

Engage | Learn | Improve

Address Change Form

(Completed by Parent/Guardian)

Please indicate which parent this change applies to:	☐ Mother ☐ Father ☐ Parent 3	3 🗆 Parent 4
Date of Move:		
Student Name:	School:	Grade:
Sibling:	School:	Grade:
Sibling:	School:	Grade:
Old Address:		
Street New Address:	City	Zip
Street	City	Zip
1. Transportation Old Address: Yes or No (circle one) Transportation New Address: Yes or No (circle one)		
 Check one: Homeowner Leaseholder Moving out of the School District of Menomonee Falls OR your child is currently in a Non-resident Program Other – Please Explain: Based on the box you checked above, please provide the following documentation:		
 Signed current closing papers in your name with the new Menomonee Falls address listed b. Leaseholder: Current means documents are dated within the last 90 days office staff initials: 		
Signed current Menomonee Falls lease with p c. Moving out of the School District of Menom Program: Complete a Tuition Waiver Form, provide Program: Enrollment on the DPI website during Feb-Apon OR Non-resident program: (Open Enrollment/Chooffice staff initials:	parent/guardian name(s) on the a conee Falls <u>OR</u> your child is curren pof of Residency for Resident Distr pril. office staff initials:	greement ntly in a Non-Resident rict and apply for Open
Parent/Guardian Name:	Phone Number:	
Parent/Guardian Signature:	Date:	

Address Changes and transportation cannot be processed until we have received all required documents.

Busing could take up to 3 days to be updated.

School District of Menomonee Falls | W156 N8480 Pilgrim Rd | Menomonee Falls, WI 53051 P 262-255-8440 | F 262-255-8461 | www.FallsSchools.org