



BROCKPORT

Central School District

Office of Registration and Records • 40 Allen Street, Brockport, New York 14420-2296 • (585) 637-1857 • Fax: (585) 637-1899

Student Information Change Form

STUDENT NAME: _____

DOB: _____ Grade _____

_____ **Address Change** Effective Date _____

OLD: _____

NEW: _____

You must send proof of new residency with this form – utility bill, copy of lease, mortgage statement, etc., dated within the last 30 days

You may return this documentation one of the following ways:

- Fax to 585-637-1899
- Scan and email to registrar@bcs1.org
- Mail to Office of Registration, 40 Allen St, Bldg #100, Brockport, NY 14420
- Bring the documentation into the office Mon – Fri, between 8 am – 3 pm
- If you have a smartphone, you may take a picture of the documentation and email to registrar@bcs1.org

_____ **Telephone Number Change**

Home: Old _____ New _____

Cell: Old _____ New _____

Work: Old _____ New _____

_____ **Email Change**

Old Email: _____

New Email: _____

_____ **Other** _____
