East Islip School District 1 Craig B. Gariepy Avenue Islip Terrace, NY 1175**2**800 Office of the Registrar (631) 2242000 Ext. 2043 Fax (631) 5818352

## CHANGE OF ADDRESS WITHIN DISTRICT

Please find attached the hange of Address Whin District Forms that will need to be completed to update your family's information. Please fill out a separate Student Residency Questionnaire for each child attending schools.

Two proofs of residency are required along with a parent photo ID. (The photo ID does not need to coincide with the new address if it has not yet been updated with the DMV). The accepted dscarred eisted on the form. If there is a change in parent/guardian information, please also submit appropriate documentation if applicable.

Address changes can be submitted in person at the District Office, via fax # (631)581-8352ij by em aricci@eischools.orgor by U.Smail.

If you choose to mail the information, please send all required paperwork to:

East Islip School District Central Registration Office 1 Craig B. Gariepy Avenue Islip Terrace, New York 11752

Please note: Families who lack a fixed, regular and adequate nighttime residenteding those who are sharing the housing of other persons due to loss of housing, economic hardship or other similar reason may lf you have any question please contact the registrar's office.

Thank you.

Student Information — Please ist all childrenin family who are moving

Student Last Name	Student First Name	MI	Grade	Current School	For Office Use Only

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## EAST ISLIP SCHOOL DISTRICT STUDENT RESIDENCY QUESTIONNAIRE

In accordance with	the McKinney-Vento Act-42 U.	S.C.11435, your respo	onses will help determine you o
your child's eligibili	ty for services. Please complete	e for all new entrants a	and indistrict address changes.
Name of Student:		:	Date
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