

# LEXINGTON PUBLIC SCHOOLS CHILD CENSUS

1. Family Name: \_\_\_\_\_

2. Parents'/Guardians' Full Name: \_\_\_\_\_

\_\_\_\_\_

3. Lexington Residential Address:

Number	Street	City	State	ZIP Code
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Previous Address:

Number	Street	City	State	ZIP Code
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4. Email Address: \_\_\_\_\_

5. Please list full names and date of birth for ALL children in the household:

<u>List the full name of each child</u>	<u>Birth date:</u> <u>(Month/Day/Year)</u>	<u>School Attending</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_