**PLEASE PRINT LEGIBLY**

# SAUGERTIES CENTRAL SCHOOL DISTRICT

**Call Box A, Saugerties, NY 12477**

## STUDENT CHANGE OF ADDRESS/TRANSFER FORM

STUDENT NAME: _____ _____ _____ GRADE:_____
**Last** **First** **Middle Initial**

RESIDENTIAL ADDRESS: _____ ____ _____
**House Number and Street** **Apt.** **City or Town**

MAILING ADDRESS (if different): _____ ZIP _____

PHONE: _____

Current School _____

Elementary Only Transfer: _____ _____
Yes No

Transfer to: _____

Inactivation Date _____

Please list **ALL** siblings **PRE-SCHOOL AGE & SCHOOL AGE** who are impacted by this change

| Name | School |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**It is the policy of the District that TWO ACCEPTABLE PROOFS OF RESIDENCY (see below) must be provided in order for a student to register to attend the Saugerties Central Schools. Please be advised that in the event a family violates the residency requirement, the Saugerties Central School District has the right to bill for back tuition for the period of time that the student(s) attended District schools as non-residents.**

I certify that I am a resident of the Saugerties Central School District.

_____ _____
**Signature** **Date**

## FOR OFFICE USE ONLY

Residency Proof Submitted (copies in file): Must provide two (2) original proofs of residence, must be current (within last 30 days) and contain name of parent/guardian and physical address of the residence.

____ Residential lease, deed, mortgage or other proof of home ownership
____ Notarized/signed statement or affidavit from a third party landlord, owner or tenant with whom you are sharing property.
____ Documents issued by federal, state or local agencies
____ Membership documents based upon residency
____ Notarized/signed statement from a third party establishing your physical presence in the District
____ Pay stub
____ Utility and/or home service bill ____ Jury duty notice
____ Federal or NYS income tax form ____ Official driver's license, learner's permit, non-driver ID
____ State or other government issued identification ____ Voter registration documents
____ Insurance Policy ____ Bank/Credit Card statement on company letterhead

*Signature* _____ *Date* _____

**This sheet, along with a *Print Screen* of the Person Summary Report must be sent to Carol Petramale; the Special Ed Office; and to the school the sibling(s) attend.**