



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Have parental rights been revoked: Yes No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