



CHANGE OF ADDRESS FORM

After Completion, please email to:

registration@gehrhsd.net

Please provide a copy of your lease/mortgage/rental agreement and a current utility bill. Once received, a new bus pass will be provided.

Present Date: _____

Effective Date: _____

Name of Student (s): _____

Student ID(s): _____

Reason for Change:

Student resides with: Parent(s) _____ Guardian _____ Other: _____

Name(s) of Parent/Guardian student resides with:

Old Address:

District of Residence:

New Address:

District of Residence:

Proof of Residency:

Deed: _____ Lease: _____ Exp Date: _____ Affidavit: _____

We reside at the above address. I understand that I must notify the registrar when I move from this address or any information I provide today changes. I certify that the information supplied on this form is complete, true and correct.

Parent/Guardian Signature: _____ Date: _____
