

# Change of Address Form

Person completing this form: \_\_\_\_\_ signature: \_\_\_\_\_ Date of 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: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Information is required for both Parents or Guardians:**

Name: \_\_\_\_\_ (cell#) \_\_\_\_\_

Circle: Mother Step-mother Guardian Address, if different than new address

Address, if different than new address \_\_\_\_\_

Name: \_\_\_\_\_ (cell#) \_\_\_\_\_

Circle: Father Step-father Guardian Address, if different than new address

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: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Names of others living at your address: \_\_\_\_\_

Additional information use other side of this form.

**TWO PROOFS REQUIRED – (SEND TO SCHOOL)**

**OFFICE USE ONLY**

**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 \_\_\_\_\_

**NEW BUS ROUTES:**

TO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FROM: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COPIES: SAS \_\_\_\_\_

GIS \_\_\_\_\_

CJH \_\_\_\_\_

GHS \_\_\_\_\_

PPS \_\_\_\_\_

\*BUS \_\_\_\_\_

\*Will contact the parent with new bus route.

Registrar: \_\_\_\_\_ Approved by the Asst. Supt. \_\_\_\_\_ Date: \_\_\_\_\_

Approved by the Superintendent: Daniel T. Connor: \_\_\_\_\_ Revised 3/19



STAC CHILD ID

The University of the State of New York  
THE STATE EDUCATION DEPARTMENT  
STAC & Special Aids Unit  
Room 514, Education Building  
Albany, NY 12234

STAC-202  
HOMELESS DESIGNATION

Designation of School District of Attendance for a Homeless Child

Submitted by:  Local Dept of Social Services (DSS)  Designated School District of Attendance (PSD)

PLEASE READ THE INSTRUCTIONS ON THE REVERSE BEFORE COMPLETING THIS FORM

1. NAME OF CHILD  
 LAST NAME: [ ]  
 FIRST NAME: [ ]  
 M.I.: [ ]

2. DATE OF BIRTH  
 MO / DAY / YR: [ ] [ ] [ ] [ ] [ ] [ ]

3. GENDER  
 M [ ] F [ ]

4. SOCIAL SECURITY NUMBER  
 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

5. Racial/Ethnic Category of Child (See definitions on reverse side of last page.)

American Ind or Alaskan Native  Asian or Pacific Isl.  Black  Hispanic  White

6. GRADE LEVEL FOR WHICH PLACEMENT IS SOUGHT  
 [ ] [ ]

7. COMPLETE ADDRESS BEFORE CHILD/FAMILY BECAME HOMELESS  
 [ ]  
 [ ]  
 [ ]

7A. NYS SCHOOL DISTRICT OF ATTENDANCE BEFORE BECOMING HOMELESS  
 [ ]

8. COMPLETE ADDRESS OF CURRENT LOCATION  
 [ ]  
 [ ]  
 [ ]

DATE CHILD/FAMILY PLACED IN TEMPORARY HOUSING  
 MONTH DAY YEAR  
 [ ] [ ] [ ] [ ] [ ] [ ]

7B. NYS SCHOOL DISTRICT WHERE LAST ENROLLED  
 [ ]

8A. NYS SCHOOL DISTRICT OF CURRENT LOCATION  
 [ ]

9. DATE DISTRICT OF ATTENDANCE CHOSEN  
 MONTH DAY YEAR  
 [ ] [ ] [ ] [ ] [ ] [ ]

9A. NYS DESIGNATED DISTRICT OF ATTENDANCE  
 [ ]

10. DATE PLACED IN PERMANENT HOUSING  
 MONTH DAY YEAR  
 [ ] [ ] [ ] [ ] [ ] [ ]

One of four school districts may be chosen to provide the education component: the school district of attendance before becoming homeless, the school district where last enrolled, the school district of current location or a school district participating in a Regional Placement Plan. This designation may be changed either prior to the end of the first semester of attendance or within 60 days of making this designation, whichever occurs later.

11. Check the appropriate box if the designated school district of attendance (9A) is different from the district of attendance before becoming homeless (7A) and from the district of current location (8A).

District participating in a Regional Placement Plan OR  District where last enrolled (7B) if it is different from the district where last permanently housed (7A) and the district of current location (8A).

12. NAME OF PARENT OR PERSON IN PARENTAL RELATIONSHIP ..... ARBA CODE ..... TELEPHONE NUMBER .....

13. SIGNATURE OF PERSON IN PARENTAL RELATIONSHIP TO CHILD ..... DATE .....  
 IT HAS BEEN REPORTED TO ME THAT THIS CHILD IS UNDER THE AGE OF 21 YEARS AND IS THEREFORE ELIGIBLE FOR EDUCATIONAL SERVICES. THE CHILD HAS BEEN ADVISED OF HIS/HER RIGHT TO DESIGNATE THE SCHOOL DISTRICT OF ATTENDANCE.

14. PRINT NAME OF LOCAL DSS OR SCHOOL DISTRICT REPRESENTATIVE ..... TITLE .....

15. SIGNATURE OF LOCAL DSS OR SCHOOL DISTRICT REPRESENTATIVE ..... DATE .....

16. PLACEMENT COUNTY [ ] [ ] Local DSS use only ..... ARBA CODE ..... TELEPHONE NUMBER .....