

# HALF HOLLOW HILLS CENTRAL 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

Transportation

Administration

School

School

School

REV. 02/2026

Completed form, along with proof of new in-District address must be emailed to: [cpomara@hhh.k12.ny.us](mailto:cpomara@hhh.k12.ny.us).

Please contact the Student Registration Department at 631-592-3000 with any questions about this form.