

**HALF HOLLOW HILLS SCHOOL DISTRICT
CHANGE OF ADDRESS FORM FOR MOVES WITHIN DISTRICT**



Today's Date: _____ Effective Date of Change: _____

Old Address:	New Address:
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PROOF OF NEW IN-DISTRICT ADDRESS MUST BE PROVIDED WITH THIS FORM.

Student #1:	Last Name	First Name
Student ID#	DOB	Grade

Student #2:	Last Name	First Name
Student ID#	DOB	Grade

Student #3:	Last Name	First Name
Student ID#	DOB	Grade

Student #4:	Last Name	First Name
Student ID#	DOB	Grade

Name of Person requesting change: _____

Relationship to Student(s): _____

Cell #: _____ Home #: _____ Work #: _____

Signature: _____ Special Circumstances? _____

DISTRICT USE ONLY	Notes:
MIS <input type="checkbox"/>	Transportation <input type="checkbox"/>
School <input type="checkbox"/>	School <input type="checkbox"/>
	Administration <input type="checkbox"/>
	School <input type="checkbox"/>

REV. 10/2022

Completed form, along with proof of new in-District address must be emailed to: cpomara@hhh.k12.ny.us
Please contact the Student Registration Department at 631-592-3000 with any questions about this form.