

# Oswego City School District

## Change of Address Form

Name of Parent(s) Guardian(s) Who Are Moving:

\_\_\_\_\_

**Children in the Household:**

Name \_\_\_\_\_ Grade \_\_\_\_\_ Current School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Current School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Current School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Current School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Current School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Current School \_\_\_\_\_

**Old Address:**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**New Address:**

Street \_\_\_\_\_, Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ MOVE IN DATE: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Parent/Guardian Signature(s):**

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

**Comments:**

**Please return this form AND proof of Residency to:**

Superintendent's Office, 1 Buccaneer Blvd, Oswego, NY 13126 or Fax to 315-341-2910

# Student Residency Questionnaire

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

## Where is the student currently living? *(Please check one box)*

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "double-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (please describe):
  
- In permanent housing

---

**Print name** of Parent, Guardian, or Student (for unaccompanied homeless youth)

---

**Signature** of Parent, Guardian, or Student (for unaccompanied homeless youth)

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

### Office Use Only

Please send a copy to the Runaway Homeless Youth (RHY) Coordinator at Oswego High School.

If the student is **NOT** living in permanent housing, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. The district's LEA liaison is required to assist the student in obtaining any necessary documents, including immunization or school records after the student has been enrolled.

*I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.*

---

Runaway Homeless Youth Signature

---

Date