



Rocky Hill Public Schools

Central Registration Office

761 Old Main Street, Rm. 231, Rocky Hill, CT 06067

CHANGE OF ADDRESS CHECKLIST

To complete a Change of Address for your student(s), please call the Central Registration Office for an appointment at (860) 258 – 7701 Ext. 177. Please have all required forms completed before arriving.

Please present the following items to Central Registration during appointment:

1. _____ Parent/Guardian's Valid Photo Identification
2. _____ Proof of Parent/Guardian's Residency (please see backside of this form for document requirements)

If applicable:

Notarized Residency Affidavit - Required only when parent(s), guardian(s) and student(s) are voluntarily doubled-up and living in a legal Rocky Hill Resident's home.

Notarized Parent/Guardian Affidavit - Required only when a student is permanently residing with a legal Rocky Hill Resident apart from their parent or legal guardian.

3. _____ Rocky Hill Public Schools Change of Address Form
4. _____ Residency Verification Letter
5. _____ Student Information Card

Required Residency Documents for a Change of Address: Proof of residency in Rocky Hill is determined by providing Central Registration with one (1) mandatory item from Category A and one (1) item from Category B. If unable to provide an item from Category B, two (2) items from Category C may be substituted.

RESIDENCY DOCUMENTS SUBMITTED ARE REQUIRED TO BE LESS THAN 60 DAYS OLD AND REFLECT CURRENT ROCKY HILL ADDRESS.

<u>CATEGORY A</u>	<u>CATEGORY B</u>	<u>CATEGORY C</u>
<ul style="list-style-type: none"> ✓ Mortgage statement. ✓ Lease - must be unexpired, signed by lessor/lessee and dated. ✓ Copy of property deed if no mortgage statement available. ✓ Section 8 agreement with dates of tenancy. ✓ Notarized Landlord Residency Affidavit if no lease exists, lease is expired, or lease is weekly or month to month. 	<p>Current utility bill or work order showing service address.</p> <p>Examples:</p> <ul style="list-style-type: none"> ✓ Electricity ✓ Natural Gas ✓ Phone (landline only) ✓ Cable or satellite ✓ Water 	<ul style="list-style-type: none"> ✓ Valid driver's license (stickers not allowed). ✓ Valid automobile registration. ✓ Valid CT DMV non-driver's photo identification with current address. ✓ Voter registration. ✓ Current auto or homeowner's insurance declaration page. ✓ Payroll stub. ✓ Bank statement or credit card statement. ✓ Court document. ✓ Letter from any government agency. <p><u>With Rocky Hill address and dated for 2011</u></p> <ul style="list-style-type: none"> ✓ W-2 Form ✓ Auto tax bill ✓ Property tax bill

Rocky Hill Public Schools Change of Address Form

Central Registration Office, 761 Old Main Street, Rocky Hill, CT 06067

(860) 258 – 7701 Ext. 177

To be completed by parent or legal guardian when student's Rocky Hill address has changed

(Please check one)	Stevens <input type="checkbox"/>	West Hill <input type="checkbox"/>	Griswold Middle School <input type="checkbox"/>	Rocky Hill High School <input type="checkbox"/>
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Student Information	ID # (for school use only):
First Name:	New Address:
Middle Name:	City:
Last Name:	State:
Date of Birth:	Zip:
Gender:	Mailing Address (if different):
Grade:	Home Phone (xxx-xxx-xxxx):
Old Address:	Cell Phone:
Student Resides with: (Circle one) Parents Mother Father Guardian Grandparent	

Parent/Guardian Information	
<i>Mother's Information (Natural/Adoptive Only):</i>	<i>Father's Information (Natural/Adoptive Only):</i>
First Name:	First Name:
Last Name:	Last Name:
Home Phone (if different):	Home Phone (if different):
Day Phone:	Day Phone:
Cell Phone:	Cell Phone:
Email Address:	Email Address:
Employer:	Employer:
<i>Guardian Information (When not Mother or Father):</i>	<i>Other Parent Information (1):</i>
First Name:	Associated with: Mother Father Guardian (circle one)
Last Name:	Relationship to Student:
Home Phone (if different):	First Name:
Day Phone:	Last Name:
Cell Phone:	Home Phone:
Email Address:	Day Phone:
Employer:	Cell Phone:
<i>Other Parent Information (2):</i>	<i>Second Mailing Information:</i>
Associated with: (circle one) Mother Father Guardian	Is there a 2 nd Mailing? (circle one) Yes No
Relationship to Student:	Relationship to Student:
First Name:	Name:
Last Name:	Street:
Home Phone:	City:
Day Phone:	State:
Cell Phone:	Zip:
E-Mail Address:	E-Mail Address:

Emergency Contacts:	<i>1st Contact Info</i>	<i>2nd Contact Info</i>	<i>3rd Contact Info</i>
Name:			
Primary Phone:			
Secondary Phone:			

Automated Alert Messages (All Announcements):			
	<i>Phone Number (xxx-xxx-xxxx)</i>	<i>Email</i>	<i>Text (xxx-xxx-xxxx)</i>
Contact Info (1):			
Contact Info (2):			

Change of Address Form continues on back side.

Automated Announcements (Made during school hours that change the school schedule):

	<i>Phone Number (xxx-xxx-xxxx)</i>	<i>Email</i>	<i>Text (xxx-xxx-xxxx)</i>
Contact Info (1):			
Contact Info (2):			
Contact Info (3):			

Signature of Parent/Guardian or Student if Majority Age

Date



Rocky Hill Public Schools

Central Registration/Residency Office

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RESIDENCY VERIFICATION LETTER

In accordance with Sections 10-186, 10-220 and 10-253(d) of the Connecticut General Statutes, the Rocky Hill Board of Education requires proof of residency in Rocky Hill during the school enrollment process. Individuals seeking to enroll in Rocky Hill Public Schools will therefore be required to provide such proof. All residency documents submitted are subject to verification by the Rocky Hill School Residency Coordinator.

Pursuant to Section 10-253d of the Connecticut General Statutes, a child living with any individual other than the child's parent/legal guardian can attend school in the district only if such residence is: 1) permanent; 2) provided without pay; and 3) not solely for the purpose of gaining school accommodations. In accordance with the statute, the district has the right to require proof that all three requirements have been satisfied.

In accordance with Section 10-186(b)(4) of the Connecticut General Statutes, if it is determined that a student has been enrolled in Rocky Hill Public Schools in violation of the statutes referenced above, the Rocky Hill Board of Education has the right to assess tuition. Such tuition would be based on the district's per diem net current local educational expenditure (as defined in section 10-261), multiplied by the number of days the student was improperly enrolled in Rocky Hill Public Schools. In addition, the statute provides that the Board of Education may seek to recover the amount of the assessment through available civil remedies.

By signing below, I have read and understand the residency requirements concerning enrollment in Rocky Hill Public Schools. I understand the Rocky Hill Board of Education has the authority to impose tuition as outlined above if the student(s) being enrolled are not in fact residents of Rocky Hill. I also understand that the Board of Education has the right to pursue any and all legal remedies in the event that any student is enrolled improperly. I hereby give consent to the Rocky Hill School Residency Coordinator to verify any information pertaining to the permanent residency of all pertinent parties involved in this registration.

Print Parent/Guardian's Name

Parent/Guardian's Signature

Print Student's Name(s):

Rocky Hill Public Schools

761 Old Main Street, Rm. 231, Rocky Hill, CT 06067

Student Information Card

(Check one): Stevens West Hill Griswold Middle School Rocky Hill High School

Student's Name: _____
Last First Middle

Date of Birth: _____ Sex (circle one): Male or Female Grade: _____

Address: _____
Number Street Apt. City State Zip

Home Phone: _____ Child Lives with (circle one): Mother Father Both Other

In the event that an accident or sudden illness occurs, please provide the following contact information:

	Name	Address (if different)	Workplace/Address	Work Phone	Cell Phone
Mother					
Father					
Other					

Please provide contact information for two (2) nearby relatives or neighbors who will assist with temporary care of student if a parent or guardian cannot be reached:

Name	Address	Phone

Health Information: List any conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, or any other chronic health condition, etc. Please explain: _____

Primary Doctor: _____ Phone: _____

Hospital Choice: _____ Phone: _____

By signing below I hereby authorize the following: (1) Rocky Hill Public Schools may directly contact the person(s) named on this emergency card, and do authorize the named physician to render such treatment as may be deemed necessary in an emergency, for the health of said child. (2) In the event the child's physician, parents or other persons named on this card cannot be contacted, school officials are hereby authorized to take whatever action necessary in their judgment, for the health of aforesaid child. (3) I will not hold Rocky Hill Public School financially responsible for the emergency care and/or transportation of said child.

Parent's Signature: _____

Date: _____