



Change of Address

Complete this form if your student(s) currently attend the Alden Central School District and if you are moving to another address within the district

Please return the completed form to:

Alden High School
Attention: Patricia Piegdon, Central Registrar
13190 Park St.
Alden, NY 14004
Phone: (716) 937-9116, ext. 4172
Fax: 716-902-2034
E-mail: ppiegdon@aldenschools.org

I, _____ state that my address is
Print Your Name

changing from _____
Current/Former Address (House Number, Street / Apartment Number / City, State, Zip Code)

to my new address _____
New Address (House Number, Street / Apartment Number / City, State, Zip Code)

on _____
Date of Address Change

Print below the complete legal name(s) of the child/children living with you:

_____	_____	_____	_____
Name of Student	Grade	Name of Student	Grade
_____	_____	_____	_____
Name of Student	Grade	Name of Student	Grade

I agree to provide Alden Central School District with two (2) proofs of documentation that supports residency at my new address within 30 days from the date on this form.

Acceptable Forms of Residency Proofs:

- Driver's License
- Voter Registration Card
- Property Tax Bill
- House Deed
- Sale Contract
- Notarized Landlord Affidavit
- Real Estate Statement
- Lease Agreement
- Homeowner's Agreement
- Current Rent Receipt
- Mortgage Statement
- Bank Statement
- Utility Bill

Signature of Parent/Guardian

Date

Relationship to Student(s)

Sworn to before me this _____

day of _____, _____

Notary Public

We have a Notary in the district if you would like to come to the High School to sign, have the form notarized and deliver the change of address form.

OFFICE USE ONLY –

- PowerSchool
- Census

Date of Notification:

Follow up on:

10 days after:

15 days after:

20 days after:

Escalate on: