

Michael E. DeBakey High School for Health Professions

CHANGE OF ADDRESS FORM

DATE _____

Student Name _____ Grade _____

HISD # _____ Date of Birth _____

Previous Address _____ City _____ Zip Code _____

Old Phone Number _____

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**COPY OF PROOF OF RESIDENCY *MUST* BE ATTACHED TO THIS FORM
(ELECTRICITY, GAS OR WATER BILL)**

PARENT/GUARDIAN NAME _____

New Address _____ City _____ Zip Code _____

New Phone Number _____

WILL YOU NEED TRANSPORTATION? _____

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SCHOOL STAFF ONLY

PROCESSED BY: _____ **DATE** ____/____/____