

CHANGE OF ADDRESS FORM

Date: _____

Student Name: _____

Student Date of Birth: _____

The school is now requiring a proof of change of address. We need a copy of a lease or deed/title and a utility bill (other than a phone bill) when a change of address has occurred. Please send a copy of this in as soon as possible.

Old Address: _____

New Address :(please include City, State and Zip)

New Phone: _____

Parent/Guardian Signature: _____

Thank You.

Sally Rudduck
Registrar
Licking Heights Local School District
740-927-6926 ext. 10200