



LOCKPORT CITY SCHOOL DISTRICT

Change of Address Form

NAME OF SCHOOL/BUILDING: _____

Date: _____

Parent/Guardian Name: _____ (must be accompanied by a copy of photo ID)

Previous Address: _____

New Address: _____

Proofs of Residency (1 is required): Must accompany this request.

_____ #1 Copy of residential lease or proof of ownership of a house or condominium.

_____ #2 Statement by a third-party landlord, owner, or tenant from whom the parent/guardian leases (see attached & MUST BE NOTARIZED).

_____ #3 Such other statement by a third party establishing the parent or persons in parental relation's physical presence in the district (see district list).

New Home Phone: _____

Cell Phone: _____

Work Phone: _____

Name(s) of Children in your Household	School	Grade

Over please →

Notice

Please be advised that the provision of false information on this registration form could constitute a crime.

I, THE UNDERSIGNED, STATE THAT ALL OF THE INFORMATION CONTAINED IN THIS REGISTRATION FORM IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Parent/Guardian Name: _____
(please print)

Parent/Guardian Signature: _____

Name of Person accepting this form: _____
(office use)

FOR LOCKPORT CITY SCHOOL DISTRICT USE ONLY:

STUDENT ID# _____ **REGISTRATION DATE:** _____

Interviewer: _____

Health Records Requested: _____ **Transcript Requested:** _____

Date entered data into system: _____ **By:** _____

Bus: Yes No

Pick Up Time: _____ Drop Off Time: _____