



Camden Central School District  
 51 Third Street  
 Camden, NY 13316

## CHANGE OF ADDRESS PACKET

(Please complete ALL 4 pages in this packet)

### SECTION 1: STUDENT DATA

Student's Legal Name: \_\_\_\_\_

Date of Birth: (FORMAT AS MM/DD/YYYY)     /    /     Birth Place (City/State): \_\_\_\_\_ Sex:  Male  Female Grade \_\_\_\_\_

Do you currently have housing?  YES  NO If NO, what are your living arrangements? \_\_\_\_\_

Physical Address of your residence/shelter: \_\_\_\_\_

Mailing address if different from your above physical residence/shelter: \_\_\_\_\_

Please indicate if any numbers given are "unlisted" by annotating with a "U": Home Phone Number: \_\_\_\_\_

Mother's Cell Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Father's Cell Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Other household member(s): Name & Cell Phone Number \_\_\_\_\_ Student's Cell Phone Number: \_\_\_\_\_

#### EMERGENCY CONTACTS OTHER THAN MOTHER/FATHER/LEGAL GUARDIANS/FOSTER PARENTS

(The emergency contacts are also authorized to pick student up from school in the absence of a Parent/Guardian/Foster Parent):

1. \_\_\_\_\_ Relationship: \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_

MEDICAL EMERGENCIES (List any physical/emergency information bus drivers and others need to know about your child, please list below):

### SECTION 2: FAMILY DATA (PLEASE USE THE LEGAL GUARDIAN/FOSTER PARENTS LINE FOR YOUR NAME IF YOU ARE NOT THE BIOLOGICAL PARENT)

Biological Father's Full Name: \_\_\_\_\_

CHECK STATUS:  LIVING  DECEASED  SEPARATED  DIVORCED  
 COLLEGE GRADUATE  HIGH SCHOOL GRADUATE  GED  OTHER  NO DIPLOMA (ATTENDED DID NOT GRADUATE)

Biological Mother's Full Name: \_\_\_\_\_

CHECK STATUS:  LIVING  DECEASED  SEPARATED  DIVORCED  
 COLLEGE GRADUATE  HIGH SCHOOL GRADUATE  GED  OTHER  NO DIPLOMA (ATTENDED DID NOT GRADUATE)

THE EDUCATION INFORMATION IS REQUESTED SO THAT THIS DISTRICT MAY PROVIDE ASSISTANCE TO ANY PARENT THAT HAS NOT RECEIVED A HIGH SCHOOL DIPLOMA OR EQUIVALENT

Student resides with:  BOTH PARENTS  MOTHER  FATHER  LEGAL GUARDIAN/FOSTER PARENT: Name: \_\_\_\_\_

If applicable, who has custody? \_\_\_\_\_ (OUR DISTRICT REQUIRES A COPY OF THE CUSTODY DECREE TO BE PROVIDED AT ENROLLMENT)

COPY PROVIDED:  YES  NO If NO, explain why NOT provided: \_\_\_\_\_

Employment of Adults in Household (If parents are divorced, list any significant other's employment) THIS INCLUDES GUARDIAN/FOSTER PARENTS

Employer – Biological Father: \_\_\_\_\_ Phone#: \_\_\_\_\_

Employer – Biological Mother: \_\_\_\_\_ Phone#: \_\_\_\_\_

Employer – Other (include other's name on this line next to employer): \_\_\_\_\_ Phone#: \_\_\_\_\_

List other sibling(s) living in the household including date(s) of birth (especially those under the age of 5): \_\_\_\_\_

I  DO or I  DO NOT give my permission for information regarding my child to be released for directory and/or recruitment purposes for the remainder of his/her school years.

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian/Foster Parent Signature: \_\_\_\_\_

DO NOT WRITE BELOW THIS SPACE

### SECTION 3: OFFICE USE ONLY

Date Received by Central Registration: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Date Entered: \_\_\_\_\_

Building where student will attend (please check)  AES  CES  MES  CMS  CHS

SPECIAL EDUCATION:  YES  NO ALL DAY BOCES:  YES  NO



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## ENROLLMENT FORM – RESIDENCY QUESTIONNAIRE

Name of LEA: **CAMDEN CENTRAL SCHOOL DISTRICT**

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Last

First

Middle

Gender:  Male      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Grade: \_\_\_\_      ID#: \_\_\_\_\_  
 Female                      Month   Day   Year                      (preschool-12)                      (optional)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.**

**Where is the student currently living?** (Please check (✓) one box.)

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): \_\_\_\_\_
- In permanent housing

\_\_\_\_\_  
**Print name** of Parent, Guardian, or  
Student (for unaccompanied homeless youth)

\_\_\_\_\_  
**Signature** of Parent, Guardian, or  
Student (for unaccompanied homeless youth)

\_\_\_\_\_  
Date

**NOTE TO SCHOOL/LEAS:** If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.



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## Standard Residency Agreement

**INSTRUCTIONS:** Insert names and pertinent information where indicated. Although phrased in the plural, this affidavit is also intended for use by single parents so as to avoid multiplicity of forms. One form should be prepared for **each child**.

State of New York, County of Oneida:

\_\_\_\_\_ and \_\_\_\_\_

If both parents are living together, list mother and father on the above lines; OR If one parent lives with a significant other, list both names on the above lines;

\_\_\_\_\_ being duly sworn, deposes and state:

OR If you are a single parent living alone, use the above line to list your name.

We(I) are(am) the parent(s) of \_\_\_\_\_ who is an applicant for admission and is a resident of the Camden Central School District. We(I) presently reside with our(my) child at the below physical address which is also within the boundaries of the Camden Central School District.

\_\_\_\_\_  
Please list your physical address on the above line (not your mailing address).

In order to induce the Camden Central School to accept our(my) child, we(I) duly CERTIFY that the foregoing physical address is our(my) legal domicile or place where we(I) intend to permanently reside with our(my) child both at the date of this affidavit and for the duration of his/her enrollment as a student in the Camden Central School District.

**We(I) agree, upon request of District Officials, to furnish such Officials with written verification that the listed address is our(my) permanent place of residence. Such written evidence may include vehicle registration records or any other piece of evidence tending to verify that the foregoing address is our(my) domicile or permanent place of residence.**

**We(I) agree that in the event our(my) permanent residence changes during the period of our(my) child's enrollment in the Camden Central School District, we(I) shall immediately advise District Officials as to our(my) new place of residence.**

\_\_\_\_\_  
Parent/Legal Guardian/Foster Parent Signature

\_\_\_\_\_  
Parent/Legal Guardian/Foster Parent Signature

For Office Use Only

Witnessed before me this \_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_

Witness



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(315) 245-4096

### CHANGE FORM FOR TRANSPORTATION

(There is a 48 HOUR processing timeframe for establishing bus transportation, unless there is a special circumstance)

**Address Change** for  Pick up  Drop off  Temporary

Student's Name: \_\_\_\_\_

Date of Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female

Last Name First Name Middle

#### PICK UP LOCATION:

Address	Name	Phone #
Home Description		

#### DROP OFF LOCATION:

Address	Name	Phone #
Home Description		

Home Phone #: \_\_\_\_\_ Mom's Cell #: \_\_\_\_\_ Dad's Cell #: \_\_\_\_\_

Parent's/Guardian's Name Printed: \_\_\_\_\_

911 Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Name Address Phone Home#/Cell#

Emergency Contact: \_\_\_\_\_

Name Address Phone #Home/Cell#

List any physical/emergency medical information bus drivers need to know about your child: \_\_\_\_\_

Home Building:  CHS  CMS  AES  CES  MES Current Grade: \_\_\_\_\_

Is Student Special Education?  YES  NO

FOR OFFICE USE ONLY	
Student ID#: _____	Date: _____
Please indicate if student will attend a building/school out of the attendance zone.	
<input type="checkbox"/> AES <input type="checkbox"/> CES <input type="checkbox"/> MES	Outside District (BOCES): <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> FULL DAY
If other location than above, please identify school: Name: _____	

Only one regular pick up and drop off location is permitted. Any other location must be requested by a note 48 hours in advance stating the location, bus route, date, signed by parent/guardian and address to the school student attends.

<b>DO NOT WRITE IN THIS SPACE – TRANSPORTATION USE ONLY</b>	
STUDENT ASSIGNED TO ROUTE:	DATE TO START: