



## 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 Code):

\_\_\_\_\_

New Phone: \_\_\_\_\_

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

Thank You,

Nicole Nabil  
Registrar  
Licking Heights Local School District  
740-927-6926 ext. 10200