



ALVIN ISD CHANGE OF INFORMATION

SCHOOL USE ONLY	
ID Number _____	_____
Campus _____	Grade _____
Pickup Bus _____	Delivery Bus _____
Changes Made in Skyward by _____	
Date _____	

STUDENT INFORMATION

FULL LEGAL NAME

As it appears on birth certificate

_____ Last _____ First _____ Middle _____ Generation (Jr., II, etc.) _____

BIRTHDATE _____ / _____ / _____
Month Day Year

GRADE _____

Parent or Guardian Requesting Change Change Requested

Check one: Father Mother Guardian
 Other Relationship _____

Check one: Address
 Phone Number
 Emergency Contact
 Bus Information

Legal Name First Middle Last

CHANGE OF ADDRESS/PHONE NUMBER – proof of residency required for change of address

Old Home Address

New Home Address

House Number and Street Apt. # City Zip Code

House Number and Street Apt. # City Zip Code

Old Phone Number _____

New Phone Number _____

CHANGE OF BUS INFORMATION

Will student ride bus to school? Yes No If no, check one: Bike Car Care Provider Walk
(If student is dropped off at address different from home)

Before school care provider (MUST be an Emergency Contact) Address _____ City _____ TX, Zip _____

Will student ride bus home from school? Yes No If no, check one: Bike Car Care Provider Walk
(If student is dropped off at address different from home)

After school care provider (MUST be an Emergency Contact) Address _____ City _____ TX, Zip _____

Bus addresses must be within the same attendance zone for PK-8 grade campuses and within the district for all other campuses

CHANGE OF EMERGENCY CONTACT (Legal Parent/Guardian CANNOT be removed without a court document.)

Add Remove NAME: _____ Home Phone: () _____
Relationship: _____ Pickup: Yes No Cell/Pager: () _____
Address: _____ Work Phone: () _____

Add Remove NAME: _____ Home Phone: () _____
Relationship: _____ Pickup: Yes No Cell/Pager: () _____
Address: _____ Work Phone: () _____

Add Remove NAME: _____ Home Phone: () _____
Relationship: _____ Pickup: Yes No Cell/Pager: () _____
Address: _____ Work Phone: () _____

Add Remove NAME: _____ Home Phone: () _____
Relationship: _____ Pickup: Yes No Cell/Pager: () _____
Address: _____ Work Phone: () _____

CHANGE FORM APPROVAL

→ PARENT/GUARDIAN SIGNATURE _____ DATE _____