

Change of Address Procedure

If you are moving within the Goshen Central School District. . . .

COMPLETE:

1. Change of Address Form
2. Student Residency Questionnaire - **one form per student is required...**
additional copies may need to be made by the parent
3. TWO proofs of residency from the list below Please submit copies.
 - License – with new address
 - Electric Bill
 - Bank Statement or letter
 - Auto insurance card or letter
 - Cable or Direct TV Bill
 - Credit Card Statement
 - House Closing Statement
 - Official post office address change card
 - Lease if you are living at an apartment complex
(a lease from a privately owned house is NOT acceptable.)
 - Landlord affidavit completed and notarized – can be obtained from district website.

SUBMIT these forms to any school building or to Registration at 227 Main Street, Goshen.

Transportation will notify you with the new route numbers and times for pick up and drop off after all information has been verified and approved.

These change of address forms can also be printed from the school website at
www.goshenschoolsny.org/registration

Call Lynn Dise, Registrar at 615-6767 with any questions.

Change of Address Form

Person completing this form: _____ Date of Address Change: _____

PLEASE NOTE: If any information is not readable or left out, it may delay the new address change for transportation.

List ALL students who are presently living at this address:

Student's Name _____ School: _____ Gr. _____
Student's Name _____ School: _____ Gr. _____
Student's Name _____ School: _____ Gr. _____
Student's Name _____ School: _____ Gr. _____

Information is required for both parents or guardians:

Name _____ (cell) _____
Circle: Mother Step-mother Guardian Address, if different than new address _____

Name _____ (cell) _____
Circle: Father Step-father Guardian Address, if different than new address _____

Has there been any change in the family unit: Divorce, Separation, Custody ? Yes or No
Explain: _____

Old Information

Physical Address _____
Mailing Address _____

NEW Address

Physical Address _____
Mailing Address _____

Telephone Number: **Land Line** Phone: _____ **Work** Phone: _____
Work Phone: _____

Names of others living at your address: _____
_____ *Additional information use other side of this form.*

Two Proofs Required- (send to school)

Proof of Residency Received

Auto Insurance _____
Cable Bill _____
Utility Bill _____
Driver's License (*new*) _____
Bank Statement _____
Rental Agreement _____
P.O. Chg. of Address _____
Closing Documents _____

Office Use Only

NEW BUS ROUTES:

TO: _____

FROM: _____

Copies: SAS _____
GIS _____
CJH _____
HS _____
PPS _____
Bus _____

...Will contact the parent
with new bus route.

Registration : original

Registrar: _____ Approved by the Asst. Sup't. _____

Date _____

Approved by the Superintendent: Daniel T. Connor _____

