



Marlboro Central School District

Rosanne Mele, Director of Student Services

CHANGE OF ADDRESS FORM

Please call the District Registrar at 236-8000 x 1901 to make an appointment to submit this form, together with 2 proofs of residency.

| | |
|---------------------------------|--|
| Parent/Guardian Name(s) | |
| New Address | |
| Previous Address | |
| New Home Phone | |
| Additional Phone Numbers | |

Please list all students who attend Marlboro Central Schools and live at the above address:

| Name | Grade | School |
|-------------|--------------|---------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Signature: _____

Date: _____

(this portion for office use only)

| Proof of Residency Accepted | Copies of this form to: |
|--|---|
| <input type="checkbox"/> Tax Bill | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Mortgage Statement | <input type="checkbox"/> MES |
| <input type="checkbox"/> Deed | <input type="checkbox"/> MMS |
| <input type="checkbox"/> Closing Statement | <input type="checkbox"/> MHS |
| <input type="checkbox"/> Homeowners/Renters Ins. Policy | |
| <input type="checkbox"/> Certificate of Occupancy | |
| <input type="checkbox"/> Rental Agreement w/Utility Bill | |
| <input type="checkbox"/> Notarized Landlord Statement w/Utility Bill | |
| <input type="checkbox"/> Other | |

Information updated on School Tool on: _____ Initials: _____