

**SCHOOL DISTRICT OF MONDOVI
CENSUS DATA 2023-2024**

Dear Parent/Guardian:

The following information is needed to assist us in the completion of the school census, transportation mileage reports, as well as meeting our legal requirements in identifying children that have a need for special education services. (Examples: speech/language, learning, physical or emotional disabilities). **Please sign, date and complete the following information and return this form to the elementary or middle/high school office on or before September 8, 2023.** Thank you in advance for your cooperation.

PLEASE SET UP YOUR PARENT PORTAL FOR INFINITE CAMPUS AND ENTER YOUR EMAIL ADDRESS THERE OR EMAIL YOUR EMAIL ADDRESS TO: steigen@mondovi.k12.wi.us

IF EVERYTHING IS THE SAME AS LAST YEAR YOU NEED NOT FILL IN THE INFORMATION BELOW.

NAME: _____ NAME: _____
Circle one: Mother/Stepmother/Other **Circle one:** Father/Stepfather/Other

ADDRESS: _____ ADDRESS: _____

CITY: _____ STATE: ____ ZIP: _____ CITY: _____ STATE: ____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ HOME PHONE: _____ WORK PHONE: _____

PLACE OF EMPLOYMENT: _____ PLACE OF EMPLOYMENT _____

ADDRESS: _____ ADDRESS: _____

Name of Child		Please indicate who the child resides with, i.e., mother, father, parents, aunt, uncle, etc. Include address if different from above	*Distance to School	Grade	Age	Date of Birth			Sex M/F
First	Last					Mo	Da	Yr	

Do you have any concerns about your child that would affect his/her school program?

NAME OF CHILD _____

CONCERN _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

NOTE: Please include any children newborn through 20 years of age living in your household. Please return this form by September 8, 2023 to the elementary or middle/high school office. Thank you.