



# School District of Menomonee Falls

MENOMONEE FALLS, WISCONSIN 53051

**Address Change**  
Complete form: AC-1

Administrative Offices  
W156 N8480 Pilgrim Road  
(262) 255-8440 FAX (262) 255-8461

## Address Change Form

Parent/Guardian to complete

Date of Move: \_\_\_\_\_

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Old Address: \_\_\_\_\_  
Street City Zip

New Address: \_\_\_\_\_  
Street City Zip

### Completed by the Primary Contact with whom the student resides Only:

1. Transportation Old Address: Yes or No (circle one)      Transportation New Address: Yes or No (circle one)

2. Check one:

- Home Owner
- Lease Holder
- Moving out of the School District of Menomonee Falls or in a Non-Resident program
- Other - Please explain: \_\_\_\_\_

3. Based on the box you checked above, please provide the following documentation:

a. Home Owner: **(Current means documents are dated within the last 30 Days)**

- Signed current closing papers in your name with the new MF's address listed

b. Lease Holder: **(Current means documents are dated within the last 30 Days)**

- Completed Lease Holder Verification Information Form (**LV-1**) (This form can be located on the District's website under District Info/District Enrollment Info/Enrollment Process or from the office)
- Signed current MF's lease with parent/guardian and student name(s) on the agreement
- Submit a canceled check showing payment of rent for the current period

c. Moving out of the School District of Menomonee Falls or in a Non-Resident Program:

- complete withdrawal paperwork
- complete Tuition Waiver : *if you qualify, residency documents are required as they apply*
- non-resident program students (Open Enrollment or Chapter 220): *residency documents are required as they apply*

**ALL DOCUMENTS ARE SUBMITTED TO YOUR SCHOOL OFFICE**

If you have any questions, please contact SDMF District Office at 262-255-8449 or your school's office

4. Parent/Guardian Name/s: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Please Print

5. Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Address changes and transportation cannot be processed until the school/district has received the required documentation, as described above. Transportation changes take 3 days to process.**