



# John G. Gilmartin School

94 Spring Lake Road Waterbury, CT 06706  
 Telephone:(203) 574-8175 Fax:(203)573-6649

Christina Moore, Principal  
 Laura Colon, Supervising Vice Principal



## Gilmartin Name Change & Relocation Form

Gilmartin school must be notified if the student/parent has a legal name change or a change of address. Students who move into another district during the school year may continue to attend their current school until the end of the school year if the parent provides transportation. This form must be completed and submitted for each child at the time of the move. The parent or guardian must submit the form to Gilmartin and provide proof of residency or legal name change to the school.

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date: \_\_\_\_\_ Grade: \_\_\_\_\_ HR/Teacher: \_\_\_\_\_

|   |            |       |  |                    |     |
|---|------------|-------|--|--------------------|-----|
| <b>STUDENT NAME CHANGE</b>  |            |       |  |                    |     |
| ***Must provide legal documentation***                            |            |       |  |                    |     |
| Student OLD legal name<br>(as it appears on student registration) |            |       | Student NEW name<br>(as it appears on legal documentation) |                    |     |
| Last Name   | First Name | M I   | Last Name  | First Name         | M I |
| <b>CHANGE OF ADDRESS</b>  |            |       |  |                    |     |
| DATE OF MOVE _____  |            |       |  |                    |     |
| ***Must provide proof of residency when changing address***       |            |       |  |                    |     |
| Residence Address of Student                                      |            |       |  |                    |     |
| Street Apt. No.   | City       | State | Zip  | New Home Telephone |     |
| Mailing Address (if different from above)                         |            |       |  |                    |     |
| Street Apt. No.   | City       | State | Zip  | New Home Telephone |     |

**TO BE USED FOR A MOVE DURING THE CURRENT SCHOOL YEAR ONLY**

I understand that: 1) Waterbury Intake Center makes the final decision based on school numbers and school district; 2) transportation is the responsibility of the parent/guardian; 3) the student must be a Waterbury resident; 4) the student may be transferred to the district school for the next school year.

I certify that all the information on this form is correct to the best of my knowledge.

Parent/Guardian Name: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_