## **Change of Address**



## **Return to Student Enrollment**

750 S. Merritt Mill Road Chapel Hill, NC 27516 (919)967-8211, x28268 Fax: (919)918-2018

registration@chccs.k12.nc.us

Office use only			
Transfer approved: 1	_ 2	_ 3	_ 4
New school: 1 2	_ 3	4	
Start date			

Registrar: \_\_\_\_\_\_Date: \_\_\_\_\_\_

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Please attach one of the following to this form o must be current and show the name and address				nt. All documents			
☐ Signed, current lease or rental agreement ☐ Current residential property tax bill ☐ Settlement statement, signed by all parties ☐ Unseparated/entire/complete Duke Power, 60 days	OWASA, PS	NC or Piedmo	nt Electric bill dat	ed within the past			
Student information							
Name	Grade	Birth date	Current school	Office use only			
1.							
2.							
3.							
3.							
4.							
5.							
Address information							
Old address:							
New address:							
Parent information							
Parent phone:	arent phone: Parent email:						
Please read the following statements and initial e	ach.						
I hereby certify that the above information implied.	is true and	accurate and i	s without falsehoo	d stated or			
I understand that an adult who knowingly regarding the residency of a child for the purpose be prosecuted for providing false information, a not more than 30 days and required to pay an am	of enabling	that child to a or with a penal	ttend any school in ty of up to \$200 or	n that district can imprisonment for			
I understand that I will be liable for payme enroll or attempt to enroll a child in a school distrinuoresident of the school district, unless the non	rict on a tuit	ion-free basis	when I know the c				
Parent signature	Parent r	name (please p	Date				