

Peekskill Schools

CHANGE OF ADDRESS FORM

Today's Date	:	
Effective Dat	e:	
Student Name	e:	D.O.B
School Name	:	
Parent/Guard	ian Name:	
Siblings:		School:
Telephone:	Home Number:	
	Work Number:	
	Cell Number:	
 Copy not ac Copy 	e following information is require of lease or most recent utility bill ecepted. of deed/mortgage agreement of driver's license	ed to change an address: (Water/Con Edison); please note: telephone/cable bills are
living with a	Peekskill resident who has a lease,	ents, you may submit a notarized letter stating that you are a copy of which must also be submitted. Please contact your
OFFICE US	E ONLY:	
Type of Docu	mentation Submitted:	
Date:		