



STUDENT CENSUS FORM 2024 – 2025

Head of Household: _____
LAST NAME FIRST NAME

STREET ADDRESS CITY / STATE / ZIP

HOME PHONE NUMBER CELL PHONE NUMBER EMAIL ADDRESS

Are there any children in the home who were born **ON** or **AFTER** September 1, 2019?
 Yes No

If you answered **YES** to the question above, please **only** list children living in the home born **ON** or **AFTER** September 1, 2019:

<u>CHILD'S LAST NAME</u>	<u>FIRST NAME</u>	<u>BIRTHDATE</u>	<u>SEX</u>
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F