

Stafford Public Schools

16 Levinthal Run Stafford Springs, CT 06076 Phone (860) 684-2208 Fax (860) 684-5172

CHANGE OF ADDRESS REQUEST FORM

Pursuant to Section C.G.S. 10-186(b)(1), in order to attend Staffard Public Schools, a student must reside in the Town of Staffard. A student's primary residence is the place where s/he dwells permanently, not temporarily, and is the place that is the center of his or her domestic, social, and civic life. The primary residence of a minor child is normally presumed to be the legal residence of the parent(s) or guardian(s) who have physical custody of the child.

If your address changes after you have enrolled in Stafford Public Schools, you must provide proof of residency documents to your school's Office.

Special circumstances may be referred to the Superintendent's Office.

Three proof of residency documents are required – one from category A or two from category B. Residency documents are required to be less than six (6) months old and contain a valid Stafford address.

Category A - Property Rights

- Mortgage statement
- Ownership deed

PowerSchool Fields to Update:

Notify the following by email:

Address

Transportation

• Lease/rental agreement

Category B - Property Occupancy

- · Current utility bill AND Residency Affidavit
- Valid driver's license <u>plus</u> car registration, copy of personal property tax bill for the car from the Town of Stafford AND Residency Affidavit

Siblings

Special Svcs.

Demographics

CREC/Choice

STUDENT INFORMATION Student Last Name, First Name		School	•	Grade	ve) for the following Student ID #
1.					
2.					
3.					
Child(ren) reside(s) with (check all that a	pply): Mother	Father 🗆 Guardian 🗆	Stepmother	Stepfathe	er 🗆 Other
NEW ADDRESS INFORMATION					
New Address, City, Zip			Date You Will Reside at New Address		
PARENT/GUARDIAN INFORMATION Prin	nary Contact (must b	e the person with whon	n the child resi	des):	
Last Name, First Name					
Home Phone	Cell Phone		Wo	rk Phone	
Other Parent Address (if different from ab	ove)				
Signature of Parent/Guardian identified above:					
Date:					
					
(For Office Use Only)				☐ Proof	of residency documents

Custom Parent Screens

Food Services