



ADDRESS/PHONE NUMBER CHANGE FORM

Student Name _____ Grade _____

Old Address _____ New Address _____

New Phone Number (h) _____ (c) _____ (w) _____

Email Address _____

Parent/Guardian Signature _____ Date _____

Please list siblings/HCPSS students living at this new address:

Student Name _____ School Name _____

Relationship _____

Student Name _____ School Name _____

Relationship _____

Student Name _____ School Name _____

Relationship _____

HCPSS Policy 9000 (Enrollment, Residency, Student Reassignment and Admission to Pre-K and Kindergarten) states that you must provide:

1. A deed or deed of trust that has all required signatures or an original lease with all required signatures, and
2. Current cable bill, current bill for non-cellular telephone, or current gas and electric bill.

This documentation must be provided by the parent/guardian to **each** school that siblings/HCPSS students attend.