



Sweet Home Central School District  
of Amherst and Tonawanda

Office of Central Registration  
1901 Sweet Home Road • Amherst, New York 14228

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## Change of Address Form

**DATE** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

\_\_\_\_\_

**Former Address:**

(If Different)

\_\_\_\_\_

\_\_\_\_\_

**Proof of Residency: both are required**

#1\_\_\_ Rental Agreement/Lease/Mortgage Papers or Deed

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

New Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Name(s) of Children in your Household**

**School**

**Grade**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## **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 \_\_\_\_\_  
(signature)

Witness Signature: \_\_\_\_\_  
(district employee)

Notary Signature: \_\_\_\_\_

SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_

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