



CHANGE OF ADDRESS FORM

Today's Date: _____ Date you moved to your new address: _____

<u>Student Name</u>	<u>Student's Current Building</u>	<u>Student's Date of Birth</u>

Previous Address:

<u>Street</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>

New Address:

<u>Street</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>

Required Documentation: The district requires two (2) verifications of residency, one from each list below.

Second Residency Verification:

One of the following;

- Current Utility Bill with parent/guardian's name listed (Water, Electric, Gas or Trash only)
- Government Mailing (Child Support, Gov't Assistance, Voter Registration Card)
- Current Pay Stub or W2

First Residency Verification:

One of the following;

- Deed or Current Mortgage Statement
- Current Rental/Lease agreement in its entirety, with parent/guardian(s) listed
- Residency Affidavit

Scan and email all documentation to your students building secretary. For a complete list of buildings, please visit www.licking-heights.k12.oh.us or login to your parent portal and upload documents in PowerSchool Forms.

Parent/Guardian Signature: _____