

Johnson Creek School District Census

Only complete this form if:

1.) you have **never** filled one out

OR:

2.) you have a **new** family member between the ages of birth and 21

Name of Parent(s) or Guardian(s) (Legal Name with Middle Initial)	Address	Phone																			
Please circle your municipality																					
Johnson Creek	Farmington	Village of Watertown																			
Aztalan	Milford	Concord																			
Name of child: (First, Middle and Last Name) <i>Please list all family members between birth and 21 years old.</i>	Date of Birth <small>Mo Day Yr</small>	Present Grade	Disability *Please List	Race/Ethnicity (X) <i>(Mark all that apply)</i>	Sex (X)																
				<table style="width: 100%; text-align: center; font-size: small;"> <tr> <td style="width: 5%;">African American/ Black</td> <td style="width: 5%;">American Indian/Alaska Native</td> <td style="width: 5%;">Hispanic</td> <td style="width: 5%;">Asian</td> <td style="width: 5%;">Native Hawaiian/ Pacific Islander</td> <td style="width: 5%;">Caucasian/ White</td> <td style="width: 5%;">Male</td> <td style="width: 5%;">Female</td> </tr> </table>	African American/ Black	American Indian/Alaska Native	Hispanic	Asian	Native Hawaiian/ Pacific Islander	Caucasian/ White	Male	Female	<table style="width: 100%; text-align: center; font-size: small;"> <tr> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> </tr> </table>								
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*If your child has a disability, list the nature: hearing impaired, speech or language delayed, visually impaired, learning disabled, emotionally disturbed, cognitively disabled, orthopedically impaired, other health impaired, traumatic brain injured or autistic.

Today's Date: _____