CHANGE OF ADDRESS FORM

If you have moved or are moving from one home to another in the Ballston Spa Central School District, you must fill out this form and return it to your student’s school, the District Registrar’s Office, or the Transportation Department. Two (2) copies of Proof of Residency are required along with this form. Proof of Residency must display your name and new address.

Acceptable Proofs of Residency include: current utility bill, updated driver’s license or state issued identification card, rental/lease agreement, home deed or closing papers, auto insurance, or a notarized letter from your landlord. If you have any questions regarding what documents qualify as valid Proof of Residency, please call the Registrar’s office at (518) 602-0256.

Submit this form and Proofs of Residency to the Registrar’s Office at 1458 Saratoga Rd, Ballston Spa, NY 12020 in person, by US Mail, email, fax, or it may be given to your child’s school office for delivery to the Registrar’s Office. This form and proofs are required to change your student’s bus assignment. Once the form is received by Transportation, please allow 3-5 days for changes to occur.

TO BE COMPLETED BY PARENT/GUARDIAN
(PLEASE PRINT)

Effective date of move: _____ / _____ / ______

New Address: ___________________________________ City/State/Zip: __________________________

Updated Phones: ___________ (H) _____________ (W) _____________ (Cell)

Mailing Address (if different): _________________________ City/State/Zip: __________________________

Please list all occupants, adults and children, living at this address (include school and grade of students):

Name: __________________________________________ Relationship: _____________ School: _________ Grade: __

Name: __________________________________________ Relationship: _____________ School: _________ Grade: __

Name: __________________________________________ Relationship: _____________ School: _________ Grade: __

Name: __________________________________________ Relationship: _____________ School: _________ Grade: __

Name: __________________________________________ Relationship: _____________ School: _________ Grade: __

FOR DEPARTMENT USE ONLY

Transportation: __________ Date: ____ / ____ / ______

Registrar: _______________ Date: ____ / ____ / ______

Date Stamp Here

Received By: __________

Original: Registrar

Copy: Transportation

REV. 12/2017