



SYRACUSE CITY SCHOOL DISTRICT

Jaime Alicea, Superintendent of Schools

Department of Student Registration

Akua A. Goodrich, Director

Address and Phone Number Update Form

School: _____ SCSD Contact: _____ Date: _____

- Did you verify/provide proof of residence? Yes ____ No ____
- If you are unable to provide the required documentation, please answer the following question:
Are you living in temporary housing? If yes, please check your current living situation:
 Shelter Doubled Up (One Family House or Apartment) Living in Car
 Hotel/Motel Foster Care Other
- Do you have proof of guardianship? (Please select only if there is change in guardianship) Yes ____ No ____

| Priority | Name | Type | New Address | Current Phone Number(s) | | Delete Number(s) |
|----------|-------------------|--------------------------|-------------|-------------------------|--|------------------|
| | | | | | | |
| N/A | (Student Name/ID) | Student Mailing Address | | Home | | |
| | | | | Home 2 | | |
| | | | | Cell | | |
| | | | | Cell 2 | | |
| | | | | Work | | |
| N/A | | Student Physical Address | | Home | | |
| | | | | Home 2 | | |
| | | | | Cell | | |
| | | | | Cell 2 | | |
| | | | | Work | | |
| 1 | | Guardian | | Home | | |
| | | | | Home 2 | | |
| | | | | Cell | | |
| | | | | Cell 2 | | |
| | | | | Work | | |
| 2 | | Emergency Contact | | Home | | |
| | | | | Home 2 | | |
| | | | | Cell | | |
| | | | | Cell 2 | | |
| | | | | Work | | |

| Sibling(s) moving to new address (Please note: it is important that you VERIFY THIS INFORMATION so that Registration can link siblings): | | |
|--|----|--------|
| Name | ID | School |
| | | |
| | | |
| | | |