



CHANGE OF ADDRESS FORM

Per District guidelines, please attach a copy of electric bill, rental agreement or phone bill that shows new address. This is required to officially change your address and receive a new bus pass if needed.

Please address questions to: Denise Garcia, Registrar
Email: dagarcia@pasco.k12.fl.us
Phone: 813-346-1018
Fax: 813-346-1091

Date: _____
Student Name: _____
Date of Birth: _____
Place of Birth: _____
Parent or Legal Guardian signature: _____

CHANGE OF ADDRESS

Number and Street Name: _____
City: _____ State: _____ Zip code: _____
New Phone Number: _____
New Cell Phone Number: _____

CONTACT INFORMATION CHANGES

Name of Contact: _____ Add _____ Delete _____
Phone Number: _____
Relationship to student: _____
Name of Contact:: _____ Add _____ Delete _____
Phone Number: _____
Relationship to student: _____

Office or Administrative use only

Received by: _____
Date: _____
Data Entry initials: _____ Date entered: _____