

**HOUSEHOLD 1: PARENT/GUARDIAN:**

PARENT 1: FULL NAME (LAST, FIRST):		RELATIONSHIP TO STUDENT:
CELL PHONE: (        )	WORK PHONE: (        )	
EMAIL:		

PARENT 2: FULL NAME (LAST, FIRST):		RELATIONSHIP TO STUDENT:
CELL PHONE: (        )	WORK PHONE: (        )	
EMAIL:		

STREET ADDRESS:		
CITY:	STATE: MINNESOTA	ZIP:
HOME PHONE: (        )	UNLISTED: <input type="checkbox"/> YES <input type="checkbox"/> NO	MAY WE USE NAME/ADDRESS IN A PARENT DIRECTORY: : <input type="checkbox"/> YES <input type="checkbox"/> NO

**NAME(S) OF STUDENT(S) ATTENDING/APPLYING TO DPSA SCHOOLS LIVING IN HOUSEHOLD 1:**

FULL NAME (LAST, FIRST):	FULL NAME (LAST, FIRST):
FULL NAME (LAST, FIRST):	FULL NAME (LAST, FIRST):

**HOUSEHOLD 2: PARENT/GUARDIAN: (FOR STUDENTS LIVING AT MORE THAN ONE ADDRESS):**

PARENT 1: FULL NAME (LAST, FIRST):		RELATIONSHIP TO STUDENT:
CELL PHONE: (        )	WORK PHONE: (        )	
EMAIL:		

PARENT 2: FULL NAME (LAST, FIRST):		RELATIONSHIP TO STUDENT:
CELL PHONE: (        )	WORK PHONE: (        )	
EMAIL:		

STREET ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE: (        )	UNLISTED: <input type="checkbox"/> YES <input type="checkbox"/> NO	MAY WE USE NAME/ADDRESS IN A PARENT DIRECTORY: : <input type="checkbox"/> YES <input type="checkbox"/> NO

**ALL SCHOOL INFORMATION WILL BE SENT TO HOUSEHOLD 1 – WOULD YOU LIKE HOUSEHOLD 2 TO RECEIVE DUPLICATE COPIES OF INFORMATION?**  YES  NO

**NAME(S) OF STUDENT(S) ATTENDING/APPLYING TO DPSA SCHOOLS LIVING IN HOUSEHOLD 2:**

FULL NAME (LAST, FIRST):	FULL NAME (LAST, FIRST):
FULL NAME (LAST, FIRST):	FULL NAME (LAST, FIRST):

I CERTIFY THE INFORMATION PROVIDED ON THIS CENSUS IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

_____ SIGNATURE OF PARENT/GUARDIAN	_____ DATE
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