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: _____

Proof of residency
Please attach one of the following to this form or bring it to the Office of Student Enrollment. All documents must be current and show the name and address of the student's parent or legal guardian.

☐ Signed, current lease or rental agreement
☐ Current residential property tax bill
☐ Signed contract to purchase a home or settlement statement
☐ Unseparated/entire/complete Duke Power, OWASA, PSNC or Piedmont Electric bill dated within the past 60 days

Student information

Name	Grade	Birth date	Current school	Office use only
1.				
2.				
3.				
4.				
5.				

Address information

Old address: _____

New address: _____

Parent information

Parent phone: _____ Parent email: _____

Please read the following statements and initial each.

_____ I hereby certify that the above information is true and accurate and is without falsehood stated or implied.

_____ I understand that an adult who knowingly or willfully provides false information to a school district regarding the residency of a child for the purpose of enabling that child to attend any school in that district can be prosecuted for providing false information, a misdemeanor with a penalty of up to $200 or imprisonment for not more than 30 days and required to pay an amount equal to the cost of educating the child.

_____ I understand that I will be liable for payment of tuition, fees and all other applicable fines if I knowingly enroll or attempt to enroll a child in a school district on a tuition-free basis when I know the child to be a nonresident of the school district, unless the nonresident has a lawful right to attend.

_____ _____ _____
Parent signature | Parent name (please print) | Date