



POCANTICO HILLS CENTRAL SCHOOL

599 Bedford Road • Sleepy Hollow, N.Y. 10591 • 914-631-2440 • fax 914-631-3280 • www.pocanticohills.org

CHANGE OF ADDRESS FORM

Name of 1st child: _____ School: _____ Grade: _____
Last Name, First Name

Name of 2nd child: _____ School: _____ Grade: _____
Last Name, First Name

Name of 3rd child: _____ School: _____ Grade: _____
Last Name, First Name

Previous Address: _____
Street Address City State Zip Code

New Address: _____
Street Address City State Zip Code

Effective Date of Change: _____
Home Telephone Number: _____ Work#: _____ Cell#: _____

New address applies to: Mother: ___ Father: ___ Guardian: _____

Is your new address a temporary living arrangement? *Yes ___ No ___ *If yes, is this temporary arrangement due to loss of housing or economic hardship? Yes ___ No ___

Proof of Residency:

___ Lease Agreement or Mortgage Statement

___ Utility Bill

Proof of Parent/ Guardian Identification:

___ Form of ID- Driver's License or other

I have provided the documents checked above as new proof of residency as requested by Pocantico Hills CSD. I acknowledge that all above information is true.

Name of Parent/Guardian: _____

Signature: _____ Date: _____