



Sweet Home Central School District of Amherst and Tonawanda

Office of Central Registration
1901 Sweet Home Road • Amherst, New York 14228
(716) 250-1600 Fax (716) 250-1378

Change of Address Form

Date: _____

Parent/Guardian Name: _____

Previous Address: _____

New Address: _____

2 Proofs of Residency:

#1 _____ Rental Agreement/Lease/Mortgage Papers or Deed*

*If you are staying with someone that is renting, your name must be added to the lease or the landlord must provide a statement that you are living there. The statement must be notarized and the lease for that apartment must be provided.

If you are staying with someone that owns a home, they must provide proof of residency and a notarized statement that you are residing there as well.

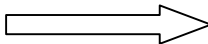
#2 _____ Utility Bill (phone, cable, heat, water, electric)

New Home Phone: _____

Cell Phone: _____

Work Phone: _____

Name(s) of Children in your Household	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Over please 

Notice

Please be advised that the provision of false information on this registration form could constitute a crime. In addition, the District reserves its right to recover from parents, legal guardians or other responsible parties, the entire actual cost of educating a student, plus related costs, for the entire period that any non-resident student is enrolled in the District's school without authorization and/or under false pretenses. The costs for students receiving special education services are considerably higher and vary depending upon the specific programs.

I, THE UNDERSIGNED, STATE THAT ALL THE INFORMATION CONTAINED IN THIS REGISTRATION FORM IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

(If parent fills out form at school, please sign and school personnel will witness the signature. If parent fills out form at home, signatures must be notarized.)

Parent/Guardian Name: _____ (please print)

Parent/Guardian Name: _____ Date _____

Witness Signature: _____

SWORN BEFORE ME THIS _____ DAY OF _____

Notary Public, State of New York (please affix stamp or seal)

FOR DISTRICT USE ONLY:

STUDENT ID # _____ REGISTRATION DATE _____

Interviewer: _____

Health Records Requested _____ Transcript Requested _____

Date entered data into system _____ by _____