

City School District of Albany



Change of Address

For Central Registration Use only

Registration Date: _____ Initials: _____

Student ID #: _____ Grade: _____

School: _____

R/A: YES/ NO S.E.: YES/ NO M.V.: YES/NO E.N.L.: YES/NO

Student's Name: _____
Last First Middle

Gender: Male / Female

Date of Birth: _____
MM/DD/YYYY

Student's Home Phone Number: _____

Student's **PREVIOUS** Home Address: _____
Street Apt #
City State Zip Code

Student's **NEW** Home Address: _____
Street Apt #
City State Zip Code

Does Your Child Receive Any Special Education Services? **YES / NO**

With Whom Does The Student Live? Both Parents _____ Mother _____ Father _____ Guardian _____ Other _____

Parent/Guardian Name: _____ Relationship: _____

Home Phone: _____

Work Phone: _____ Cell Phone: _____

PREVIOUS Home Address: _____
Street Apt # City State Zip Code

NEW Home Address: _____
Street Apt # City State Zip Code

Parent/Guardian Name: _____ Relationship: _____

Home Phone: _____

Work Phone: _____ Cell Phone: _____

PREVIOUS Home Address: _____
Street Apt # City State Zip Code

NEW Home Address: _____
Street Apt # City State Zip Code

Parent/Guardian Signature: _____ Date: _____