSTRUCTIONS:** Complete this form for a change of address or phone number for students and/or their contacts. **PLEASE PRINT CLEARLY.**

A. STUDENTS THE CHANGE APPLIES TO						
Student Name	Date of Birth	Current School	Gender	Grade	IEP/504	New School (if applicable)
1.			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> IEP <input type="checkbox"/> 504	
2.			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> IEP <input type="checkbox"/> 504	
3.			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> IEP <input type="checkbox"/> 504	
4.			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> IEP <input type="checkbox"/> 504	
5.			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> IEP <input type="checkbox"/> 504	
B. NEW ADDRESS						
Who does this apply?		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Student <input type="checkbox"/> Other Parental Guardian:				
New Address						
		<b>HOUSE #</b>	<b>STREET</b>	<b>UNIT #</b>	<b>CITY</b>	<b>STATE</b> <b>ZIP</b>
Cell Phone #			Is this Permanent Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Work Phone #			Would you like to be contacted about resources available to families that are homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Home Phone #						
C. EMERGENCY CONTACT UPDATE						
Emergency Contact 1  <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Update	First Name			Email Address		
	Middle Name			Cell Phone #		
	Last Name			Work Phone #		
	Relationship			Home Phone #		
	Address		<b>HOUSE #</b>	<b>STREET</b>	<b>UNIT #</b>	<b>CITY</b>
Emergency Contact 2  <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Update	First Name			Email Address		
	Middle Name			Cell Phone #		
	Last Name			Work Phone #		
	Relationship			Home Phone #		
	Address		<b>HOUSE #</b>	<b>STREET</b>	<b>UNIT #</b>	<b>CITY</b>
D. PARENT/GUARDIAN SIGNATURE						
Parent or Guardian Signature _____			Date: _____			
Parent or Guardian Name (Please Print) _____						

OFFICE USE ONLY – DO NOT WRITE IN THE SHADED BOX	
<input type="checkbox"/> Change of Address/Phone <input type="checkbox"/> In-District Transfer <input type="checkbox"/> Exiting District: City _____ State _____	
Are the students above still residents of the Elmira City School District: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Proof of Address (Check Three) <input type="checkbox"/> Lease <input type="checkbox"/> Rent Receipt <input type="checkbox"/> Utility Bill <input type="checkbox"/> SSI/DSS Statement <input type="checkbox"/> Other: _____	
Start Date at new school: _____ (If Applicable)	
Received By: _____	Date: _____