

OSWEGO CITY SCHOOL DISTRICT

CHANGE OF ADDRESS FORM

Parent(s)/Guardian(s) 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 \_\_\_\_\_

**OLD ADDRESS** \_\_\_\_\_

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

**New Address:** \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

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

**E-MAIL Address:** \_\_\_\_\_

Parent/Guardian

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

*Please return with proof of residency to:* Superintendent's Office, 120 E. First St.; Oswego, NY 13126  
or Fax to 315-341-2910

Comments:

## Student Residency Questionnaire

\_\_\_\_\_  
Student Name

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

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.

Is your current address a temporary living arrangement?  Yes  No

Is this temporary living arrangement due to loss of housing or economic hardship?  Yes  No

If you answered YES to the above questions, please complete the remainder of this form.

If you answered NO, you may stop here.

\_\_\_\_\_  
Where is the student presently living? (Check one box.)

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park or campsite

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3) (d).

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

### **Office Use Only**

Please send a copy to Ned Karcich (Homeless Liaison) at the Oswego High School.

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

\_\_\_\_\_  
Homeless Liaison Signature

\_\_\_\_\_  
Date