

LEXINGTON PUBLIC SCHOOLS CHILD CENSUS

1. Family Name: _____

2. Parents'/Guardians' Full Name(s): _____

3. Lexington Residential Address:

Number Street City State ZIP Code

Previous Address:

Number Street City State ZIP Code

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: _____