

CHANGE OF ADDRESS/GUARDIAN

PARENT/GUARDIAN INFORMATION

CONTACT 1	First Name	Last Name	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster <input type="checkbox"/> Stepmom <input type="checkbox"/> Stepdad <input type="checkbox"/> DCF <input type="checkbox"/> Relative
	Phone:	Email:	<input type="checkbox"/> Change Address <input type="checkbox"/> Change Guardian <input type="checkbox"/> Add Guardian
	Previous address:		<input type="checkbox"/> CoR <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lives with student(s)
	Current address:		<input type="checkbox"/> CoR <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lives with student(s)
CONTACT 2	First Name	Last Name	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster <input type="checkbox"/> Stepmom <input type="checkbox"/> Stepdad <input type="checkbox"/> DCF <input type="checkbox"/> Relative
	Phone:	Email:	<input type="checkbox"/> Change Address <input type="checkbox"/> Change Guardian <input type="checkbox"/> Change (Other) <input type="checkbox"/> Add Guardian
	Previous address:		<input type="checkbox"/> CoR <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lives with student(s) <input type="checkbox"/> Same as Contact 1
	Current address:		<input type="checkbox"/> CoR <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lives with student(s) <input type="checkbox"/> Same as Contact 1

STUDENT INFORMATION

First Name:	First Name:	First Name:	First Name:
Last Name:	Last Name:	Last Name:	Last Name:
EHPS ID:	EHPS ID:	EHPS ID:	EHPS ID:
SASID:	SASID:	SASID:	SASID:
DOB:	DOB:	DOB:	DOB:
Grade:	Grade:	Grade:	Grade:
BIL	BIL	BIL	BIL
IEP	IEP	IEP	IEP
OAA	OAA	OAA	OAA
Current School:	Current School:	Current School:	Current School:
New School:	New School:	New School:	New School:
Date for change:	Date for change:	Date for change:	Date for change:

I hereby declare, under penalties of perjury, that all information supplied on this form is correct to the best of my knowledge. I understand that if any of this information is incorrect and the student is not entitled to enroll tuition-free as an East Hartford resident, the student shall be withdrawn from the East Hartford school system and the prevailing tuition charge assessed against me for each day the student is enrolled.

Signature of Parent/Guardian/DCF

Date