Osseo Area Schools

CHANGE OF ADDRESS

1. PARENT 1

LEGAL NAME	Last:	First:	Email:	Phone Number

2. PARENT 2

LEGAL NAME	Last:	First:	Email:	Phone Number

3. PREVIOUS ADDRESS

Street Name and House Number (Apt./Unit#):	City:	State:	Zip Code:

4. NEW ADDRESS

Street Name and House Number (Apt./Unit#):	City:	State:	Zip Code:

5. DATE OF MOVE

6. RESIDENCY INFORMATION (McKINNEY-VENTO)

Are you temporarily staying with another person or family due to loss of housing, economic hardship or similar reason? ◯ Yes ◯ No
Are you living in a hotel, motel, or camping grounds due to lack of alternative, adequate housing? ◯ Yes ◯ No
Are you living in emergency or transitional shelters, cars, parks, public spaces or similar places? ◯ Yes ◯ No

7. CHILDREN MOVING TO NEW ADDRESS

LAST NAME	FIRST NAME	MIDDLE NAME	BIRTH DATE *(mm/dd/yyyy)*	SPECIAL ED	Stay at Current School
				❑ Yes ❑ No	❑ Yes ❑ No
				❑ Yes ❑ No	❑ Yes ❑ No
				❑ Yes ❑ No	❑ Yes ❑ No
				❑ Yes ❑ No	❑ Yes ❑ No
				❑ Yes ❑ No	❑ Yes ❑ No

8. PARENT/LEGAL GUARDIAN SIGNATURE

By submitting this form, I certify that I am the parent or legal guardian of the student(s) named, that I have the legal authority to act on their behalf in accordance with Minnesota law, and that all information provided in this submission is true, accurate, and complete to the best of my knowledge.

PRINTED NAME_____ SIGNATURE _____

DATE _____

Office Use Only	
Student ID#	
Action Code:	
Resident School:	
Completed By:	
SAC:	
Other:	

Submit completed form and one proof of residency to:

Email: EnrollmentCenter@district279.org
Fax: 763-585-7368
Mail to: Enrollment Center
7051 Brooklyn Blvd.
Brooklyn Center, MN 55429

Proof of residency

Current lease	Mortgage Statement
Current Utility Bill	Valid Driver's License
Purchase Agreement	Property Tax Statement
Renter Insurance	USPS change of address letter