

Category A - Property Rights (one document)

South Windsor Public Schools

1737 Main Street • South Windsor, CT 06074 Phone: (860) 291-1200; Fax: (860) 291-1291 www.southwindsorschools.org/registration

<u>Category B - Property Occupancy (two documents needed)</u>

CHANGE OF ADDRESS REQUEST FORM

Pursuant to Section C.G.S. 10-186(b)(1), in order to attend South Windsor Public Schools, a student must reside in the Town of South Windsor. 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 South Windsor Public Schools, you must provide completed form and proof of residency documents to our central registration office at registration@swindsor.k12.ct.us (call 860.291-1244 for assistance.) Special circumstances may be referred to the Superintendent's Office.

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

 Mortgage statement 	Mortgage statement Utility bill					
Property tax bill			 Valid driver's license <u>plus</u> auto registration or auto insurance card 			
Ownership deed			 Voter's registration 			
• Lease/rental agreement			 Delivery receipt of major appliance/furniture 			
• Sales contract	 Current homeowner's insurance declaration page 					
Notarized Residency Affidavit		Connecticut State ID with current address				
STUDENT INFORMATION		Please u	ıpdate our fa	mily add	lress (as noted above) for the following children	
Student Last Name, First Name		Grade	Current So	chool	New School (if applicable)	
1.						
2.						
3.						
Child(ren) reside(s) with (check all that apply)): □ Mother □	l <u>L</u> □ Father □	Guardian [☐ Stepm	nother 🗆 Stepfather 🗆 Other	
NEW ADDRESS INFORMATION						
New Address, City, Zip				Date Yo	ou Will Reside at New Address	
PARENT/GUARDIAN INFORMATION Primary	Contact (must b	e the persor	n with whom	the child	d resides):	
Last Name, First Name						
Home Phone	Cell Phone				Work Phone	
Other Parent Address (if different from above)						
Signature of Parent/Guardian identified above:						
Date:						
(For Office Use Only) PowerSchool Fields to Update: Address Notify the following by email: Transportation		Parent Screens		nographics C/Choice	☐ Proof of residency documents provided Siblings ☐ Date of Transfer ☐ Special Svcs.	