

Change of Address

All of these:

- Parent/Guardian photo Identification

1

Two of these:

Documents must be pre-printed with the name and current address of the student's parent/guardian (or the student if 18 years of age or older). Items may not be from the same bullet.

- A Utility Bill (not water or cell phone) dated within the past 60 days
- A current Lease, Section 8 Agreement, or BPS Landlord Affidavit
- A Deed, or Mortgage Payment dated within the past 60 days, or a property tax bill dated within the past year
- A W2 form dated within the year or a Payroll Stub dated within the past 60 days
- A Bank or Credit Card Statement dated within the past 60 days
- A Letter from an Approved Government Agency* dated within the past 60 days

2

Welcome Centers are located in:

Dorchester

1216 Dorchester Ave.,
Dorchester, Ma. 02125
617-635-8015

Roxbury

75 Malcolm X Blvd.
Roxbury, Ma. 02119
617-635-9010

Roslindale

515 Hyde Park Ave.,
Roslindale, Ma. 02131
617-635-8040

Dorchester, Roslindale and Roxbury Welcome Centers are open Monday, Tuesday, Thursday and Friday from 8:30am-5pm and Wednesdays 12:00- 7:00pm.

East Boston

312 Border St.,
East Boston, Ma. 02128
617-635-9597

This center is only open
Mondays and Tuesdays 8:30am-5:00pm

Mattapan

5 Mildred Ave.,
Mattapan, Ma. 02126
617-635-9596

This center is only open
Thursdays and Fridays 8:30am-5:00pm



Boston Public Schools

English 094197784185

Change of Address & Information Application Form

Student Number: _____

Geo Code: _____

FOR OFFICE USE ONLY					
CASE ID					

LAST NAME OF STUDENT

FIRST NAME

MIDDLE NAME

GENDER

Male Female

DATE OF BIRTH

 / /

GRADE

ADDRESS - STREET #

STREET NAME

APT. NUMBER

SECTION OF CITY

ZIP CODE

HOME PHONE NUMBER

 - -

BHA RESIDENTS ONLY - MAILING ADDRESS

STREET #

STREET NAME

MAILBOX NUMBER

ZIP CODE

1. LAST NAME OF PARENT/GUARDIAN

FIRST NAME

1. WORK PHONE NUMBER

EXTENSION

 x

1. CELL PHONE NUMBER

1. EMAIL ADDRESS

 @

2. LAST NAME OF PARENT/GUARDIAN

FIRST NAME

2. WORK PHONE NUMBER

EXTENSION

 x

2. CELL PHONE NUMBER

3. LAST NAME OF EMERGENCY CONTACT

FIRST NAME

3. EMERGENCY PHONE NUMBER

3. ADDITIONAL PHONE NUMBER

4. LAST NAME OF SECONDARY EMERGENCY CONTACT

FIRST NAME

4. EMERGENCY PHONE NUMBER

4. ADDITIONAL PHONE NUMBER

Signature of Parent/Guardian/Other: _____ Date: _____

Signature of Verifier (WC/School): _____ Date: _____

Option 1 - I request that my child be transferred to the school within the zone of my new address.

Option 2 - I request that my child retain his/her guaranteed assignment at current school. I understand my child is **not eligible for transportation** from our cross-zone residence.