



Dual Credit Residency Change Office of Student Records

PLEASE SUBMIT THIS FORM, COPY OF YOUR CURRENT HIGH SCHOOL ID TO THE ADMISSIONS OFFICE FOR YOUR ISD

(Please complete with black or blue ink)

Houston & Katy ISD, Private/Charter Schools HCC- Katy Campus 1550 Foxlake Dr., Room 150 Katy, TX 77084 Ph.: (713) 718-5808 Fax: (713) 718-5446	Spring Branch ISD HCC- Spring Branch 1010 W. Sam Houston Pkwy N. Houston, TX 77043 Ph.: (713) 718-5710 Fax: (713) 718-5630	Alief ISD HCC- Alief 2811 Hayes Rd. Houston, Texas 77082 Ph.: (713) 718-6918 Fax: (713) 718-8804
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Student's Name: _____ HCC ID: _____

Home Address: _____

 _____ (School Seal/Stamp)

School District: _____ High School: _____

High School Representative signature **REQUIRED:** _____

Home Phone: _____ E-Mail: _____

Cellular Phone: _____

Course Names & Numbers: _____

Course Names & Numbers: _____

Parent Printed Name: _____

Parent Signature: _____ Date: _____

Student Printed Name: _____

Student Signature: _____ Date: _____

This Section is to be completed by HCC Enrollment Services Staff:

DATE ENTERED	EFFECTIVE TERMS	INITIALS