

## 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.

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

Work 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/UTILITY BILL \_\_\_\_\_
- P.O CHG, OF ADDRESS \_\_\_\_\_
- DRIVER'S LICENSE (NEW) \_\_\_\_\_
- BANK STATEMENT \_\_\_\_\_
- RENTAL AGREEMENT \_\_\_\_\_
- CLOSING DOCUMENTS \_\_\_\_\_
- OTHER \_\_\_\_\_

**NEW BUS ROUTES:**

**TO:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**FROM:** \_\_\_\_\_  
 \_\_\_\_\_

- COPIES:** SAS \_\_\_\_\_  
 GIS \_\_\_\_\_  
 CJH \_\_\_\_\_  
 GHS \_\_\_\_\_  
 PPS \_\_\_\_\_  
 \*BUS \_\_\_\_\_

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

Date: \_\_\_\_\_

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

Approved by the Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 11/22

If the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet

**GOSHEN CENTRAL SCHOOL DISTRICT  
ENROLLMENT FORM -RESIDENCY QUESTIONNAIRE**

Name of School: SAS Elementary (K-2) \_\_\_ GIS Intermediate (3 5) \_\_\_ CJH Middle School (6-8) \_\_\_ GHS HS (9-12) \_\_\_

Name of Student: \_\_\_\_\_  
Last First Middle

Gender: Male Date of birth: \_\_\_\_\_ / \_\_\_\_\_ Grade: \_\_\_\_\_ ID#: \_\_\_\_\_  
Female Month Day Year (K-12) (optional)

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

The answer you give below will help the district determine what services 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

if you check **any box below** please complete #7, #12 and sign #13 on the other side of this form.

In a shelter

With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")

In a hotel/motel

In a car, park, bus, train, or campsite

Other temporary living situation (Please describe): \_\_\_\_\_

\_\_\_\_\_  
Print name of Parent, Guardian, or  
Student (for unaccompanied homeless youth)

\_\_\_\_\_  
Signature of Parent, Guardian, or  
Student (for unaccompanied homeless youth)

\_\_\_\_\_  
Date

**Office Only**

If the student is **NOT** living in permanent housing, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled, Also, please ensure that a Designation Form is completed.

After the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling districts LEA liaison must help the student get any other necessary documents or immunizations.

If this student has been approved as 'homeless' please send a copy to Food Service Department.

Signature of Homeless Liaison: \_\_\_\_\_ Date: \_\_\_\_\_

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  2. DATE OF BIRTH  /  /  MO / DAY / YR 3. GENDER  M  F

FIRST NAME  MI  SOCIAL SECURITY NUMBER  /  /

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

American Ind or Alaska Native  Asian or Pacific Is.  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

Use 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  AREA 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  AREA CODE  TELEPHONE NUMBER