



SYRACUSE CITY SCHOOL DISTRICT

Anthony Q. Davis, 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