

*Fort Bend Independent School District*  
**2022-23 – Change of Address**  
**(for Kindergarten -12<sup>th</sup> 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 2020-21 school year.

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

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**

<b>CAMPUS VERIFIED</b>	<input type="checkbox"/> <b>APPROVAL</b>	<b>PRINCIPAL'S SIGNATURE</b>	<b>DATE:</b>
Address <input type="checkbox"/>	<input type="checkbox"/> <b>DENIAL</b>		
Attendance <input type="checkbox"/>	<input type="checkbox"/> <b>1<sup>st</sup> Semester</b>		
Discipline <input type="checkbox"/>	<input type="checkbox"/> <b>2<sup>nd</sup> Semester</b>		
Special Services <input type="checkbox"/> _____			
<b>DATE/INITIAL</b> _____	<b>COMMENT(S)</b>		