

**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>
		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: <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