NORTH TONAWANDA CITY SCHOOL DISTRICT

176 Walck Road ♦ North Tonawanda, New York 14120 ♦ [716] 807-3568 ♦ FAX [716] 807-3524

ADDRESS/NAME OR CONTACT INFORMATION CHANGE

Date:				
Current Parent/Guardian Name:		Previous Name:		
Legal documentation	of name change provided: _			
New Address:		Previous Addre	ess:	
	o a change in the family situ scussed on an individual ba	ation, (Marriage, separation/d	ivorce, death of a spo	ouse), additional paperwork is
Two Proofs of Resid	ency required to verify an	address change:		
#1 Rental Agre	ement/Lease/Mortgage Pap	ers or Deed*		
Landlord Name:	ame:Telephone#:			
		ur name must be added to the le zed and the lease for the apartm		provide a statement that
*If you are staying w residing there as we		e, they must provide proof of residen	dency and a notarized s	tatementthat you are
#2 Utility Bill, Ba	ank Statement, Payroll Stub	, or Vehicle Registration		
This is also a con	venient time to update any o	of the following, if necessary:		
New Home Phone: Previous Home Phone:				
Cell Phone:	Previous Cell Phone:			
Work Phone:				
Contact Information: Add:		Delete:		
	Phone			
	Relationship to student _		_	
Effected Name(s) of C	hildren in your Household	Current School Attending	Grade	(Office Use Only) Change in School
		_		
		FOR OFFICE USE ONLY		
te Changed:	Date Email Sent:	Ini	tials:	