



**Greater Ohio
Virtual School**

Change of Address Form

Today's Date: _____

Effective Date: _____

Student Name: _____ Grade: _____ ID #: _____

Student Name: _____ Grade: _____ ID #: _____

Previous Address:

New Address:

****NEW PROOF OF RESIDENCY MUST ACCOMPANY THIS FORM****

Parent Signature: _____

PLEASE SCAN THIS FORM AND NEW PROOF OF RESIDENCY TO SHELLEY.MARTIN@MYGOVS.COM

OFFICE USE ONLY

POR Received ☐

DASL Updated ☐

FF Updated ☐

Uploaded ☐

Staff Signature: _____ Date: _____