



Family Change of Address Form

Return to crissy.deleon@legacysss.org

Name(s) of Parent(s)/Guardian(s) Moving
(Address on record will remain for a parent/guardian not moving)

Effective Date

Student's Name: _____

Grade: _____

Student's Name: _____

Grade: _____

Student's Name: _____

Grade: _____

Student's Name: _____

Grade: _____

Student's Name: _____

Grade: _____

Former Address

_____, TX

Zip

New Address

New Phone Number

_____, TX

Zip

Please submit current (within 30 days) proof of residency* to Legacy the School of Sport Sciences.

*Utility Bill (gas, water, electric), Lease/Purchase Agreement