

## Peekskill Schools

## **CHANGE OF ADDRESS FORM**

Today's Da	te:	
Effective D	ate:	
Student Name:		D.O.B
School Nan	ne:	
Previous Ad	dress:	
Telephone:		
	Work Number:	
	Cell Number:	
1. Copy not a 2. Copy	ne following information is require	d to change an address: (Water/Con Edison); please note: telephone/cable bills are
nving with a	reekskill resident who has a lease, a	ents, you may submit a notarized letter stating that you are copy of which must also be submitted. Please contact your
OFFICE US		
Гуре of Docu	mentation Submitted:	

## Student Residency Information

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

Where is the student	presently living? (Checl	( One Box)			
In a shelter?	□ Yes □ No	In a transitional housing	g program?	□ Yes □ No	
In a motel or hotel?	□ Yes □ No	In a car, trailer or camp	osite?	□ Yes □ No	
In a rented trailer/moto	r home on private proper	ty? □ Yes □ No			
In a SRO building (Sin	gle Room Occupancy)?	□ Yes □ No			
In a rented garage due	to loss of housing?	□ Yes □ No			
Temporarily in another	family's house or apt du	e to a loss of housing?	□ Yes □ No		
Temporarily with an ad	dult that is not the parent/	legal guardian due to lo	ss of housing?	□ Yes □ No	
Awaiting foster placem	nent? □ Yes □ No				
Other places unfit for h	uman habitation?	□ Yes □ No			
NONE OF THE CHOI	CES APPLY				
If you answered NO, si	o the above questions, plainply sign the bottom of	the form.	nder of this form.		
Student's Full Legal Na	ame:Last	Pina	3.41.131		000
	Date of Birth:		Middle	Su	uffix
Current Address:					
Household Phone:	Work	Phone:	Cell Phone:		
Parent/Guardian Signat	ture:		Date	e:	