

Census

Please list all other permanent members (adults & children) in student's household.

Full Legal Name (Last, First, Middle)	Birthdate	Gender	Relationship	Age / Grade	School
				/	
				/	
				/	
				/	
				/	
				/	
				/	
				/	

Student's SECONDARY Household (if applicable, or birth parents if foster)

Request school information to be sent to this household also? Y / N

Relationship to student:	Holds legal custody?	Legal guardian?	Name	Name
<input type="checkbox"/> Father	<input type="checkbox"/>	<input type="checkbox"/>	Address	
<input type="checkbox"/> Mother	<input type="checkbox"/>	<input type="checkbox"/>	City / State / Zip	County Resident School & District
<input type="checkbox"/> Stepfather	<input type="checkbox"/>	<input type="checkbox"/>	Home Phone Unlisted? <input type="checkbox"/>	E-mail
<input type="checkbox"/> Stepmother	<input type="checkbox"/>	<input type="checkbox"/>	Cell Phone	Cell Phone
<input type="checkbox"/> OTHER (Please list):	<input type="checkbox"/>	<input type="checkbox"/>	Place of Employment	Place of Employment
			Work Phone / Pager	Work Phone / Pager

Emergency Contacts

Emergency Contact outside of home	Relationship	Phone Number	Cell/Pager Number

We will try to reach a parent/legal guardian at home or work BEFORE calling the emergency contacts.

Daycare Contacts

Daycare Contact Name	Relationship	Phone Number	Cell/Pager Number
Address	City	State	Zip

Daycare Schedule (which days per week)

I certify the information provided here is true and complete to the best of my knowledge.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Date _____

Tennison Warning: You have been asked to supply private information concerning your child. Pursuant to M.S. 12.04, school districts are required to inform parent/guardians how this information will be used. All information collected will be private and confidential. This information will help us aid your child in case of an emergency or health concern. We may need to phone you or other designated people. You may refuse to supply the requested information. This may greatly hinder us in helping your child. Please note that in a crisis we might need to call 911 or law enforcement for help with your child. Information that you provide to our schools will only be available to staff who work directly with your child or to emergency response personnel. Data privacy laws protect confidentiality.

For District Use Only

- | | | | | |
|---|---|--|--|--|
| <input type="checkbox"/> Birth Verification | <input type="checkbox"/> Emergency Card | <input type="checkbox"/> Child Nutrition | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Records Requested |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Perm File Folder | <input type="checkbox"/> Indian Ed | <input type="checkbox"/> Social Worker | Phone: |
| <input type="checkbox"/> EC Screening | <input type="checkbox"/> School Office | <input type="checkbox"/> Transportation | <input type="checkbox"/> Principal | Fax: |
| <input type="checkbox"/> Special Ed | <input type="checkbox"/> MARSS | <input type="checkbox"/> Teacher | | |