

# CHANGE OF ADDRESS AND/OR GUARDIAN FORM NURSE SP/ED BUS

Date:	Time:	Taken by:	Entered by:	SASID #	East Hartford Student ID #
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## STUDENT INFORMATION

First Name		Middle Name		Last Name		Generation	Nickname
<input type="checkbox"/> Change Address	<input type="checkbox"/> Change Guardian	<input type="checkbox"/> Change _____	Gender <b>F / M</b>	Date Of Birth	Month / Day / Year	Place of Birth	City and State
From: ##		School Name		Exit Date		For CT State Site: Member days count	For CT State Site: Attendance days count
Transportation <b>R / W</b>	To: ##	School Name		Start Date		Grade	Curr. Code: 2 / 0
Entry Code							

**If changing schools, check lunch status for new school café. Free Reduced Denied N/A**

Student Address		<input type="checkbox"/> Lease-w/dates: _____ to _____	<input type="checkbox"/> Cert/Res	Apt	Zip Code	Home Phone 860 - 959 -	Previous Address
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## CONTACT INFORMATION - Any Parental Restrictions No Yes - Court Documentation Required

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster		<input type="checkbox"/> Stepmom <input type="checkbox"/> Stepdad <input type="checkbox"/> DCF <input type="checkbox"/> Parole Off		<input type="checkbox"/> Stepmom <input type="checkbox"/> Stepdad <input type="checkbox"/> Parole Off <input type="checkbox"/> Surrogate	
First Name:		First Name:		First Name:		First Name:	
Last Name:		Last Name:		Last Name:		Last Name:	
Apt #: _____	Zip Code _____	Mailings Y N _____	Apt #: _____	Zip Code _____	Mailings Y N _____	Apt #: _____	Zip Code _____
Home Address:		Home Address:		Home Address:		Home Address:	
Home Phone: 860 __ 959 __		Home Phone: 860 __ 959 __		Home Phone: 860 __ 959 __		Home Phone: 860 __ 959 __	
Cell Phone: 860 __ 959 __		Cell Phone: 860 __ 959 __		Cell Phone: 860 __ 959 __		Cell Phone: 860 __ 959 __	
Employer Name:		Employer Name:		Employer Name:		Employer Name:	
Work Phone: 860 __ 959 __		Work Phone: 860 __ 959 __		Work Phone: 860 __ 959 __		Work Phone: 860 __ 959 __	
PO Box Address:		PO Box Address:		PO Box Address:		PO Box Address:	
Home Email:		Home Email:		Home Email:		Home Email:	

Sibling name:	DOB:	School:
Sibling name:	DOB:	School:
Sibling name:	DOB:	School:
Sibling name:	DOB:	School:

I hereby declare, under penalties of perjury, that all information supplied on this form is correct to the best of my knowledge. I understand that if any of this information is incorrect and the student is not entitled to enroll tuition-free as an East Hartford resident, the student shall be discharged from the East Hartford school system and the prevailing tuition charge assessed against me for each day the student is enrolled.

Z:\CENTRAL REGISTRATION\CENTRAL REGISTRATION\FORMS\COA-COG Eschoolplus form 3-2010.doc Signature of Parent/Guardian/DCF _____	Date _____
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# East Hartford Resident required proofs of residency for registration

Proof of residency in East Hartford is determined by providing the Central Registration Staff with **3 MANDATORY items**: one item from Category A, and one item from Category B and one item from Category C.

**ALL ITEMS MUST BE LESS THAN 60 DAYS OLD AND REFLECT CURRENT EAST HARTFORD ADDRESS**

## CATEGORY A

- Current Mortgage statement
- Copy of current lease signed & dated
- Legal affidavit from landlord affirming tenancy and copy of rent payment
- Section 8 agreement
- Copy of property deed if no mortgage

## \* CATEGORY B

**Current utility bill or work order not older than 60 days**

- Home Fuel: Gas, Oil or Propane
- Electric
- Phone (landline only)
- Cable or satellite
- Water

**\* If you currently pay your bills on-line, please provide a printed receipt with payment confirmation.**

## CATEGORY C

- Second utility bill from list in Category B
- Valid driver's license with EH address (no stickers allowed)
- Valid automobile registration
- Valid CT DMV non-driver's photo identification
- Valid passport
- Voter registration
- Cell Phone Bill (not older than 60 days old)

### With EH address and dated within the last year

- W-2 Form
- Auto tax bill
- Property tax bill
- Current Homeowner's or auto insurance policy face page

### With EH address and dated within 60 days

- Current payroll stub
- Current bank statement or credit card statement
- Court document
- Current letter from a government agency

**NOTE:** If you currently reside in someone else's home, a **Notarized Certificate of Residency is REQUIRED**. All **Certificates of Residency** are reviewed by the East Hartford Public Schools Residency Officer, Mr. Thomas Kennison (860-622-5123).

To obtain a copy of the **Certificate of Residency** visit our website at:

[www.easthartford.org/page.cfm?p=3732](http://www.easthartford.org/page.cfm?p=3732)