

HERNANDO COUNTY SCHOOL DISTRICT
Change of Address

Student's Name: _____ Date: _____

Please change my address to: _____

Proof of address change: _____

Telephone Number () _____

Parent/Guardian Signature: _____

If others in your family attend this school, please list their names and grades:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Please provide proof of residency.