

East Windsor Regional School District

OFFICE OF COMMUNITY SERVICES

Change of Address Guidelines

After a move within the East Windsor Regional School District, the parent or legal guardian of a student must provide the school district with new proof of residency as well as submit the attached forms.

All address changes must have the appropriate documentation as well as the completed forms

Required documentation:

- ✚ Copy of proof of residency – one of the following is acceptable:
 - For Homeowners: Deed, Property Tax Bill, HUD, Mortgage Statement
 - For Renters: Lease
- ✚ Copy of a new utility bill that has the new address
- ✚ Photo ID of parent/guardian

If you wish to apply for a relocation variance, you must apply by letter through the **Office of Student Services** located at 25A Leshin Lane, Hightstown, NJ.

You must submit this documentation in person to the Office of Community Services at the address below. Please call (609) 443-2881, ext. 6800 to make an appointment.

384 Stockton Street, Hightstown, New Jersey 08520
(609) 443-2881 X 6800
FAX (609) 443-7855

EAST WINDSOR REGIONAL SCHOOL DISTRICT
OFFICE OF COMMUNITY SERVICES
Central Registration
(609) 443-2881, ext. 6800

STUDENT ENROLLMENT DATA

FOR DISTRICT USE ONLY:	
ID#	_____
Enrolled by: _____	Date: _____ Entered by: _____
<input type="checkbox"/> Re-enrollment	<input type="checkbox"/> Affidavit of residency
<input type="checkbox"/> Change of address	<input type="checkbox"/> Change of school
Name of last school: _____	

HHS MHK GNR WCB EMK PLD OOD GRADE: _____

Student's last name: _____ Student's first name: _____

Student's middle name: _____ Nickname: _____ Sex: Male Female

Ethnic code: White Black Asian Hispanic Native American/Alaskan Pacific Islander

Language student speaks: _____ Primary language spoken at home: _____

Birth date: _____ Age: _____

Birth city, state and country: _____

Parent/Guardian name: _____

Parents/Guardians: Married Divorced Separated Single Widowed

Student resides with: Parents Mother Father Guardian

Name(s) of person(s) enrolling student: _____

Name(s) of person(s) who has legal custody of the student: _____

Home address: _____ Zip code: _____

Apt. #: _____ Home phone: (____) _____ Cell phone: (____) _____

Municipality: Hightstown East Windsor Roosevelt

Landlord's name/Apt. complex name: _____ Phone: (____) _____

Previous home address: _____

Has student ever attended school in EWRSD? Yes No If yes, when? _____

Name/Address of last school attended: _____

Student is: In special education Yes No Grade: _____

In basic skills Yes No Classification: _____

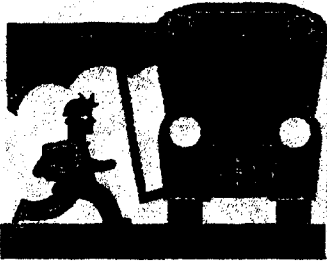
In ESL/bi-lingual education-(testing needed) Yes No IEP _____

In speech correction Yes No

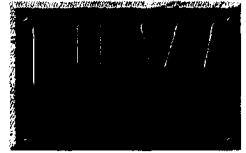
In gifted & talented Yes No

Please list brothers/sisters (under age 18 who are living at home with you):

Name	Sex	Birth date	Current school	Grade



EAST WINDSOR REGIONAL SCHOOL DISTRICT



**Change of Address
Transportation Information Form**

Student Name _____ Id# _____

Street Address _____
(No PO Box) House # Street City Zip

Nearest Cross Street or Intersection _____

Grade: ____ Session ____ Gender: M F DOB: _____ Ethnic Code ____

Parent / Guardian: _____

Home Phone: _____ Work Phone: _____

Emergency #: _____ Contact Person: _____

..... Office Use Only

Registration	Change Date _____	School Code _____
	Elementary Attendance Area _____	Assigned School After Address Change _____

Effective Date: _____

Transportation	Route # AM _____ Mid-day _____ PM _____
	<input type="checkbox"/> Driver Notified _____ <input type="checkbox"/> School Notified _____
	<input type="checkbox"/> Bus Pass Sent _____ <input type="checkbox"/> Parent Notified _____
	<input type="checkbox"/> IEP Pending _____ <input type="checkbox"/> Affidavit Student _____
	<input type="checkbox"/> State ID# _____

IF AVAILABLE AT REGISTRATION