

EDINA PUBLIC SCHOOLS NEW RESIDENT/CHANGE OF ADDRESS FORM



I am a new Edina Public School district resident
 I have moved within the District and would like to update my address *

| | | | | | |
|----------------------|-------|--------|-----|---------------|--------------|
| PARENT/GUARDIAN LAST | FIRST | MIDDLE | DOB | EMAIL ADDRESS | PHONE NUMBER |
| | | | | | |
| PARENT/GUARDIAN LAST | FIRST | MIDDLE | DOB | EMAIL ADDRESS | PHONE NUMBER |
| | | | | | |

| | | | | | |
|-------------|-------|------|-------|-----|--------------|
| OLD ADDRESS | APT # | CITY | STATE | ZIP | |
| | | | | | |
| NEW ADDRESS | APT # | CITY | STATE | ZIP | MOVE IN DATE |
| | | | | | |

Please attach a copy of your lease/purchase agreement. An official address change can only be made with this documentation!

If new to the District, please list all children, Birth-Grade 12

| LAST NAME | FIRST NAME | MIDDLE NAME | CURRENT GRADE | GENDER | DATE OF BIRTH |
|-----------|------------|-------------|---------------|---|---------------|
| | | | | <input type="checkbox"/> M <input type="checkbox"/> F | ___/___/___ |
| | | | | <input type="checkbox"/> M <input type="checkbox"/> F | ___/___/___ |
| | | | | <input type="checkbox"/> M <input type="checkbox"/> F | ___/___/___ |
| | | | | <input type="checkbox"/> M <input type="checkbox"/> F | ___/___/___ |
| | | | | <input type="checkbox"/> M <input type="checkbox"/> F | ___/___/___ |

*(*Note: If you are moving into a different school boundary then where your child(ren) currently attend - please contact us!)*

PLEASE RETURN TO: EDINA PUBLIC SCHOOLS (STUDENT ENROLLMENT CENTER) ROOM 171

5701 NORMANDALE ROAD - EDINA, MN 55424

enrollment@edinaschools.org
 PHONE: (952) 848-4585
 FAX: (952) 848-3937