



NEW HAVEN PUBLIC SCHOOLS

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: _____

RESIDENCY DOCUMENT VERIFICATION:

A photocopy of the residency document provided by the Parent or Guardian must be sent along with this form. The parent name on the provided bill statement or lease **must** match one of the Parent/Guardian's listed on the child's PowerSchool Record.

- A recent (30-60 days) Utility Bill (Gas, Electric, Home Telephone, Water)
- A signed lease or a mortgage statement.

Please Note: If the parent/guardian is residing with a friend or relative, they are required to complete a **NHPS Residency Affidavit** to confirm their residency and eligibility to receive a free public education in New Haven Public Schools.

If the parent cannot provide proof of residency or may be experiencing homelessness please refer them to the school's McKinney Vento Liaison or refer them to the Office of School Choice & Enrollment located at 54 Meadow Street, New Haven, CT 06519.

Staff Name: _____

Date: _____