



Mankato Area Public Schools ISD77
Central Registration Office
 10 Civic Center Plaza,
 Post Office Box 8741
 Mankato, MN 56002-8741

Change of Information

List all members of household moving.		Grade	Special Education Y/N	Busing Y/N	Current School	New Area School
Last name	First name					
		(PARENT/GUARDIAN)				
		(PARENT/GUARDIAN)				

New address: _____ **Date of move:** _____

Old Address: _____

Email address: _____

Home/cell Phone : _____

Verification of New Address: Please Check 1 of these documents you will be attaching with this form
Please Provide 1 of the 3 listed documents PURCHASE AGREEMENT LEASE AGREEMENT UTILIY BILL

Who reported the change? _____

Did the entire family move to the new address?
 If not, who lives with whom? _____

Emergency Contact Information
Only Add If New Contact

Any students in daycare? _____ If yes, will it affect transportation? _____

Has there been a recent change in family status? (i.e. remarriage, divorce, etc.) _____

Comments: _____

Name of Parent/Guardian If living with other than father or mother, please provide papers to show legal guardianship

Signature of Parent/Guardian : _____ **date:** _____

School change/School contact: _____ Registration/Records: _____ Transportation: _____