## HICKSVILLE PUBLIC SCHOOLS

### Office of the Registrar

# \*\*\*CHANGE OF ADDRESS APPLICATION\*\*\*

## REQUIRED DOCUMENTATION

PLEASE NOTE: All applications will be processed with an immediate effective date, unless another effective date is, otherwise, noted on the attached application.

1		•	•	1	•		ofl	ln;		•	-	•	•	Parent/Guardian -	Affidavit of Residency Notarized for	•	Copy of Photo ID (Driver's License or Passport) ON	All Applicants Must Submit:
Credit Card Bill	Security System Bill	Cable/Satellite Bill	Cell Phone Bill	Telephone Bill	Bank Statement	Utility Bill	of proofs in the homeowner's name from below:	In addition: ONE (1) of the following RECENT copy		<b>Current Home Insurance Declaration Page</b>	Recent Nassau County General Tax Receipt	Recent Nassau County School Tax Receipt	Recent Mortgage Statement	Real Estate Closing Statement	stamps/seals)	House Title or Deed (with County	ONE copy of the following:	HOMEOWNER
					- Credit Card Bill	- Security System Bill	- Cable/Satellite Bill	- Cell Phone Bill	- Telephone Bill	- Bank Statement	- Utility Bill	from below:	RECENT copy of proofs in the renter's name	In addition: TWO (2) of the following		executed lease from homeowner	Notarized Landlord Affidavit and/or valid	NON-HOMEOWNER/RENTER

	,	Hicksville Un	ion Fre	e School I	District					
Effect	tive Date (if not imm	ediate)	accuracy.	Census information assists the Board of Education in school planning. All information is held in strict confidence. Review all preprinted items for accuracy. Cross out any information with errors and print the corrected information directly below the line within each box.  If any resident's name is not preprinted, please enter his/her full name and complete one box for each resident.  You must complete one box for each person living at this address.						
	ANNUAL SCHO	OL CENSUS	If any res							
		OLI CERTOOD	You must							
NEW:	THE FAMILY RESIDI	NG AT	In each bo other info	In each box, please check only one choice where indicated and print all other information requested in the spaces provided.  If all proprinted information is accurate, please check here  Upon completion fold the bottom flap up and this top flap down. Then seal with tape. Please return within one week.  If you have any questions, please call 733-2168.						
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	EMAIL:		- If vou ha							
	Telephone Number: (Check One) Homeowner (	) Tenant ( ) Are			ly living at this addres					
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	Last Name, First Name	Status Sex	***************************************	Date of Birth	School Attending	Disabled				
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		() Guardian () Fosto () Adult		3	Cundo	( ) No				
		4 ) Want			Grade					

OLD ADDRESS:

### HICKSVILLE PUBLIC SCHOOLS

### Department of Special Education and Pupil Personnel Services Administration Building, 200 Division Avenue Hicksville, New York 11801

Phone: (516) 733-2160

Fax: (516) 733-6683

### AFFIDAVIT OF RESIDENCY (to be signed and notarized by Parent/Guardian)

	Student Name being duly sworn, disposes and says:
	being duly sworn, disposes and says:
	reside at within the Hicksville Public School District which is my actual and only place of residence.
]	I agree to advise the Hicksville Public School District immediately in the event that I chang my residence.
1 1	I understand that in order for my child/children to attend the Hicksville Public Schools, I must be a resident of the Hicksville Public School District. Therefore, I certify that I have actually taken up residency and domiciled at the above address. I further understand that if this certification is found to be false, my child/children will be withdrawn from the Hicksvil School District and I will be liable for payment of tuition from their date of enrollment through their date of termination, and that I will be subject to the penalties for perjury, a Cla A misdemeanor. I attest that all information provided by me on this document is true.
	(Signature)
	·
S) G	RESENTATIVES TO ARRANGE FOR SUCH A VISIT.  Sworn to before me this
S) G	IDENCY THROUGH THE UTILIZATION OF A HOME VISIT. NEW ISTRANTS AND/OR RESIDENTS MAY EXPECT TO BE CONTACTED BY OUR RESENTATIVES TO ARRANGE FOR SUCH A VISIT.  Sworn to before me this Day of, 20
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This is a legal document. The information provided by you will be used by the Board of Education to determine whether a pupil is entitled to a free education in this school district. Every question must be answered or the Affidavit will not be considered.

### HICKSVILLE PUBLIC SCHOOLS

	CAR ANTIBOOKS
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OF NASSAO) 55.	
, of full age, being	duly sworn upon his or her oath, according to law, deposes
	•
l am the owner of the property located atin the Hicksville School District	
is a tenant	and has been a lenant at the above memices since
, 20 . A true a	nd complete copy of this tenant's lease, if in written form, is
attached hereto. In the event that the tena lease are as follows:	at does not have a written lease, the pertinent terms of said
A. Circle one of the following: p	nonth to month / year to year
B. Rental Amount: \$p	ear
1	4
2	5
3	6
l am making this affidavit knowing tha	it the Hicksville Board of Education will rely on same in
	any ac consideren a habit who is curreen to
ldodo not believe that	has been a tenant at the above premises
	ne statements made by me are willfully false that I may be all prosecution.
	(Landlord)
d subscribed before	
(Notary Public)	Exhibit 1
	I am the owner of the property located at in the Hicksville School District