



CHANGE OF ADDRESS

Return completed form to: Student Records Office, 385 Winnetka Ave, Winnetka, IL 60093
Email: registrar@nths.net Fax: 847-784-2094

Student's Full Name _____ ID# _____
(last) (first) (middle)

Adviser _____

Move Date _____

OLD Home Address:

NEW Home Address:

Does your student reside at this address? Y N

To officially change your student's address, you are required to provide current documents that show your name and new address. Below, please check the documents that you have included with this notice:

Option A: Homeowner in the District

- **One of the following:**
 - Sales contract/mortgage paper, **OR**
 - Your most recent real estate tax bill
- **TWO from the list below** displaying your name and district address:
 - Mortgage coupon
 - Current homeowner's insurance policy
 - Current vehicle registration
 - Current vehicle insurance policy
 - Driver's license/state ID
 - Utility bills (gas, electric, water/sewer, phone)
 - Bank or credit card statement
 - Paycheck

Option B: Renter in the District

- **Submit the following:**
 - Copy of your signed lease (or letter of attestation) **AND**
- **THREE from the list below** displaying your name and district address:
 - two months proof of payment (i.e., cancelled checks or cancelled security deposit check)
 - Current renter's insurance policy
 - Current vehicle registration
 - Current vehicle insurance policy
 - Driver's license/state ID
 - Utility bills (gas, electric, water/sewer, phone)
 - Bank or credit card statement
 - Paycheck

Option C: None of the documents in categories A or B above are applicable because:

- The student is homeless and eligible for enrollment under the Illinois Education for Homeless Children Act
- The student is enrolling based on the determination of the Department of Children and Family Services; attach evidence from DCFS
- Proof of Residency will be established within 30 days; a copy of sales contract and/or signed lease is attached as proof of scheduled move, and additional items will be provided upon move.

AFFIRMATION OF LEGAL RESIDENCY:

This child will be residing at this address during the _____ school year.

I understand that if the information above is determined to be false or misleading, resulting in the child/children named above not being legally entitled to attend New Trier High School, the school district will take legal action to recoup tuition costs and legal fees.

Parent Name _____ Parent Signature _____ Date _____
Signature of New Trier High School District 203 resident who is the parent, guardian, or custodian living with the student.