



# PEARLAND INDEPENDENT SCHOOL DISTRICT CHANGE OF ADDRESS FORM

Please fill out completely and attach a copy of the following:

- Parent/Guardian Government issued Photo ID
- Deed/Current Lease
- Current Utility Bill - Electric, Gas, or Water

Date of Move: \_\_\_\_\_

Students residing at new address:

Name	Student ID	Grade	Old Campus	New Campus

Parents/Guardians residing at new address:

Name	Phone	Email

*Note: Parent/Guardian must be listed in Skyward as Family 1 or 2 for address to be changed*

Old Address: \_\_\_\_\_

City

State

Zip

New Address: \_\_\_\_\_

City

State

Zip

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date