

NORTHERN HIGHLANDS REGIONAL HIGH SCHOOL

School Counseling Department

CHANGE OF ADDRESS VERIFICATION

Former Address: _____

New Address: _____

Effective Date: _____

New phone number (if applicable): _____

New email (if applicable): _____

Please provide proof of residency as follows:

1. **Deed, lease or contract**, if deed is not available.
(If providing only a contract, deed to be furnished upon closing.)
2. One (1) **utility bill** (phone bill, cable, electric bill, or gas bill) with new address.

Name(s) and grade(s) of student(s) attending Northern Highlands:

Parent/Guardian Signature: _____

PLEASE RETURN THIS FORM TO SCHOOL COUNSELING DEPARTMENT.