



ALBERTVILLE CITY SCHOOL SYSTEM

Change of Address/Residence

Student Name _____ School _____
Grade _____ Teacher/Homeroom _____

New Address/Residence

- ☐ Car ☐ Day Care Van ☐ Extended Day
☐ AM Only ☐ PM Only ☐ AM & PM

Home Address _____ Bus # _____

Effective Date: _____ Today Only: _____ Until Further Notice: _____

Contact Name: _____ Phone # _____

Reason for Change _____
(example: loss of housing, moving, divorce, custody change, etc.)

Previous Address & Transportation

- ☐ Car ☐ Bus # _____ ☐ Day Care Van ☐ Extended Day

Address _____ Bus # _____

Are there other siblings in other schools? ☐ Yes ☐ No

If yes, list siblings or other family members at the address.

(If there are no other siblings or family members at the previous address, it will be deleted from the address tab in iNow.)

1. _____ School _____
2. _____ School _____
3. _____ School _____
4. _____ School _____
5. _____ School _____

Parent/Guardian Name (please print)

Signature

☐ Scanned & emailed or faxed to Enrollment office by _____
(send to: zoraimapadilla@albertk12.org and mathamiqueljuan@albertk12.org or fax 256-891-7844)

Verified and approved by: _____ Date: _____

☐ Scanned & emailed to Bus Shop by: _____
(send to: frankiemartin@albertk12.org, fmay@albertk12.org, and tcookston@albertk12.org o fax 256-891-6387) Revised July 2026