

School District Census Form

OTTER TAIL COUNTY FAMILY
SERVICES COLLABORATIVE
UNIVERSAL HOME VISITING PROGRAM

Date Submitted: _____

SCHOOL DISTRICT CENSUS INFORMATION

Please Circle One:

New Family

New Child/Baby

Change of Address

Remove

Parent/Guardian Information:

Mother: _____ Father: _____
First Last First Last

Address: _____ City/State/Zip: _____

Telephone: _____ Township: _____ Resident School District: _____

Are there other school districts that the family would like to receive district information from? If so, please circle:

Battle Lake - Fergus Falls - Henning - New York Mills - Parkers Prairie - Pelican Rapids - Perham - Wadena/Deer Creek - Underwood

Child(ren) Information:

First Name	Last Name	Birth Date	Gender
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Please use reverse side to list additional family members, if necessary.

Consent for Release of Information

I, the parent of the above child(ren), understand that the information above will be submitted by my Caring Connections home visitor to my resident school district office, in order to help my school district maximize educational funding, and so that I may receive future notifications regarding educational offerings for my child(ren). I understand that this information will not be used for any other purpose except as stated above.

Date: _____

Signature of Parent/Guardian _____

