School District 622
NORTH ST. PAUL | MAPLEWOOD | OAKDALE
Ready for tomorrow

CHILD CENSUS INFORMATION

(All households are asked to complete this form)

Attn: Information Services
2520 12th Avenue East
North Saint Paul, MN 55109-9982

We do not provide family information to outside sources.

It is essential that our district maintain an accurate and up-to-date census of its children. ***This includes children not yet in school, those being home and/or internet-schooled, as well as children attending public and non-public schools.***

Early Childhood program **funding from the state** is determined by the number of children, ages 0-4, we report living within our district boundaries. This mandatory **reporting assists in reducing the tax burden** on all our district taxpayers and ensures our children receive vital preparation for their future schooling. The information you provide will be used only for the reasons stated above and **helps with staffing and classroom needs, enrollment projections as well as the drawing of school boundaries**. The district provides services and educational programs for young children (birth-5 years), adults and senior citizens. **Even if you do not have children, your response will let us know that the previous family has moved.**

1._____

Current Street Address (including apartment number)

2._____ **3.**_____

City and Zip Code **Date moved to this address** ***important**

ADULTS LIVING AT THIS ADDRESS: **(Please check if a second family lives with you and needs an additional form_____.)**

RESIDENT #1 _____ **M** ☐ **F** ☐

First **Middle** **Last** **Birth date**

RESIDENT #2 _____ **M** ☐ **F** ☐

First **Middle** **Last** **Birth date**

To avoid duplicating residents, if either adult was ever a student in our district, please check here: ___Res #1 ___Res #2

Birth name of Res #1/#2 female if #622 grad and year of graduation _____

Relationship Type ***for Res #1 & #2***: ___ Spouses ___ Partners ___ Parent/Child ___ Siblings ___ Friends

List all Children INFANT THROUGH AGE 22 living at this residence:

Full Legal Name	BIRTH DATE	GENDER	GRADE	SCHOOL NAME	RELATIONSHIP TO: Res #1	Res #2

(Please use back of form if necessary)

The state will not award dollars for children who are not named and linked to a district address with adult guardians. Please give complete information so we are able to qualify for the maximum amount of funding.

Phone Number _____ **Primary language spoken in your home**_____

Please indicate if this is a cell phone.

PREVIOUS ADDRESS (if in our district) _____

IMPORTANT: Please complete and return this form in the business reply envelope provided or, scan and e-mail this form to **census@isd622.org** . You can also fax this form to our office at (651) 748-7693. **Thank you for taking the time to respond!**