

Early Childhood Family Education Census Form GFW School District

Child Information

Name (Last, First and Middle Initial) _____

Birthdate ____/____/____

Sex: M or F

Parent Information

Parent/Guardian _____

Address _____

Phone Number _____ Cell Number _____

Email _____

How long have you lived in this school district? _____

Household Members

Please list names and birthdates of any other children in your family.

Name _____ birthdate ____/____/____

Name _____ birthdate ____/____/____

Name _____ birthday ____/____/____

Name _____ birthday ____/____/____

Name _____ birthday ____/____/____