



# HOUSEHOLD CENSUS INFORMATION

Please print or type

Enrollment for School Year: 20 \_\_\_\_\_ -- \_\_\_\_\_

## Primary Household

Adult #1 Name/Gender: \_\_\_\_\_  M /  F Work Phone: \_\_\_\_\_ Cell / Pager: \_\_\_\_\_

Adult #2 Name/Gender: \_\_\_\_\_  M /  F Work Phone: \_\_\_\_\_ Cell / Pager: \_\_\_\_\_

Subdivision: \_\_\_\_\_ *Office Use Only School Choice*  Yes Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: MO Zip: \_\_\_\_\_

Adult #1 Email Address: \_\_\_\_\_ Adult #2 Email Address: \_\_\_\_\_

## Student Relationship to Adults in Primary Household

| FULL NAME of students who are currently enrolled in school and living in household | Birth Date Mm/dd/yy | Adult #1 Relationship to Student |                          |                          |                          |                          | Adult #2 Relationship to Student |                          |                          |                          |                          |
|--|---------------------|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  |                     | Father                           | Mother                   | Step Father              | Step Mother              | Guardian                 | Father                           | Mother                   | Step Father              | Step Mother              | Guardian                 |
| _____  | _____               | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____  | _____               | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____  | _____               | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____  | _____               | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Secondary Household

Adult #3 Name/Gender: \_\_\_\_\_  M /  F Work Phone: \_\_\_\_\_ Cell / Pager: \_\_\_\_\_

Adult #4 Name/Gender: \_\_\_\_\_  M /  F Work Phone: \_\_\_\_\_ Cell / Pager: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: MO Zip: \_\_\_\_\_

Adult #3 Email Address: \_\_\_\_\_ Adult #4 Email Address: \_\_\_\_\_

## Student Relationship to Adults in Secondary Household

| FULL NAME of students who are currently enrolled in school and living in household | Birth Date Mm/dd/yy | Adult #3 Relationship to Student |                          |                          |                          |                          | Adult #4 Relationship to Student |                          |                          |                          |                          |
|--|---------------------|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  |                     | Father                           | Mother                   | Step Father              | Step Mother              | Guardian                 | Father                           | Mother                   | Step Father              | Step Mother              | Guardian                 |
| _____  | _____               | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____  | _____               | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____  | _____               | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____  | _____               | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**EMERGENCY CONTACTS – Other Than Parents**

In the event the parents cannot be reached, please provide contact information for up to 3 individuals to whom the student(s) may be released.

|               |   |       |
|---------------|---|-------|
| Name / Gender | <input type="checkbox"/> M / <input type="checkbox"/> F | Phone |
| Name / Gender | <input type="checkbox"/> M / <input type="checkbox"/> F | Phone |
| Name / Gender | <input type="checkbox"/> M / <input type="checkbox"/> F | Phone |

**ELIGIBILITY**

In order to comply with Missouri law regarding the eligibility of children to attend the public schools, the Rockwood School District is required to compile certain information. Under penalty of perjury and subject to the laws of the State of Missouri making it a crime under Section 575.050 and Section 575.056 to make a false affidavit or false declaration, the undersigned hereby submits this form, under oath, for the purpose of establishing residency and enrollment in the Rockwood School District

|  |      |
|--|------|
| Signature of Parent/Legal Guardian<br><i>(Student may sign if 18 yrs of age and not living with parents)</i> | Date |
|--|------|

|   |      |
|---|------|
| Signature of person with whom student is residing | Date |
|---|------|

**All Information Remains Confidential**

**FOR OFFICE USE ONLY**

**Proof of Residence**

|                          |                          |                          |                                   |                          |                          |                          |                          |                            |                          |
|--------------------------|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |
| Deed                     | Sales Contract           | Lease/Rent Contract      | Real Estate Tax Receipt (current) | Utility Bill (unpaid)    | School Choice            | Accepted Census Form     | Verified Residence       | Verified Birth Certificate | Verified Other Legal     |

|                             |           |      |
|-----------------------------|-----------|------|
| Registrar or Lead Secretary | DESE Code | Date |
|-----------------------------|-----------|------|

**IS Department – Processing Completed**

|      |      |
|------|------|
| Name | Date |
|------|------|