

**Please return to:**

Scotia-Glenville High School  
Guidance Office  
1 Tartan Way  
Scotia, NY 12302 or Fax to: 518-386-4257



Robin Brino – changes  
**Demographics ONLY**  
HS – changes **Contacts**

SCOTIA-GLENVILLE CENTRAL SCHOOL DISTRICT  
Student Data Change Form

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Current Grade \_\_\_\_\_

Is this a name change? Yes\_\_\_ No \_\_\_ **If yes, please supply new, original birth certificate to reflect this change.**

**If there has been a change of custody, please provide updated court documents**

Please complete only the items to be changed:

New Address: \_\_\_\_\_

Who resides at this new address? (Please list all) \_\_\_\_\_

Please list Parent/Guardian Name(s) student resides with \_\_\_\_\_

Is transportation needed at the new address? Yes\_\_\_ No\_\_\_

Is transportation to continue at previous address? Yes\_\_\_ No\_\_\_

Would you like mailings sent to the new address? Yes\_\_\_ No\_\_\_

Is this the result of a change in the family status? Yes\_\_\_ No\_\_\_ Please give a brief explanation \_\_\_\_\_

Is the current residence a temporary living arrangement due to loss of housing or economic hardship? \* Yes\_\_\_ No \_\_\_

\*Answer below ONLY if you answered "yes"

Where is the student presently living?

\_\_\_ In a motel

\_\_\_ In a shelter

\_\_\_ With more than one family member in a house or apartment

\_\_\_ Moving from place to place

\_\_\_ In a place not designated for ordinary sleeping accommodations such as a car, park, or campsite.

New Home Phone # \_\_\_\_\_ New Cell # \_\_\_\_\_

New Work Phone # \_\_\_\_\_ New Email \_\_\_\_\_

<u>Names of Siblings Affected by this Change:</u>	<u>School:</u>	<u>Grade:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please specify any disability or special need(s):

Student Name: \_\_\_\_\_

Disability/Special Need: \_\_\_\_\_

Student Name: \_\_\_\_\_

Disability/Special Need: \_\_\_\_\_

\_\_\_\_\_  
Print Name/Relationship to Student

\_\_\_\_\_  
Signature

**DATA CHANGE POLICY:**

Data change requires appropriate documentation.

- For address change, please make sure to attach two proofs of address change (i.e. utility bill, phone bill, tax bill, car insurance, copy of mortgage or lease) to this form.
- \*If this section is filled out, there may not be proofs available at this time

**For Office Use Only:**

**Email:**

**\*\*\*\*Central Registrar – Robin Brino**

Attendance                    **MS-Alicia Guzzo**  
Guidance Office            **MS-Michelle VanWoeart**  
Guidance Office            **MS-Maria Sciarrino (504)**  
Main Office                   **MS-Cheryl Verrigni**

**HS-Julie Nejman**  
**HS-Jeanna Wiegert, Cindy Dorazio, Tammy Venditti**  
**HS- Jane Taber, Jennifer Duane**  
**HS-Lori DeSio**  
**HS-Appropriate Guidance Counselor \_\_\_\_\_**

**Pupil Personnel Services – Lynn Casey (504 and IEP)**

**Transportation – Clara Bisailon, Tanya Colleton**

**Appropriate Elementary School:**

**Glendaal - Darbi Ray**  
**Glen-Worden-Angela Capullo**  
**Lincoln-Susan Zeglen**  
**Sacandaga-Julia Pettit**