

Chappaqua Central School District - Change of Address Checklist
P.O. Box 21 Chappaqua, NY 10514 (914) 238-7200 x1007

In order to change your address within the Chappaqua Central School District you will need the following:

- Completed Change of Address form

- Proof of Residency (three documents as follows):
 - **One** of the following:
 - Deed to House or executed contract of sale
 - Lease (signed by both tenant and landlord)
 - Notarized affidavit from the homeowner/landlord and copy of their tax bill or deed

And

- **Two** of the following:
 - Water Bill
 - Property Tax Bill
 - Telephone Bill (not cell phone)
 - Cable Bill
 - Con Ed or other gas/electric bill
 - Homeowners or Renters Insurance statement
 - Car Registration
 - Car Insurance
 - Valid Driver's license or non-driver identification card

- Proof of Guardianship (This applies to parents who are separated or divorced and for those children not living with biological/adoptive parents):
 - Court Order Agreement re: guardianship/custody
 - Other documents establishing guardianship/custody

PLEASE RETURN THESE DOCUMENTS TO:

Mary Marchionno
mamarchionno@chappaquaschools.org

or
Pam Tole patole@chappaquaschools.org

or by **Fax:** 914-238-7231

Chappaqua Central School District – Change of Address Form

Parent/Guardian Name: _____

New Address: _____

Old Address: _____

Effective date of address change: _____ / _____ / _____

New Home Telephone: _____ Parent Cell Phone: _____

Parent e-mail address: _____

Student Name: _____ School/Grade: _____

Student Name: _____ School/Grade: _____

Student resides with (check all that apply): Father Mother Stepmother Stepfather
 Other

If other, specify relationship: _____

Father's Name: _____ Mother's Name: _____

Marital Status: Married Divorced Separated Widow/Widower
Single

Non-custodial parent information (if applicable):

If parents are not living together, indicate name and address of non-custodial parent. We must have copies of legal papers to confirm any custody or guardianship arrangements. Copies received?
Yes No

Last Name _____ First Name _____

Relationship to student: _____

Address (if known): _____

Telephone number: _____ Cell Phone number: _____

By signing here, you are attesting that the information you have provided is accurate. If it is determined that the information is false, the Chappaqua Central School District may seek legal recourse, including, but not limited to, seeking judgement for non-resident tuition.

Signature of:

Mother/Father/Guardian (circle one)

Date