

PAWLING CENTRAL SCHOOL DISTRICT (PCSD) CHANGE OF ADDRESS

When an enrolled student has a change of address within PCSD, residency must be verified by the District registrar. The change cannot be processed by the bus garage or school buildings. Proof of residency must be submitted and verified by the registrar. Once verified by the registrar, transportation and school(s) will be notified. Transportation will contact the parent with the new bus information.

**Please return completed forms with acceptable documentation to the Registrar at the District Office:
Pawling Central School District, 515 Route 22, Pawling, NY 12564 (845) 855-2658**

CHECKLIST FOR CHANGE OF ADDRESS (new address must be within the Pawling Central School District)

- ✓ Change of Address and Housing Questionnaire Forms.
- ✓ Proof(s) of Residency – acceptable documentation is listed below.
- ✓ Custody papers if family status has changed. Required in the case of divorce, re-marriage, guardianship, etc. – **Legal documents should clearly list the custodial parent.**

PROOF OF RESIDENCY – SELECT 1, 2 OR 3

1. **If you own your home** within the School District, please provide **ONE** of the following items showing your name and complete street address: most recent pay stub, declarations page from homeowner’s insurance policy, or most recent utility bill. Other items that will be considered include: current driver’s license, current learner’s permit or non-driver ID card, latest income tax form, current voter registration card, membership documents based upon residency, e.g., library card, state or other government issued identification, documents issued by federal, state or local agencies.

If you have recently purchased your home, please provide a copy of the Bargain and Sale Deed (from your closing papers) and a copy of the declarations page only (from your homeowner’s insurance policy).

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2. **If you rent your home** within the School District, please provide your ORIGINAL LEASE OR RENTAL AGREEMENT showing TERM OF LEASE **OR** have the **Landlord Verification Form** (must be notarized) completed. In addition **ONE** of the following items showing your name and complete street address must be submitted: most recent paystub, most recent utility bill, or rental insurance policy. Other items that will be considered include driver’s license, learner’s permit or non-driver identification card, membership documents based upon residency, e.g., library card; state or other government issued identification, documents issued by federal, state or local agencies.

* * * * *

3. **If you are living with a District resident** and do not pay rent, please use the **Parent/Guardian & District Resident Form – Use this form if living with a relative or friend** (must be notarized). The form must be completed by the resident you are living with and **ONE** proof of residency as listed above must also be submitted.

PAWLING CENTRAL SCHOOL DISTRICT (PCSD) – CHANGE OF ADDRESS FORM

Please circle child's current living situation:

1. Living in Permanent Housing
2. Living with another family, other family members, or other person due to loss of housing or economic hardship (also known as "doubled-up")
3. Living in a Shelter
4. Living in a Hotel/Motel/Car/Park/Bus/Train/Campsite

List ALL students living at NEW address:

Student's Name:	_____	School::	_____	Grade:	_____
Student's Name:	_____	School::	_____	Grade:	_____
Student's Name:	_____	School::	_____	Grade:	_____
Student's Name:	_____	School::	_____	Grade:	_____
Student's Name:	_____	School::	_____	Grade:	_____

Information is Required for BOTH Parents or Guardians

Name:	_____				
Circle:	Mother	Step-Mother	Guardian	Address if different than new address	Cell Number
Name:	_____				
Circle:	Father	Step-Father	Guardian	Address if different than new address	Cell Number

Has there been any change in the family unit: Divorce, Separation or Custody? YES or NO

Note: Please provide copies of any court papers/documents showing child's custodial parent/guardian.

Old Address

Physical Address: _____

Mailing Address: _____

NEW ADDRESS

Please CIRCLE one: Homeowner or Renter

Physical Address: _____

Mailing Address: _____

Email Address: _____

Telephone – Land Line: _____ Work Phone: _____

PLEASE ENTER PHONE # FOR AUTOMATED CALLS AND EMERGENCY ALERTS _____

I attest that all statements contained in this application and any accompanying documents are true and correct. I also understand that any changes of residency information (address, telephone, guardianship) must be reported to the District Office immediately.

I further understand that any knowingly false statements regarding residency information that has the result of a non-resident attending the schools of the School District may result in personal liability to the School District, including but not limited to liability for the cost of non-resident tuition.

Parent/Legal Guardian Signature: _____ Date: _____

Print Name: _____



PAWLING CENTRAL SCHOOL DISTRICT (PCSD)

PROOF OF RESIDENCY – LANDLORD VERIFICATION FORM

PLEASE COMPLETE, NOTARIZE AND RETURN THE ORIGINAL TO:

Pawling Central School District, 515 Route 22, Pawling, NY 12564

Phone: (845) 855-2658 / Fax: (845) 855-4612

To Whom It May Concern:

I, _____, as property owner or manager/agent of _____

Name of Property Owner or Manager/Agent (Circle one)

Company Name (if applicable)

dwelling located at _____, hereby certify that I am renting

Street Address, Apt #, City, State and Zip

space in this dwelling on a:

Please Circle: Weekly/Monthly/Yearly Beginning on _____ Date

The following persons are identified as tenants having the right to be occupants in above stated dwelling:

Table with 2 columns: Last Name, First Name. Multiple empty rows for tenant information.

As property owner or manager/agent, I agree to notify Pawling Central School District in writing at Pawling Central School District, 515 Route 22, Pawling, NY 12564 or by calling (845) 855-2658 upon vacancy of tenant.

Property Owner or Manager/Agent's Signature Signature MUST be notarized.

Print Name

Company Name (if applicable)

Date

THIS SECTION FOR NOTARY PUBLIC ONLY

State of _____

County of _____

The forgoing instrument was acknowledged before me on _____, by _____ Date

Name of person acknowledged

Signature of Notary Public (affix stamp/seal)

Commission Expires _____



PAWLING CENTRAL SCHOOL DISTRICT (PCSD)

***PROOF OF RESIDENCY – PARENT/GUARDIAN & DISTRICT RESIDENT FORM
(USE THIS FORM IF LIVING WITH A RELATIVE OR FRIEND)***

PLEASE COMPLETE, NOTARIZE AND RETURN THE ORIGINAL TO:

Pawling Central School District, 515 Route 22, Pawling, NY 12564
Phone: (845) 855-2658 / Fax: (845) 855-4612

Please Note:

If you are living with a resident who rents their home, the Proof of Residency – Landlord Verification Form must also be completed or the renter must come to the District Office and provide proof of residency as outlined on the checklist form.

Pawling Homeowner/Renter

I, _____, a Pawling resident living at _____,
Name **Street Address, Apt #, City, State and Zip**
certify that the people listed below reside in my home.

The following persons are identified as having the right to be occupants in my home:

Last Name	First Name

The individuals listed above have lived in my home since _____ and it is anticipated they will continue to live in my home until _____. I agree to notify the District of any changes regarding these living conditions within 30 days of the change to Pawling Central School District, 515 Route 22, Pawling, NY 12564 or by calling (845) 855-2658.

Homeowner/Renter's Signature

Print Name

Date

The District reserves its rights to charge tuition to any individual claiming school aged individuals are residents of the District when they are not, including but not limited to any non-resident parent or guardian who does not live with a resident and whose child or children are placed with a resident of the District where care, custody and control has not been transferred to the resident. Proof of such transfer will be required. Notice of this change should be made to the District within thirty (30) days of the change. If the information provided is false or if the parent/guardian leaves the home of the resident and the school age children are left behind without transferring care, custody and control to the resident, then the parent/guardian may be subject to legal action for recovery of tuition.

THIS SECTION FOR NOTARY PUBLIC ONLY

State of _____

County of _____

The forgoing instrument was acknowledged before me on _____, by _____,
Date

Name of person acknowledged

Signature of Notary Public (affix stamp/seal)

Commission Expires _____