

CHANGE OF ADDRESS FORM

Date: _____

Student(s) Name	Student(s) ID# School building they attend

Licking Heights Local Schools requires proof of a change of address. You will need to supply the district with a copy of a deed/current lease, along with a utility bill (water, gas, electric, or trash bill only).

Old address: _____

New address: _____

New phone number (if applicable): _____

Parent/Guardian Signature: _____

Kelly Roche
District Registrar
Licking Heights Local Schools