

LEXINGTON CHILD CENSUS

1. Family Name _____

2. Parent or Guardian _____

3. Address _____

4. Children under 17 years: Birth date: Month/Day/ Year School Attending

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date: _____