

STUDENT CENSUS DEMOGRAPHIC UPDATE FORM

Student Last Name		Student First Name			Student Middle Name
Gender: O Male O Female	D/Birth:		Age:	Student Cell Pl	hone #:
What is your child's race? (Sele	ect all that apply)				
O Indian or Alaska Nativ maintains a tribal affiliation or		s in any of the original pe	oples of North an	d South America (includ	ling Central America), and who
O Asian (A person having origin China, India, Japan, Korea, Mal		•		e Indian subcontinent ir	ncluding, for example, Cambodia,
O Black or African Amer origin.)	ican (A person having or	igins in any of the Black r	acial groups of Af	rica – includes Caribbea	n Islanders and other of African
O Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)					
O White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)					
Is your child Hispanic/Latino?					
O No, Not Hispanic/Latino					
• Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South American, Central American, or other Spanish Culture or origin, regardless of race.					
Has your family moved in order to work in another city, county, or state, in the last three (3) years? OYes ONo					
If so, what is the date your family arrived in the city/town you reside? Has anyone in your immediate family been involved in one of the following occupations, either full or part-time or temporarily during the last					
three (3) years? (Check all that a Agriculture; planting/picking veg Planting, growing, or cutting trees Processing/packing agricultural pro Dairy/Poultry/Livestock Meatpacking/Meat processing/Seg Fishing or fish farms Other (Please specify occupation):	pply) getables or fruits sucl (pulpwood)/raking pin oducts afood	n as tomatoes, squas	•	·	. , ,
Student Lives With: OBoth Parer Other:	ts OMother only	OFather only OL	egal Guardian	OFoster Parent	OGrandparent
Parent(s)/Legal					
Guardian (s) Name:					
Current					
Address: Home #:					
Tionic III					
Work #:		Email:	Email:		
EMERGEN		NCY CONTACTS	ICY CONTACTS		Can student be picked up by this person
NAME RELATION		ONSHIP		CONTACT #	up by this person
					Oyes Ono
					Oyes Ono
					Oyes Ono
Parent/Guardian Signature Date					

You will need to provide with this document, the following three (3) items:

1. A copy of your current proof of residency

2. A copy of your photo identification

3. An affidavit of residency