

SCHOOL DISTRICT OF LODI CENSUS FORM

1st PARENT INFORMATION				
Name:	D.O.B MM/DD/YY	Relationship to child:		
Home Address:		Home Phone:		
City	State:	Zip:	County:	
Email:		Cell Phone:		
Employer's Name:		Work Phone:		

2nd PARENT INFORMATION				
Name:	D.O.B MM/DD/YY	Relationship to child:		
Home Address:		Home Phone:		
City:	State:	Zip:	County:	
Email:		Cell Phone:		
Employer's Name:		Work Phone:		

Child resides in (please check one): Village of Dane (04) City of Lodi (06) Town of Lodi (10)
 Town of Dekorra (20) Town of West Point (25) Town of Arlington (15)
 Town of Dane (35) Town of Roxbury (40) Town of Vienna (45)

CHILDREN INFORMATION:								
(Please list all children) Last Name:	First Name:	Middle:	Type: (See below)	Birthday:	Race: (See below)	Sex:	Age:	Date Entering Grade: School

Please complete and return this form to:
Kris Wendorf (email: wendokr@lodischoolswi.org)
115 School Street
Lodi WI 53555

TYPES: R= Regular-Attending Lodi Public Schools RACE: WNH= White/NonHispanic
 E= Exceptional Educational Need (handicapped) API= Asian/Pacific Islander
 F= Foster Home HIS= Hispanic Latin/American
 P= Private School AIN= American Indian/Alaskan Native
 H= Home Taught Child BNH= Black - NonHispanic