

CLARK COUNTY SCHOOL DISTRICT FAMILY CENSUS FORM

Please complete ONE form per Family.

If you have children in more than one school, return this form to the school of the OLDEST student on the list below.

HOUSEHOLD ADDRESS All student information/mailings will be sent to this household

Residence Address

Number _____ Street _____ Bldg. _____ Apt# _____

City _____ State _____ Zip _____ Primary Phone _____

Mailing Address: (P.O. Box ONLY)

PO Box Number _____ City _____ State _____ Zip _____

PARENT/GUARDIAN INFORMATION Parent(s)/Guardian(s) living in primary household with student(s).

LEGAL Name of Parent/Guardian			LEGAL Name of Parent/Guardian		
Last	First	MI	Last	First	MI
Relationship to Student ()			Relationship to Student ()		
Cell Phone			Cell Phone		
Work Phone			Work Phone		
/ /XXXX			/ /XXXX		
E-Mail Address			E-Mail Address		
Parent/Guardian DOB (MM/DD)			Parent/Guardian DOB (MM/DD)		
Is this parent/guardian a CCSD employee? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is this parent/guardian a CCSD employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		

CHILDREN List ALL children living in the household for which you or your spouse are the parent/legal guardian starting with the OLDEST CCSD student. Include children not yet attending school.

Child's LEGAL name			Date of Birth	Gender	Grade	School Attending	Relationship to OLDEST Student	Last 4 digits of SSN	SCHOOL USE ONLY Person ID
Last	First	MI							
							OLDEST CCSD Student		
							<input type="checkbox"/> Sibling <input type="checkbox"/> Other		
							<input type="checkbox"/> Sibling <input type="checkbox"/> Other		
							<input type="checkbox"/> Sibling <input type="checkbox"/> Other		
							<input type="checkbox"/> Sibling <input type="checkbox"/> Other		
							<input type="checkbox"/> Sibling <input type="checkbox"/> Other		
							<input type="checkbox"/> Sibling <input type="checkbox"/> Other		

SECONDARY HOUSEHOLD

By completing this section, you are giving permission to send student information/mailings to the second parent/guardian.

LEGAL Name of Parent/Guardian

LEGAL Name of Parent/Guardian

Last First MI

Last First MI

/ /XXXX

/ /XXXX

Parent/Guardian DOB (MM/DD)

Parent/Guardian DOB (MM/DD)

Mailing Address

Mailing Address

Number Street Bldg. Apt#

Number Street Bldg. Apt#

City State Zip

City State Zip

Relationship to students Non-Custodial
 Joint CustodyRelationship to students Non-Custodial
 Joint Custody

() ()

() ()

Home Phone Work Phone

Home Phone Work Phone

() ()

() ()

Cell Phone E-Mail Address

Cell Phone E-Mail Address

Is this parent/guardian a CCSD employee? Yes NoIs this parent/guardian a CCSD employee? Yes No**LOCAL EMERGENCY CONTACT**

Provide the LEGAL name of a person(s) who may be contacted if the parent(s)/guardian(s) is unavailable and who is authorized to pick-up the student in an emergency.

Emergency Contact Person LEGAL Name

 M F ()

Last First MI Gender Phone Number Relationship to Student

Emergency Contact Person LEGAL Name

 M F ()

Last First MI Gender Phone Number Relationship to Student

Emergency Contact Person LEGAL Name

 M F ()

Last First MI Gender Phone Number Relationship to Student

Emergency Contact Person LEGAL Name

 M F ()

Last First MI Gender Phone Number Relationship to Student

PARENT/GUARDIAN SIGNATURE

DATE

SCHOOL USE ONLY

Name of School Personnel Receiving Form Title School Name WAN or Phone