CHANGE OF ADDRESS FORM

Date:		
Student(s) Name	Student(s) ID#	School building they attend
0 0	ct with a copy of a d	f of a change of address. You will eed/current lease, along with a only).
Old address:		
New address:		
New phone number (if a	pplicable):	
Parent/Guardian Signatu	ıre:	
Kelly Roche District Registrar Licking Heights Local Sc	hools	