

PERMIT CODE: CAT

Fort Bend Independent School District  
CHANGE OF ADDRESS TRANSFER REQUEST  
(Campus Principal Approval Required)

STUDENT'S Full Name: Last			First	MI	STUDENT ID#
PARENT'S Full Name: Last			First	MI	
NEW RESIDENCE STREET ADDRESS			APT #	STUDENT'S BIRTH DATE	CURRENT 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 CAMPUS: (Based on new address)
STUDENT'S CURRENT CAMPUS: (Based on previous address)	PREVIOUS FBISD RESIDENCE ADDRESS (street address, city & zip code):				

*Change of Address - Parent Acknowledgement*

I have provided to the campus the required supporting documentation (e.g., new signed lease/mortgage agreement and utility bill) regarding my change of address with the acknowledgement of the statements listed below. In signing this application, I agree that all the information I am providing to FBISD is true and accurate and that I understand all the conditions set forth within FBISD Student Transfer Guidelines.

- Change of Address transfers are available for students who move, within FBISD attendance boundaries, after the start of school. This type of transfer is completed with the campus registrar and may allow the student to remain at the current campus until the end of the current semester.
- Requesting a change of address transfer does not guarantee an approval. Requests are reviewed the by campus principal and may be denied for poor attendance and discipline.
- If approved, a change of address transfer may be revoked for poor attendance and/or discipline.
- Falsification of any information provided on this application or on my child's school registration documents will be grounds for denying and/or revoking this application.
- If approved, parents are responsible for transportation to and from school.
- A student's participation in UIL activities shall be in accordance with all applicable UIL regulations and Board policies. Varsity athletic participation shall be based on UIL residency requirements during grades 8-12. Please consult with the Fort Bend ISD Athletics to determine eligibility. For more information, you may visit the [Fort Bend ISD Athletics webpage](#)

*Acknowledgement Statement and Parent/Legal Guardian Signature*

I confirm by my signature below that I have read and acknowledge the information related to the FBISD transfer application process, as well as the statements listed above under *Change of Address-Parent Acknowledgement*. In signing this form, I also agree to all the conditions set forth within the FBISD Student Transfer Guidelines.

Signature of Parent/Legal Guardian	Date:
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CAMPUS VERIFIED Address <input type="checkbox"/> Attendance <input type="checkbox"/> Discipline _____ Special Services _____ DATE/INITIAL _____	1 <sup>st</sup> Semester <input type="checkbox"/> DENIAL <input type="checkbox"/> APPROVAL  2 <sup>nd</sup> Semester <input type="checkbox"/> DENIAL <input type="checkbox"/> APPROVAL	PRINCIPAL'S SIGNATURE     DATE:
Revised January 2025		