



Lynbrook Public Schools

111 Atlantic Avenue
Lynbrook, NY 11563
(516) 612-5490

CHANGE OF ADDRESS FORM

Print Clearly

Child's Name: _____ School: _____ Grade: _____

Old Address: _____ Phone #: _____
Street, Apt/Suite

New Address: _____ Phone #: _____
City, State, Zip
Street, Apt/Suite
City, State, Zip

A bill with proper residence must be supplied if this is a cell phone number

Is this now your primary residence: () Yes () No

Gender: () Male () Female Homeless: () Yes () No

I certify that all statements made on this form are true and correct.

Signature of Parent/Guardian mm / dd / yyyy

Any false statement made in this registration form including documentation for residency, is punishable as a Class A misdemeanor pursuant to Section 210.45 of the penal law. The district will pursue tuition expenses for students deemed non residents.

_____ Initials

When changing your address, the following records must be provided as proof of residency in the district :

1. Proof of Residency (Required)

Home Owner - School Tax Bill Receipt
Tenant - Lease Signed by the Landlord
indicating section, block & lot; and a
Notarized Affidavit from Landlord

2. Parent / Guardian Identification Information (One required)

Passport or;
NYS Drivers License or;
Alien Registration Card or;
Original Birth Certificate

3. Proof of Residency (Two required)

W2 Form
Voter Registration Card
Bank Statement
Utility Bill: Gas; Electric; Water
[Telephone Bill unacceptable]
Car Registration

OTHER CHILDREN IN SCHOOL

| Full Name | Birth Date | Grade | School |
|-----------|------------|-------|--------|
| | | | |
| | | | |
| | | | |
| | | | |

Does the Student reside with both parents? () YES () NO

If **YES** proceed to ***Proof of Residency at the bottom of the page.***

If **NO**, please complete the following:

Circle the item that applies:

Student Resides Solely With: () Mother () Father () Guardian

Custody: () Joint () One Parent () One Parent Widowed

Child lives with:

Mother _____ at _____
Name Full Address & Telephone Number

Days with Mother _____

Father _____ at _____
Name Full Address & Telephone Number

Days with Father _____

Guardian _____ at _____
Name Full Address & Telephone Number

One of the following documents is required:

1. A copy of the Judgment of Divorce showing custody or;
2. A notarized letter from the spouse affirming that the child resides with other parent or;
3. A Court Order indicating guardianship or;
4. A death certificate

Which parent claims the child for a dependent on Income Tax? () Mother () Father

Which parent claims the child on medical insurance? () Mother () Father

1. PROOF RESIDENCY

Homeowners must provide a current tax bill indicating taxes paid to School District #20

Renters must provide both a

Lease for a residence located within the district indicating lot, block & section and a;
Rent receipt with a notarized letter from the landlord indicating lot, block & section

2. PROOF RESIDENCY TWO FORMS OF PROOF ARE REQUIRED

() W2 Form () Automobile registration () Bank Statement () Voter Registration Card

Utility bill: () Gas () Electric () Water [Telephone bills are **not** accepted]

Registrar: _____ () ADMIT () DO NOT ADMIT

Date Sent to Administration: _____ / _____ / _____
mm dd yyyy

Authorized Signature

School

Date



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Public Schools
111 Atlantic Avenue
Lynbrook, NY 11563
(516) 612-5490

LANDLORD AFFIDAVIT
Print Clearly

State of New York
County of Nassau

I _____ acknowledge that I am the
Printed Name of the Landlord or Record Owner
record owner or landlord of the property located at: _____
(Address)
_____, recorded on the tax bill with
(Unit #) (Town/State/Zip Code)
Section # _____ Block # _____ Lot # _____

I affirm that _____ rents said property
(Printed Name of Tenant)
() monthly () annually from _____ to _____ and resides at said property with
_____ adults and _____ children. The landlord agrees to call the Lynbrook UFSD at (516) 612-5490
within seven (7) days of said tenant vacating the property. If in agreement, please initial _____.

[Signature of Landlord]

[Print Name of Landlord]

[Address of Landlord, line 1]

[Address of Landlord, line 2]

[Telephone # of Landlord]

Subscribed and sworn to before me, this
_____ day of _____, 2_____.

(Notary Seal)

I understand that any false statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the penal law of the State of New York.

The Lynbrook School District reserves the right to commence legal action to recover tuition costs against any person who submits false or fraudulent documents for the purpose of enabling one to attend school in the Lynbrook School District who does not legitimately reside within the Lynbrook School District.