



Westbury Union Free School District

Office of Central Registration 545 Dryden Street, Westbury, NY 11590
(516) 876-5100

CHANGE OF ADDRESS CHECKLIST

- **Application** (only a parent or guardian can complete, unless the student is an emancipated minor)
- **Parent/ Guardian Verification**
 - ☐ Photo ID valid driver's license, passport, military ID, resident card, or other government issued ID; or
 - ☐ Custodian Affidavit (if a judicial custody order is not available), if you are not the child's parent or
 - ☐ DS-2999 Form (School District Notification of Child Entering Foster Care, Placed in a Foster Family, Agency Boarding, or Group Home)
- **Proof of Residency**
 - ☐ Homeowners
 - ☐ proof of ownership (deed, closing statement, tax bill, home insurance ,or mortgage statement); and
 - ☐ Two (2) documents verifying full name and address
 - ☐ Renters
 - ☐ Current signed residential lease agreement. If a lease is not available, a Landlord Affidavit signed by a property owner or landlord or a Third Party Affidavit; and
 - ☐ Two (2) documents verifying full name and address

The District will consider the following documents, including but not limited to, to establish proof of residency : pay stub, income tax form, utility or other bills, membership documents based on residency (i.e., library card), voter registration documents, official driver's license, learner's permit or non-driver identification, state or other government issued identification, documents issued by Federal, State or local agencies (e.g., local social service agency, Federal Office of Refugee Resettlement) or evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers.

Once complete, please call our office for an appointment

516-876-5100



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CHANGE OF ADDRESS APPLICATION

Last Name: _____ First Name: _____ MI _____

Date of Birth: _____ Gender: _____ Grade: _____

Address: _____

Home Phone: _____

Student resides with: ☐ both parents ☐ one parent ☐ one parent and another adult ☐ foster parents ☐ a guardian(s) ☐ alone with no adults

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)

☐ Shelter

☐ Hotel/motel

☐ Car, park, bus, train, or campsite

☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled- up")

☐ Other temporary living situation (please describe): _____

☐ In permanent housing

Support Services

Check off any services that your child is currently receiving (check all that apply):

☐ Math support ☐ Reading support ☐ English support (ELL) ☐ Other _____

Does your child have an Individual Educational Plan (IEP)? ☐ Yes ☐ No

Check off any services that your child is currently receiving (check all that apply):

☐ Special education ☐ Speech/language ☐ Physical therapy ☐ Occupational therapy

Student's Siblings:

Name	Gender	Date of Birth	School	Grade

Parent/Guardian 1:

Last Name: _____ First Name: _____ MI _____

Date of Birth: _____ Gender: _____ Marital Status: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Relationship: _____ Email Address: _____

Parent/Guardian 2:

Last Name: _____ First Name: _____ MI _____

Date of Birth: _____ Gender: _____ Marital Status: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Relationship: _____ Email Address: _____

Foster Parent and Foster Care Agency: please complete the following and provide a DSS-2999 Form.

Foster Parent's Last Name: _____

First Name(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Name of Agency: _____ Caseworker: _____

Phone: _____ Email Address: _____

Emergency Contact #1

Last Name: _____ First Name: _____

Date of Birth: _____ Gender: _____ Relationship: _____

Address: _____

Phone: _____ Email Address: _____

Emergency Contact #2

Last Name: _____ First Name: _____

Date of Birth: _____ Gender: _____ Relationship: _____

Address: _____

Phone: _____ Email Address: _____

Emergency Contact #3

Last Name: _____ First Name: _____

Date of Birth: _____ Gender: _____ Relationship: _____

Address: _____

Phone: _____ Email Address: _____

If we are not able to reach you or your emergency contacts, what do you wish the school to do in case the student is sick or injured?

Transportation:

Student Name: _____ DOB: _____

Address: _____

To School: ☐ Child will take bus to school from home address
☐ Child will take bus to school from childcare address*
☐ Parent will provide own transportation to school
☐ Walker/other arrangement: _____

From School: ☐ Child will take bus from school to home address
☐ Child will take bus from school to childcare address*
☐ Parent will provide own transportation from school
☐ Walker/other arrangement: _____

* Childcare Information (if applicable)

Childcare provider's name: _____

Childcare provider's address: _____

Childcare provider's phone: _____

The following people have my permission to pick up my child from school or the bus stop:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Parent or Guardian Oath:

I certify that I do not maintain a residence outside the boundaries of the Westbury Union Free School District (WUFSD). I understand that if the child set forth in these student registration materials is found not to be a resident of WUFSD, I may be legally responsible for paying the District's tuition rate for the period of improper enrollment, retroactive to the first day of admission, along with any costs associated with enrolling such child. I further understand that it is my responsibility to notify the district if I change my residence. I understand that the district reserves the right to make announced and unannounced home visits for any lawful purpose, including the verification of residency.

Name of parent/guardian completing this form: _____

Signature of parent/guardian: _____ Date: _____



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LANDLORD AFFIDAVIT AFFIDAVIT BY LANDLORD TO CONFIRM RESIDENCY

Instructions

This is a legal document. Any person giving **false information** may be subject to prosecution for the crimes of perjury and/or offering a false instrument.

Please answer all questions.

STATE OF NEW YORK)

ss:

COUNTY OF NASSAU)

I, _____,

[Please check the appropriate box below]

- ☐ am the recorded owner (or authorized master tenant/leaseholder) of the property
- ☐ am duly designated agent for the owner of the property
- ☐ am a relative, family member, or family friend renting my home

at: _____ which is
located within the territorial boundaries of the Westbury Union Free School District.

This rental/living arrangement began on _____ and will end on _____

- ☐ there is a written lease for the premises.

I am renting/providing a room/apartment to the following persons

Parent/Guardian

Parent/Guardian

Child(ren)

Seeking to Enroll

☐ This statement is submitted unsworn

or

☐ This statement is sworn to under the penalties of perjury. The above information made by me is true, and I understand that if the statements I have made are false, the Westbury Union Free School District will take legal action to collect tuition charges if the student/s is/are illegally registered. Any person or persons, in addition to the parents or guardians, who provide false evidence of residency, will be prosecuted. The above information made by me is true, and I know that perjury is a Class A misdemeanor pursuant to section 210.45 of the Penal Code.

Signature

Printed name

Sworn to before me this ____
day of _____, 20____

Notary Public



THIRD-PARTY AFFIDAVIT

Instructions

Please answer all questions.

Student's Name

STATE OF NEW YORK)
)
 } ss.:
COUNTY OF NASSAU)

The undersigned individual, being duly sworn, deposes and says, under penalties of perjury, as follows:

- 13532955.1 1/3/2022

8. _____ lives at this residence with the following persons:

(Student's Name)

<u>Name</u>	<u>Relationship to Student</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

9. I know the student lives at this residence with the following persons listed in Question 8 because:

Explain

_____.

10. The student has lived at this residence since _____.

11. I expect the student to live at this residence until:_____.
Date. If you do not know. Write "Indefinitely."

12. I understand that the Westbury Union Free School District will rely upon the truthfulness of the statements made in this document in deciding whether or not to enroll the student in the public schools of the School District.

Signature

Printed name

Sworn to before me this ____
day of _____, 20____

Notary Public