

CHANGE OF ADDRESS



1. PARENT 1

LEGAL NAME	Last:	First:	Email:	Phone Number
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2. PARENT 2

LEGAL NAME	Last:	First:	Email:	Phone Number
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3. PREVIOUS ADDRESS

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

Street Name and House Number (Apt./Unit#):	City:	State:	Zip Code:
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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	GRADE	BIRTH DATE (mm/dd/yyyy)	SPECIAL ED	Stay at Current School	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:	
Attending School:	
Completed By:	
SAC:	
Other:	

Submit completed form and one proof of residency to:

Email: EnrollmentCenter@district279.org

Fax: 763-585-7368

Mail to: 7051 Brooklyn Blvd.
Brooklyn Center, MN 55429

Proof of residency

Current lease

Current Utility Bill

Purchase Agreement

Renter Insurance

Mortgage Statement

Valid Driver's License

Property Tax Statement

USPS change of address letter

Osseo Area Schools Enrollment Center
7051 Brooklyn Boulevard
Brooklyn Center, MN 55429

Phone: (763) 585-7350
Fax: (763) 585-7368
Email: enrollmentcenter@district279.org

10/2026