

**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:** \_\_\_\_\_

**RCTGPVdUP CO G'PRINTED** \_\_\_\_\_

**RCTGPVdUUN PCVWTG<h**aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa

**(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