

**SCHOOL DISTRICT OF MONDOVI  
CENSUS DATA 2018-2019**

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 4, 2018.** Thank you in advance for your cooperation.

**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](mailto:steigen@mondovi.k12.wi.us)**

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

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_  
**Circle one:** Mother/Stepmother/Other **Circle one:** Father/Stepfather/Other

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 4, 2018 to the elementary, middle or high school offices. Thank you.**