



## Peekskill City School District

*Our mission is to educate and empower all students to strive for excellence as life-long learners who embrace diversity and are contributing members of a global society.*

Alba Illescas  
Registrar

Registration Office, 400 S. Division Street, Peekskill, NY 10566-3499  
Phone: (914)739-0682 ext. 7535 Fax: (914) 737-0113  
Email: aillescas@peekskillschools.org

# CHANGE OF ADDRESS FORM

Today's Date: \_\_\_\_\_

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

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

School Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Siblings: \_\_\_\_\_ School: \_\_\_\_\_

Siblings: \_\_\_\_\_ School: \_\_\_\_\_

Siblings: \_\_\_\_\_ School: \_\_\_\_\_

Siblings: \_\_\_\_\_ School: \_\_\_\_\_

Siblings: \_\_\_\_\_ School: \_\_\_\_\_

Previous Address: \_\_\_\_\_

New Address: \_\_\_\_\_

Telephone: Home Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

### NOTE: The following information is required to change an address:

1. Copy of lease or most recent utility bill (Water/Con Edison); please note: telephone/cable bills are not accepted.
2. Copy of deed/mortgage statement
3. Copy of driver's license

If you cannot produce the above required documents, you may submit a notarized letter stating that you are living with a Peekskill resident who has a lease, a copy of which must also be submitted. Please contact your child's school for any further information.

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### OFFICE USE ONLY:

Type of Documentation Submitted: \_\_\_\_\_

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



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**Registration Form – Student Census/Enrollment Information**  
**Page 9 of 17**

Student ID# \_\_\_\_\_

**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? (Check One Box)**

- |   |  |  |  |
|---|--|--|--|
| In a shelter?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | In a transitional housing program?                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| In a motel or hotel?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | In a car, trailer or campsite?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| In a rented trailer/motor home on private property?                                     |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| In a SRO building (Single Room Occupancy)?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| In a rented garage due to loss of housing?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Temporarily in another family's house or apt due to a loss of housing?                  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Temporarily with an adult that is not the parent/legal guardian due to loss of housing? |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Awaiting foster placement?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Other places unfit for human habitation?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| NONE OF THE CHOICES APPLY <input type="checkbox"/>                                      |  |  |  |

If you answered YES to the above questions, please complete the remainder of this form.  
 If you answered NO, simply sign the bottom of the form.

Student's Full Legal Name: \_\_\_\_\_  
Last First Middle Suffix

Gender: M  F  Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

Household Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_