

GULF COAST HIGH SCHOOL

STUDENT CHANGE OF ADDRESS

Please return to the Guidance Office with a copy of your most current FPL bill (bottom portion) and a copy of your lease/rental agreement /OR a copy of your settlement (closing) papers/or other documents with your current address

Student Number:	Grade Level: <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th (check one)
Legal Last Name/First Name/Middle Name:	Student's Social Security Number:
Resident Street Address:	Apt. No. Mailing Address (if different):
City/State/Zip Code:	City/State/Zip Code:
Home Phone Number:	
Mother's Name/Work Phone Number:	
Father's Name/Work Phone Number:	
Other Contact: Name/Relationship/Home Phone Number/Work Phone Number:	
Lives With: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> Other _____ (relationship)	

Parent/Guardian Signature Required

Effective Date