



# HAYFIELD COMMUNITY SCHOOLS FAMILY CENSUS FORM



(Please Complete ONE per family)

**PRIMARY Household – (The primary residence of your students)**  
All student information and mailings will be sent to the primary household.

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Has your child been previously enrolled in Hayfield Community Schools:  Yes  No  
Have you, as a parent, had other children enrolled in Hayfield Community School:  Yes  No  
If yes, has your name changed since then: What was your previous name? \_\_\_\_\_  
Have you recently moved to this school district within the last 36 months for temporary or seasonal agricultural or fishing work:  Yes  No

Primary Language at Home:  English  Other \_\_\_\_\_ Language your child learned first:  English  Other \_\_\_\_\_  
Language your child usually speaks:  English  Other \_\_\_\_\_

Parent/Guardian Full Legal Name (Last, First, MI): \_\_\_\_\_ Parent/Guardian Full Legal Name (Last, First, MI): \_\_\_\_\_

Gender:  M  F Gender:  M  F

Relationship to Student: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Computer access at home:  Yes  No Internet Access at home:  Yes  No

E-Mail Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Please list ALL children living in the primary household**  
Fed Code Key (Select all that apply): (1) Hispanic (2) Am Indian (3) Asian (4) Black/African American (5) Native Hawaiian/Pacific Islander (6) White  
State Code Key (Select one only): (1) Am Indian (2) Asian (3) Hispanic (4) Black/African American (5) White

Full Legal Name of Students (Last, First, Middle)	Birthdate	Gender	Relationship	School Attending	Grade	Fed Code	State Code
		<input type="checkbox"/> M <input type="checkbox"/> F					
		<input type="checkbox"/> M <input type="checkbox"/> F					
		<input type="checkbox"/> M <input type="checkbox"/> F					
		<input type="checkbox"/> M <input type="checkbox"/> F					

**Second Parent / Guardian Mailing – (Parent/Guardian not living in the primary household with student)**  
In completing this section, you are giving permission to send student information and mailings to the second parent/guardian.

Have parental rights been revoked:  Yes  No  
If you answered "yes", the office MUST have a copy of the current legal documentation from the court system.

Full Legal Name: \_\_\_\_\_ Name of students pertaining to this second parent/guardian \_\_\_\_\_  
(Last, First, Middle)

Street Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I do NOT want to receive calls from School Messenger Computer access at home:  Yes  No  
 I want to receive calls from School Messenger Internet Access at home:  Yes  No

I certify the information provided on this census form is true, accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date