

**SCHOOL DISTRICT OF MONDOVI
CENSUS DATA 2016-2017**

Dear Parent/Guardian:

The following information is needed to assist us in the completion of the school census, transportation mileage reports, as well as meeting our legal requirements in identifying children that have a need for special education services. (Examples: speech/language, learning, physical or emotional disabilities). **Please sign, date and complete the following information and return this form to the elementary, middle, or high school office on or before September 12, 2016.** Thank you in advance for your cooperation.

NAME: _____ NAME: _____
Circle one: Mother/Stepmother/Other **Circle one:** Father/Stepfather/Other

PLEASE SET UP YOUR PARENT PORTAL FOR INFINIATE CAMPUS AND ENTER YOUR EMAIL ADDRESS THERE OR EMAIL YOUR EMAIL ADDRESS TO: steigen@mondovi.k12.wi.us

IF EVERYTHING IS THE SAME AS LAST YEAR YOU NEED NOT FILL IN THE INFORMATION BELOW.

ADDRESS: _____ ADDRESS: _____
 CITY: _____ STATE: ____ ZIP: _____ CITY: _____ STATE: ____ ZIP: _____
 HOME PHONE: _____ WORK PHONE: _____ HOME PHONE: _____ WORK PHONE: _____
 PLACE OF EMPLOYMENT: _____ PLACE OF EMPLOYMENT _____
 ADDRESS: _____ ADDRESS: _____

Name of Child		Please indicate who the child resides with, i.e., mother, father, parents, aunt, uncle, etc. Include address if different from above	*Distance to School	Grade	Age	Date of Birth			Sex M/F
First	Last					Mo	Da	Yr	

Do you have any concerns about your child that would affect his/her school program?

NAME OF CHILD _____

CONCERN _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

NOTE: Please include any children newborn through 20 years of age living in your household. Please return this form by September 12, 2016 to the elementary, middle or high school offices. Thank you.