

SCIO CENTRAL SCHOOL - STUDENT CENSUS FORM

DATE _____

Parent or Guardian Name: _____ Telephone Number: _____

Check One: Parent () Guardian ()

Residence Type: Check One: Single House () Apartment () Double House () Mobile Home () Multiple Dwelling ()

Address: _____

PO Box #: _____ City: _____, NY Zip Code: _____

**If this is a seasonal residence or there are no children living in this household ages 0-21,
STOP HERE - NO FURTHER INFORMATION IS NEEDED, but please return the form to the school district.**

CHILDREN: Please list **all children ages 0-21** living at this address and return form to Scio Central School.

Last Name	First Name	M.I.	Sex	Foster Child <small>(yes or no)</small>	Birthday M/D/Year	Grade <small>(2018-2019)</small>	Disability or 504 <small>(yes or no)</small>	Ethnic Group Code	Name of School attending if NOT Scio Central

Ethnic Group Codes: White (W), Black (B), Hispanic (H), American Indian (AI), Alaskan Native (AN), Asian (A), or Pacific Islander (PI)