



HADDON TOWNSHIP BOARD OF EDUCATION

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Haddon Township Resident Change of Address Form

Today's Date: _____

Resident Information

Resident's Full Name:			
Home Phone:		Cell Phone:	
Names/Grades/Schools for Each Student: (Please CIRCLE the names of students who ride the bus to school)			

Old Address

Number & Street:	
City, State, ZIP:	

New Address

Number & Street:	
City, State, ZIP:	

Verification

In order to verify your address, **please present two (2) pieces of evidence of residency** (copy of a current lease agreement [*required* if renting], driver's license, utility or other bill, or other information with your name and new address). List the two pieces of evidence below and submit them with this form.

Evidence 1: _____ Evidence 2: _____

Resident Signature: _____

HT Office Use Only
Received by: _____ Received Date: _____
CC: <input type="checkbox"/> Transportation <input type="checkbox"/> ED <input type="checkbox"/> JEN <input type="checkbox"/> STOY <input type="checkbox"/> STW <input type="checkbox"/> VS <input type="checkbox"/> RMS <input type="checkbox"/> HTHS <input type="checkbox"/> Board Office