Fort Bend Independent School District
Change of Address
(for Kindergarten -12th CHANGE OF ADDRESS)

PLEASE PRINT information; complete all sections; sign; and date. This application applies to currently enrolled K-12 FBISD students who have moved to a new residence within FBISD after the start of the school year.

STUDENT'S Full Name: Last	First	MI		**STUDENT ID#**
PARENT'S Full Name: Last	First			M I
NEW RESIDENCE STREET ADDRESS		**APT #**	**STUDENT'S BIRTH DATE**	**GRADE LEVEL**
NEW CITY AND ZIP CODE:	**HOME PHONE:**	**WORK/CELL PHONE**	**E-MAIL ADDRESS**	
DATE OF NEW CHANGE OF ADDRESS:	**APPROVED SERVICES STUDENT RECEIVES** (i.e., ESL, 504, G/T, special education)			**NEW ZONED SCHOOL:** (Based on new address)
STUDENT'S CURRENT CAMPUS: (Based on previous address)	**PREVIOUS FBISD RESIDENCE ADDRESS** (street address, city & zip code):			

Change of Address form must be accompanied by the following documents:

Deed of Trust or Lease Agreement

_____ Deed of Trust – Complete document

_____ Lease Agreement – Complete document. Students must be listed as occupants on the lease agreement.

One current utility bill – within the last 30 days

_____ Gas Bill

_____ Water Bill

_____ Electric Bill

Updated and Current Driver's License

_____ Driver's License

_____ 30 Days to Update Address

Acknowledgement Statement and Parent/Legal Guardian Signature	
I confirm by my signature below that I have read and acknowledge the information provided to the school is true and accurate. I also understand that if I have not done so, I will need to provide the school with my updated Driver's License within 30 days of this Change of Address form.	
Signature of Parent/Legal Guardian:	**Date:**

SPACE BELOW FOR DISTRICT USE ONLY

CAMPUS VERIFIED Address ☐ Attendance ☐ Discipline ☐ Special Services ☐ _____	☐ **APPROVAL** ☐ **DENIAL** ☐ **1st Semester** ☐ **2nd Semester**	**PRINCIPAL'S SIGNATURE**	**DATE:**
DATE/INITIAL _____	**COMMENT(S)**		

Revised February2021