



RAVENA-COEYMANS-SELKIRK CSD • PO Box 100, 15 Mountain Road, Ravana, NY 12143 • Phone: 518-756-5200 • Fax: 518-756-4561

CHANGE OF ADDRESS FOR CURRENTLY ENROLLED STUDENTS

Primary Contact:

_____ First Name _____ Last Name _____ Relationship

Date for change to take effect:

Check if changing elementary schools:

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Please check if any of the following apply to your child's living situation:

- My child and I are living with a friend, relative, or someone else because we lost our home and cannot afford housing.
- My child and I are staying in a hotel, motel or seasonal campground due to lack of alternative housing accommodations.
- My child and I are living in an emergency shelter, transitional shelter, or domestic violence shelter.
- My child and I are taking shelter in a vehicle, abandoned building, or public place unintended for sleeping accommodations.
- My child is living with an adult that is not their parent or legal guardian due to family homelessness.
- My child and I are have no fixed location for shelter and are moving from place to place.
- My child and I are living in housing that is lacking running water or electricity.
- I am a student living with a friend, non-parental relative, or someone else because I have been abandoned or denied housing by my parent/legal guardian.

If you have checked any of the above boxes, please STOP completing this form and contact the registrar (518-756-5200 x6014 or registration@rcscsd.org) for assistance in changing your address.

None of the above scenarios apply. My child and I are living in a fixed, regular, and adequate residence.

Old Physical Address:

_____ Street _____ City _____ State _____ Zip

New Physical Address:

_____ Street _____ City _____ State _____ Zip

New Mailing Address:

_____ Street _____ City _____ State _____ Zip

New Home Phone Number (if applicable): _____

Please list the names of **ALL** the members of the new household (adults and children), including anyone who was residing there previously and will be remaining:

In order to establish continued residency within the district, please provide a legible copy of **two** documents showing the physical address & primary contact's name. Examples include:

- | | |
|--|--|
| <input type="checkbox"/> Mortgage Statement | <input type="checkbox"/> Driver's License/ID Card with Updated Address |
| <input type="checkbox"/> Signed Lease Agreement | <input type="checkbox"/> Vehicle Registration or Insurance ID Card |
| <input type="checkbox"/> Purchase Contract | <input type="checkbox"/> Utility, Phone, or other Bill (past 30 days) |
| <input type="checkbox"/> House Deed | <input type="checkbox"/> Paycheck Stub |
| <input type="checkbox"/> Other Documents from Purchase | <input type="checkbox"/> Confirmation of Utility Transfer |
| <input type="checkbox"/> School or Property Tax Bill or Receipt | <input type="checkbox"/> Voter Registration Card |
| <input type="checkbox"/> Notarized Landlord Affidavit | <input type="checkbox"/> Document issued by federal/state/local agency |
| <input type="checkbox"/> Homeowner's or Renters Insurance Policy | <input type="checkbox"/> USPS Change of Address Confirmation |

If you are unable to provide two of the above documents, contact 518-756-5200 x6014 or registration@rcscsd.org for assistance.

NO CHANGES WILL BE MADE WITHOUT DOCUMENTATION!

If there are any changes in **custody or guardianship** associated with this move, please explain and provide documentation, if available:

Please list the names of any members of the household who will be **remaining** at the original address, if applicable:

Please list the names and new address of any members of the original household who are moving to a **different** address not listed above. (NOTE: If any of these people are school-age students attending RCS, please provide documentation of residency for the custodial adult.)

Please provide updated **Internet Access information** for your new address:

What type of internet is available at the primary residence?

- Residential Broadband Cellular Satellite Dial-up Mobile Hotspot Community Wifi
 Other: _____ None

Is the internet sufficient (reliable and high-speed) to support activities such as video streaming or file uploads?

- Yes No Unsure at this time

Internet provider, if known: _____

If the student does not have sufficient internet access at home, what is the **primary** reason (select one)?

- Not available Unaffordable Available but unreliable or slow Other Reason: _____

I affirm that the information provided in and accompanying this document is accurate. I understand that I am responsible for updating the Ravena Coeymans Selkirk CSD if any of this information changes, and that I may be required to provide additional documentation at that time.

Signature of Parent/Guardian

Date

Return to 15 Mountain Rd, Ravena, NY 12143 OR email to registration@rcscsd.org.