



# Marlboro Central School District

Rosanne Mele  
Director of Student Services

## CHANGE OF ADDRESS FORM

Please call the District Registrar at 236-8000 x 4200 to make an appointment to submit this form, together with 2 proofs of residency.

<b>Parent/Guardian Name(s)</b>	
<b>New Address</b>	
<b>Previous Address</b>	
<b>New Home Phone</b>	
<b>Additional Phone Numbers</b>	

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: \_\_\_\_\_