

**Ossining UFSD  
190 Croton Avenue  
Ossining, New York 10562  
(914) 941-7700**

***CHANGE OF ADDRESS FORM***

**Name of 1<sup>st</sup> child:** \_\_\_\_\_ School \_\_\_\_\_ Grade: \_\_\_\_\_  
(last name) (first)

**Name of 2nd child:** \_\_\_\_\_ School \_\_\_\_\_ Grade: \_\_\_\_\_  
(last name) (first)

**Name of 3rd child:** \_\_\_\_\_ School \_\_\_\_\_ Grade: \_\_\_\_\_  
(last name) (first)

**Previous Address:** \_\_\_\_\_  
(street) (town/village)

**New Address:** \_\_\_\_\_  
(street) (town/village)

**Is your new address a temporary living arrangement?**  YES  NO

**If so, is this temporary living arrangement due to loss of housing or economic hardship?**  YES  NO

**Effective date of address change:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**New Home Telephone #** \_\_\_\_\_ **Work #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**New Address also applies to:**  Mother/Guardian  Father/Guardian  **Both Parents/Guardians**

Please assist us in updating your child's record by providing an **original** of **one** of the following forms of Residency Proof as required by OUFSD Policy. A copy will be made and the original will be returned:

- **Deed**
- **Current Lease Agreement (signed and dated)**
- **Current Residential Telephone, Electric or Gas bill (turn-off and final notices will not be accepted)**
- **Current School Tax or Water bill**
- **Current Pay Stub with Parent/Guardian Name and Address (PO BOX address will not be accepted)**
- **NY State Driver's License and a current medical or hospital bill**

Residency proof must be in either parent's/guardian's name or additional Residency Affidavits will be required. Parent / Landlord or Parent / Host Affidavits must be notarized and will be reviewed by the District Registrar before residency can be verified and updated. Please call 941-7700 ext. 345 if you have any questions.

I have provided a current \_\_\_\_\_ as our new proof of residency as required by OUFSD Policy. I hereby certify that all the above information is true. I understand that in the event that it is discovered that the above child(ren) is(are) not a resident of the Ossining School District, I am responsible for payment of school tuition.

\_\_\_\_\_  
**Parent / Guardian Signature**

\_\_\_\_\_  
**Date**

*The OUFSD requires five (5) days' advance notice prior to arranging bus transportation at a student's new address or for an after school program. Eligibility for transportation is based on mileage requirements described in district policy.*

cc: Transportation  
Student Services