Change of Address Form
Residency Affidavit of Parent/Guardian

This form must be accompanied by 2 Proofs of residency: (1 of each below)

Primary Proof: Deed or Mortgage Statement
Signed lease (within 30 days from the current date)

Secondary Proof: Car or Homeowners Insurance
Health Insurance
Pay Stub
Government mail
Income Tax (within a year)

Today's Date:_____

Student's Name:_____ Current Grade:_____

Student's Name:_____ Current Grade:_____

Student's Name:_____ Current Grade:_____

Student's Name:_____ Current Grade:_____

Address:_____ Apt #: _____

City:_____ Zip:_____

Previous Address:_____

Parent/Guardian Name:_____ Relationship to student:_____

Home address and Phone if different than student: _____

Parent/Guardian Name:_____ Relationship to student:_____

Home address and Phone if different than student: _____

Is there a custody agreement in place? ____ YES ____ NO
(If yes, please provide the district with a copy of the agreement.

Other parent, siblings, extended family members living at above listed home address:

Last Name, First Name, MI	Relationship to Student	Date of Birth if sibling/child	Current Grade if student

***I understand that statements made in this form will be relied upon by the Westhill Central School District. I swear/affirm that these statements are true under the penalty of perjury, and I understand that the filing of a false instrument and the theft of services from a governmental agency such as a school district may be punishable under New York State Law. I further acknowledge that making false statements in this affidavit may subject me to criminal prosecution. _____ (Initial here please)**

To falsify residency could result in criminal proceedings against the Parent/Guardian to include, but not limited to, payment of tuition for each month of non-residency, and/or full restitution for actual costs incurred in the education of the student(s), and/or any legal fees incurred by the district. _____ (Initial here please)

I will reside/have resided, and the child(ren) noted above will reside/have resided, at the above address beginning on: _____
Date (MM/DD/YYYY)

Attached are the 2 Proofs of Residency (1 Primary and 1 Secondary) verifying this new address.

_____ _____

Signature of Parent/Guardian Completing Affidavit *Date (MM/DD/yyyy)*

Please return this form and Proofs of Residency to Central Registration: 400 Walberta Road, Syracuse, NY 13219

If you have any questions, please contact us by email at registrar@westhillschools.org or 315-426-3440.