

St. Francis Area Schools

4115 Ambassador Boulevard NW, St. Francis, MN 55070
763-753-7040 • www.isd15.org

Family Census Record

DIRECTIONS: Please print clearly and fill out the form completely, including your signature. Help us maintain accurate information by notifying us of change of address and additions/subtractions to your household. Questions? Call 763-753-7049. Return to your school or mail to: St. Francis Area Schools, Census, 4115 Ambassador Blvd. NW, St. Francis, MN 55070-9368

RESIDENT & DWELLING INFORMATION

Address _____

City _____ State _____ Zip _____ Date moved into current residence _____

HEAD OF HOUSEHOLD 1 (HH1) ADULT #1

First _____ Middle _____ Last _____ Gender _____

Birthdate _____ Cell Phone _____

Work Phone _____ Home Phone _____

Email _____

Mailing Address (if different from above) _____

Address _____

City _____ State _____ Zip _____

HEAD OF HOUSEHOLD 1 (HH2) ADULT #2

First _____ Middle _____ Last _____ Gender _____

Birthdate _____ Cell Phone _____

Work Phone _____ Home Phone _____

Email _____

Mailing Address (if different from above) _____

Address _____

City _____ State _____ Zip _____

Is Head of Household an owner or primary lease holder of this residence? Yes No

FAMILY INFORMATION

List all people living at the residence, including all children: babies, toddlers, preschoolers, school age and other adults.

PERSON 1 Relationship to HH1/HH2 _____

First _____ Middle _____ Last _____

Birthdate _____ Gender Male Female

Grade _____ School _____

PERSON 2 Relationship to HH1/HH2 _____

First _____ Middle _____ Last _____

Birthdate _____ Gender Male Female

Grade _____ School _____

PERSON 3 Relationship to HH1/HH2 _____

First _____ Middle _____ Last _____

Birthdate _____ Gender Male Female

Grade _____ School _____

PERSON 4 Relationship to HH1/HH2 _____

First _____ Middle _____ Last _____

Birthdate _____ Gender Male Female

Grade _____ School _____

PERSON 5 Relationship to HH1/HH2 _____

First _____ Middle _____ Last _____

Birthdate _____ Gender Male Female

Grade _____ School _____

PERSON 6 Relationship to HH1/HH2 _____

First _____ Middle _____ Last _____

Birthdate _____ Gender Male Female

Grade _____ School _____

Check here if a member of the household is expecting a baby. If the box is checked please complete the line below. You may be contacted by the Early Childhood Center: Household Member Name _____ Due Date _____

SIGNATURE _____ **DATE** _____

<i>For office use only:</i>			
Family ID	Dwelling ID	Dwelling Type	Resident
Elementary Area	Junior High Area	Senior High Area	Maintenance Date