

CHARTIERS-HOUSTON SCHOOL DISTRICT

STUDENT CHANGE OF ADDRESS

Please print all information legibly

DATE OF CHANGE: _____

STUDENT'S NAME: _____ GRADE: _____

PARENT(S) NAME(S): _____

OLD ADDRESS: _____

OLD BUS NUMBER: _____

NEW ADDRESS: _____

NEW BUS NUMBER: _____

PRIMARY PHONE: _____

CELL PHONE: _____

SUBMIT THIS FORM, ALONG WITH PROOF OF NEW ADDRESS TO THE ADMINISTRATION OFFICE

ACCEPTABLE PROOF WOULD BE DRIVER'S LICENSE (PICTURE ID) AND ONE OF THE FOLLOWING:

- DEED
- LEASE OR RENTAL AGREEMENT
- MAJOR UTILITY BILL (GAS, ELECTRIC OR WATER) (CABLE, CELL OR CREDIT CARD BILLS NOT ACCEPTED)

COPIES CAN BE MADE IN OUR OFFICE AND THE ORIGINAL RETURNED TO YOU.

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_____ BUILDING SECRETARY (ALERT NOW)
_____ OUTREACH COUNSELOR
_____ NURSE (CARD)