

TACONIC HILLS CENTRAL SCHOOL DISTRICT

Office of the Registrar

73 County Route 11A
Craryville, NY 12521

Ph. (518) 325-2801 ~ Fax (518) 325-2802 ~ lburger@taconichills.k12.ny.us

DISTRICT CENSUS INFORMATION FORM

Please complete the following information, as it is required statistical data to be kept on file for all school-age residents of Taconic Hills Central School District who do not attend our public schools.

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name (1): _____ Cell Phone: _____ E-Mail: _____

Parent/Guardian Name (2): _____ Cell Phone: _____ E-Mail: _____

Residence Address: _____

Mailing Address: (if different) _____

Home Phone #: _____

INFORMATION FOR SCHOOL-AGE STUDENT(S)

| Student Name | Date of Birth | Male / Female | * Hispanic, Latino, or Spanish origin? Yes or No | * Ethnic Category (see below): | Current Grade | Parent/Guardian (1) Relationship Code (see below): | Parent/Guardian (2) Relationship Code (see below): |
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Ethnic Category Codes (please list all groups that apply to your child): *This information is collected for the N.Y.S. & Federal Education Dept.
AI/AN - American Indian/Alaskan Native; **A** - Asian; **B/AA** - Black/African American; **NH/OPI** - Native Hawaiian/Other Pacific Islander; **W** - White

Parent/Guardian Relationship Codes:
P - Parent; **SP** - Step-Parent; **FP** - Foster-Parent; **LG** - Legal Guardian

Name of School Attending OR Home Schooling: _____

School Address (if applicable): _____

School Phone # (if applicable): _____

Signature of Parent/Legal Guardian: _____ Date: _____