

CHANGE OF ADDRESS FORM

(Applicable for New Haven Residents Only)

This form may be faxed to the Office of School Choice & Enrollment at 203-946-5697 or emailed to NHPSRegistration@new-haven.k12.ct.us with required proof of residency.

SCHOOL ATTENDING: -	
STUDENT FULL NAME	DISTRICT ID
PREVIOUS ADDRESS:	
CURRENT ADDRESS:	
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RESIDENCY DOCUMENT VERIFICATION: A photocopy of the residency document provided by the Parent or Guard provided bill statement or lease <u>must</u> match one of the Parent/Guardian	
A recent (30-60 days) Utility Bill (Gas, Electric, Hor A signed lease or a mortgage statement.	ne Telephone, Water)
Please Note: If the parent/guardian is residing with a friend or readflidavit to confirm their residency and eligibility to receive a free free free free free free free f	
If the parent cannot provide proof of residency or may be experie McKinney Vento Liaison or refer them to the Office of School C. Haven, CT 06519.	

Form OCE-001 Revised 06-2020

Staff Name: ______