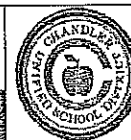


CHANDLER UNIFIED SCHOOL DISTRICT FAMILY CENSUS FORM
(Please Complete ONE per family)



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: ()
Full Legal Name: (Last, First, Middle)		Full Legal Name: (Last, First, Middle)	
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 (Last, First, Middle)	Birthdate (mm/dd/yy)	Gender (Circle)	Relationship (Parent, Step-Parent, Foster Parent, Sister, Brother, Son, Daughter, etc.)	School Attending	Grade	Ethnicity *	Race *
		M F					
		M F					
		M F					
		M F					
		M F					
		M F					

- * 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: (Last, First, Middle)	Full Legal Name: (Last, First, Middle)
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