



BEACON CITY SCHOOL DISTRICT

Administrative Offices
10 Education Drive
Beacon, New York 12508
Phone: (845) 838-6900 * Fax: (845) 838-6905

FOR DISTRICT USE ONLY:

Student No. _____

Date: _____

School: _____

Dr. Jean Parr.
Superintendent of Schools

STUDENT CHANGE OF INFORMATION FORM

Bring this form to the Registrar's Office at the address above.

Student Name: _____ (Last) (First) (Middle)
Current School: _____ Effective Date: _____

CHANGE OF ADDRESS: You MUST report to the District Registrar at Central Office and provide two (2) "original" proofs of residency to authenticate address change. (Photo-copies of documents will not be accepted.)
The following documents are acceptable: tax bill, utility bill, bill of sale, house deed, insurance bill, DSS I.D., telephone bill, bank statement, voter registration, mortgage/lease.

Parent/Guardian Name: _____

Number/Street/Apt. No.: _____

City: _____ State: _____ Zip: _____

Phones: _____

Home: () _____ Work: () _____ Cell: () _____

Change of address will NOT be updated in student files unless this procedure is followed.

CHANGE OF EMERGENCY CONTACT:

Name: _____

Relationship to child: _____

Number/Street/Apt. No.: _____

City: _____ State: _____ Zip: _____

Phones: _____

Home: () _____ Work: () _____ Cell: () _____

Signature of Parent or Guardian

Date

- Original to Registrar
- Copy to Parent/Guardian