

# KINDERGARTEN REGISTRATION CENSUS FORM

Municipality (Township): \_\_\_\_\_

Check if living with another resident. Name(s) of District Resident: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Suite: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Emergency No. : \_\_\_\_\_

**NOTE:** Complete for every person living at the above address.

**Official Use Only**

Name (Last, First, M.I.)	M F	D.O.B	School attending if other than LD	Employer	Entry Date	Student # Cafe Pin	Grade Grad Yr	Code

## Resident Code List

21 Con  
22 EH  
23 Nye  
24 Lon  
25 SH  
020H Homeschooled  
020C Cyber/Charter  
020P Private  
020O Other

Date Moved into LDSD: \_\_\_\_\_

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

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

**Official Use Only**

Comments: \_\_\_\_\_

(Ex. – Indicate special education/504 students here.)

**Distribution:**      Census      Transportation (3)      Secretary for Pupil Services      Building Secretary      Data Secretary      Curriculum Secretary