

**HOME EDUCATION DEPARTMENT
CHANGE OF ADDRESS**



NAME OF STUDENT: _____

DATE OF BIRTH: _____

OLD HOME ADDRESS: _____

CITY/ZIP CODE: _____

NEW HOME ADDRESS: _____

CITY/ZIP CODE: _____

MAILING ADDRESS _____

(only if different than street address)

CITY/ZIP CODE: _____

PARENT'S NAME PRINTED _____

PARENT'S SIGNATURE: _____

(BLUE INK)

EFFECTIVE DATE OF CHANGE: _____

We do not accept faxed or email copies of any form.

Please allow 36 – 48 hours for processing. THANK YOU!

Return completed form to the following: Home Education
2700 Judge Fran Jamieson Way
Viera, FL 32940-6699