

**MONMOUTH REGIONAL HIGH SCHOOL  
CHANGE OF ADDRESS FORM**

STUDENT ID#: \_\_\_\_\_ HR#: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_

HOME TELEPHONE#: \_\_\_\_\_

CELL PHONE#: \_\_\_\_\_

WORK PHONE# GUARDIAN 1: \_\_\_\_\_

WORK PHONE# GUARDIAN 2: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

DATE CHANGE EFFECTIVE: \_\_\_\_\_

**\*PROOF OF CHANGE OF RESIDENCE MUST BE SUBMITTED WITH THIS FORM\***

**REQUIREMENTS:**

**1. COPY OF A NEW LEASE OR DEED AND TWO CURRENT UTILITY BILLS OR MILITARY HOUSING LETTER**

**2. IF STUDENT IS BEING PLACED WITH A RELATIVE WHO LIVES IN THE MONMOUTH REGIONAL SCHOOL DISTRICT. YOU MUST SEE THE REGISTRAR FOR THE NECESSARY FORMS THAT NEED TO BE SUBMITTED.**

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_