



BINGHAMTON CITY SCHOOL DISTRICT

Please note: Two forms of identification are required for address change.

Office of Attendance & Pupil Services

CHANGE OF ADDRESS / PHONE FORM

Student Name	Date of Birth	Current School	Grade	New School (If applicable)

Parent/Guardian: _____ Relationship to Student: _____

NEW ADDRESS

Street: _____ Apt: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

EMERGENCY CONTACT UPDATE

Add Remove

Name: _____
(First and Last Name)

Street: _____ Apt: _____ Zip: _____ Phone: _____

Add Remove

Name: _____
(First and Last Name)

Street: _____ Apt: _____ Zip: _____ Phone: _____

Add Remove

Name: _____

Street: _____ Apt: _____ Zip: _____ Phone: _____

Parent or Guardian Signature: _____ Date: _____

Parent or Guardian Name (Please Print): _____

OFFICE USE ONLY:

Proof of Address (Check One)

Lease Rent Receipt Utility Bill SSI/DSS Statement Other _____

Transportation: Yes No Date Transportation Contacted: _____

Start Date at New School (If Applicable): _____