RYE CITY SCHOOL DISTRICT
555 Theodore Fremd Ave, Suite B101
Rye, New York 10580

Office Use Only

Received _____

IN-DISTRICT CHANGE OF ADDRESS FORM

Name of Child: Last: _____ First: _____

Old Address: _____ Apt. No: _____

New Address: _____ Apt. No: _____ Home Phone (Required) _____

City: _____ State: _____ Zip Code: _____

School: _____ Grade: _____ (If change in School, enter New School: _____

List all Parents/Guardians with whom child will live:

Mother/Guardian

Name: Last: _____ First: _____
Relationship: _____ Phone: _____

Father/Guardian
Name: Last: _____ First: _____

Relationship: _____ Phone: _____

Parent /Guardian email address: _____

COPIES of documents required in support of residency: (*must submit 1 from Category A and two from Category B*)

- **Property Rights**
  - Real Estate Deed/City Tax Bill/Mortgage Statement if Property owner
  - Fully executed Rental Lease
  - If renting but no lease, have the Property Owner complete an Affidavit indicating that he/she is the property owner
- **Evidence of Residency**

  (*Two forms required – utility bill, pay stub, insurance, bank letter, etc.*)

I (We) affirm that the information provided on this form is true and correct. I (We) understand that the District may investigate any allegation contained in this form and may ask for written proof of any statement. In order to verify the information (including supporting documents and affidavits), I (we) give consent for the release of this form and supporting documents to the City of Rye, the landlord, or any other third party in furtherance of the District's investigation. I (We) understand that if the allegations contained in this form (including support documents) are determined not to be true and accurate, I (we) will be held responsible for the payment of tuition to the District.

ALL PARENT(S) OR GUARIDAN(s) MUST SIGN:

_____ _____
Signature of Maternal Parent or Guardian **Signature of Paternal Parent or Guardian**

_____ _____
Print Name **Date** **Print Name** **Date**

APPROVED BY BUSINESS OFFICE: _____ Date _____

Revised 10-17