



CHANGE OF ADDRESS FORM

Submit form to: ONE91 Enrollment Center, 200 West Burnsville Pkwy, Burnsville, MN 55337
Email to: enrollmentcenter@isd191.org
Fax to: 952-707-4181

Legal Parent/Guardian Requesting the change: _____

Phone Number: _____ Email: _____

Previous Address: _____

Street Address _____ Apt./Lot# _____

City _____ State _____ Zip Code _____

Date of Move: _____

New Address: _____

Street Address _____ Apt./Lot# _____

City _____ State _____ Zip Code _____

WHO HAS MOVED – Please list all individuals in the household that have moved to this new address.

Legal Parent/Guardian Name (Last, First, Middle:) _____

Legal Parent/Guardian Name (Last, First, Middle:) _____

Student Name: _____
(Last, First, Middle:) _____ Date of Birth _____

Student Name: _____
(Last, First, Middle:) _____ Date of Birth _____

Student Name: _____
(Last, First, Middle:) _____ Date of Birth _____

Student Name: _____
(Last, First, Middle:) _____ Date of Birth _____

Student Name: _____
(Last, First, Middle:) _____ Date of Birth _____

Legal Parent/Guardian Signature _____ Date _____