



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 **2019-2020** school year was

_____ Physical Address

_____ City/State/Zip

I affirm that my physical address for the **2020-2021 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 the form and turn in to your school site. Parent/Guardian will be emailed an activation code to complete online registration in Active Parent,