HIGH POINT REGIONAL HIGH SCHOOL **GUIDANCE DEPARTMENT** PERSONAL DATA

ADDRESS CHANGE

PLEASE PRINT				9 10 11 12 CF KJ JC KF	
Date:			ouriseioi. C	T KJ JC KI	IVIIVI
Student Name:			Date of Birth:		
Last	First	Middle		Mo. D	Day Yr.
ADDRESS CHANGE F	ROM:				
Mailing Address:			Phone #_		
Road or Street:					
Гоwn:	Zip	Email Add	lress:		
☐ Permanent Residence					
☐ Temporary Residence	(Must check one)				
District of Residence (District to W	Thom You Pay Taxes)				
·	Thom You Pay Taxes) Frankford Lafayette	Montague	Sussex	Wantage	Other
MUST Circle One: Branchville	Frankford Lafayette	Montague ffective D		O	
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MUST Circle One: Branchville NEW ADDRESS: Mailing Address: Town:	Frankford Lafayette	ffective D	ate:		
MUST Circle One: Branchville NEW ADDRESS: Mailing Address: Physical Residence)	Frankford Lafayette E Zip	ffective D	ate: Phone #_		
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☐ Temporary Residence PI	Frankford Lafayette E Zip Zip (Must check one) lease provide 2 proo ric bill, cable bill, lea Thom You Pay Taxes) Frankford Lafayette	ffective Date of Email Add	ate: Phone #_ dency nent, driv		ISE Other

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