Robbinsville
Schools

155 Robbinsville Edinburg Road
Robbinsville, NJ 08691

Central Registration Office
609-632-0910 (2281)

CHANGE OF ADDRESS

If you and your family are relocating within Robbinsville Township, please complete this form and make an appointment with the Central Registration Office to implement the change. Please refer to the Acceptable Proof of Residency to determine acceptable documentation to substantiate the change.

Today's Date: _____

1. Student's Name: _____ Grade: _____ RHS ☐ PRMS ☐ SES ☐
2. Student's Name: _____ Grade: _____ RHS ☐ PRMS ☐ SES ☐
3. Student's Name: _____ Grade: _____ RHS ☐ PRMS ☐ SES ☐
4. Student's Name: _____ Grade: _____ RHS ☐ PRMS ☐ SES ☐

Guardian 1 Name: _____ Guardian 2 Name: _____

Change of address applies to Guardian 1 ☐ Guardian 2 ☐

Current Street Address:	New Street Address:
_____	_____

Date Effective: _____ Closest Cross Street: _____

Important Notes:

- ✓ Proof of Residency must accompany this form in order for the change to be completed.
- ✓ Three to five school days are needed to process all change of address requests and to arrange for transportation adjustments.

Office Use Only

Date Processed: _____

Genesis Updated for All Students

Family Connection: ☐ Existed ☐ Created Family ID: _____

Proof of Residency: If Homeowner: ☐ Latest Tax Bill ☐ Latest Mortgage Bill / Statement

If Renter: ☐ Copy of Current Lease ☐ Landlord Affidavit (if applicable)

If homeowner or renter, list TWO other supporting proof of residency documents:

_____

_____