



**Greenville Public School District**  
**412 South Main Street**  
**Greenville, MS 38701**  
**Dr. Debra Dace, Superintendent**

**Greenville Public School District Waiver of Address Form**  
*All fields on the form must be completed.*

I affirm that my physical address for the **2020-2021** school year was

Physical Address

City

State

Zip

I affirm that my physical address for the **2021-2022 school year** is the same.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Parent Email Address: \_\_\_\_\_

**Name and Grade of students in the household**

**Student Name**

**Grade**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*Please complete this form and return to your school site.*