



DICKINSON I.S.D.

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

Check one: ☐ Father ☐ Mother ☐ Guardian
☐ Other Relationship _____

Legal Name First Middle Last

Change Requested

Check one: ☐ Address
☐ Phone Number
☐ Emergency Contact
☐ Bus Information

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: _____
Relationship: _____ Pickup: ☐ Yes ☐ No
Address: _____

Home Phone: ()
Cell/Pager: ()
Work Phone: ()

☐ Add ☐ Remove NAME: _____
Relationship: _____ Pickup: ☐ Yes ☐ No
Address: _____

Home Phone: ()
Cell/Pager: ()
Work Phone: ()

☐ Add ☐ Remove NAME: _____
Relationship: _____ Pickup: ☐ Yes ☐ No
Address: _____

Home Phone: ()
Cell/Pager: ()
Work Phone: ()

☐ Add ☐ Remove NAME: _____
Relationship: _____ Pickup: ☐ Yes ☐ No
Address: _____

Home Phone: ()
Cell/Pager: ()
Work Phone: ()

CHANGE FORM APPROVAL

→ PARENT/GUARDIAN SIGNATURE _____ DATE _____