



ARLINGTON CENTRAL SCHOOL DISTRICT
CENTRAL REGISTRATION

144 Todd Hill Road • LaGrangeville, NY 12540

Phone (845) 227-1821 • Fax (845) 227-8022 • E-mail: registration@acsdny.org

Person Completing this form: _____

Date: _____

PLEASE NOTE: If any of the information is illegible or left out, it may delay the address change and transportation.

List ALL students who are presently living at this address:

Student's Name _____ School _____ Grade _____

Student's Name _____ School _____ Grade _____

Student's Name _____ School _____ Grade _____

Student's Name _____ School _____ Grade _____

Information is required for both parents or guardians:

Name _____ Cell _____

Circle: *Mother Step-Mother Guardian* Address if different than new address _____

Name _____ Cell _____

Circle: *Father Step-Father Guardian* Address if different than new address _____

Has there been any change in the family unit: Divorce, Separation, Custody? YES or NO

OLD INFORMATION

Physical Address _____

Mailing Address _____

NEW ADDRESS

Physical Address _____

Mailing Address _____

Tel _____ Cell _____ Work _____

All change of address requests must include the signed affidavit that you have read and understand the residency requirements.