



LEON COUNTY SCHOOLS
ADDRESS VERIFICATION

1. Name of person requesting information: _____ Date _____
2. Name of Student: _____
3. Parents' Name: _____

Father	Home Phone	Work Phone
_____	_____	_____
Mother	Home Phone	Work Phone
_____	_____	_____
4. _____

School	Grade	Address on School's Records
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5. Address to be verified: _____
6. Suspected Address: _____
7. Information to support suspicion student is out of zone: _____

TO BE FILLED IN BY OFFICE STAFF

8. Correct address is: _____
 9. Is this address assigned to the school in which this student is attending?

 10. If no, to what school is this address assigned?

 11. Method of verifying this address:

- A. Visitation. If more than once, give the number of times. _____
- B. Documentation. Give the name of the document provided. _____
- Completed: Date _____ Time _____
- Signature: _____

Professional, Intervention, and Community Services
Dr. Michelle Gayle
Deputy Superintendent

05/2024