

CHANDLER UNIFIED SCHOOL DISTRICT 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: () |
|-------|--------|------|--------------------|

Primary Parent/Guardian Information – (Parent(s)/Guardian(s) living in primary household with students)

| | |
|--|--|
| Full Legal Name: <small>(Last, First, Middle)</small> | Full Legal Name: <small>(Last, First, Middle)</small> |
| Relationship to Student: | Relationship to Student: |
| Work Phone: () | Work Phone: () |
| Secondary Phone: () | Secondary Phone: () |
| Mailing Address: | Mailing Address: |
| E-Mail Address: | E-Mail Address: |

Please list ALL members of the primary household – (students attending CUSD)

| Full Legal Name <small>(Last, First, Middle)</small> | Birthdate <small>(mm/dd/yy)</small> | Gender <small>(Circle)</small> | Relationship <small>(Parent, Step-Parent, Foster Parent, Sister, Brother, Son, Daughter, etc.)</small> | School Attending | Grade | Ethnicity <small>*</small> | Race <small>*</small> |
|---|--|-----------------------------------|---|------------------|-------|-------------------------------|--------------------------|
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* Ethnicity: Is your student Hispanic or Latino? Yes or No
 * Race: What is the student's race? Choose one or more: (1) Am Indian or Alaskan Native (2) Asian (3) Black/African American (4) Native Hawaiian or Other Pacific Islander (5) White

Additional 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.

Additional Parent/Guardian Information – (Parent(s)/Guardian(s) living in additional household with students)

| | |
|--|--|
| Full Legal Name: <small>(Last, First, Middle)</small> | Full Legal Name: <small>(Last, First, Middle)</small> |
| Relationship to Student: | Relationship to Student: |
| Work Phone: () | Work Phone: () |
| Secondary Phone: () | Secondary Phone: () |
| Mailing Address: | Mailing Address: |
| E-Mail Address: | E-Mail Address: |

SIGNATURE OF PARENT/GUARDIAN _____

| |
|------------|
| School |
| Entry date |