

Appleton Area School District

531 N. Morrison Street • P.O. Box 2019 • Appleton, WI 54912-2019
Attendance and Transportation Office: 920-832-6116 • Fax: 920-832-1747

Wisconsin state law requires school districts to maintain a census of all residents of their district from birth to age 21. We would appreciate your assistance by providing the Appleton Area School District with information about your children. It will only be used for school planning, future enrollment projections, to notify you about three to five year old developmental screenings, and Kindergarten registration as well as other Birth – Five Program opportunities. Children are eligible to register for Kindergarten if they are 5 years old on or before September 1.

The information you provide will be kept strictly confidential. Please sign below to give permission to the Appleton Area School District to use the information that you are submitting for the reasons listed above. (Parent Signature) (Parent Signature) (Date) Please return this completed form to the Attendance/Transportation Office at the address highlighted above. If you have any questions, please contact the Attendance Office at 920-832-6116. Mother's Name:__ (Legal Last Name) (Legal First Name) (Legal Middle Name) Father's Name: (Legal Last Name) (Legal First Name) (Legal Middle Name) Child's Address:______City & Zip:______ Mother's Address: ____City & Zip:_____ (If different from child) City & Zip: Father's Address: (If different from child) Home Phone: Mother: Father: _____ Father:____ Email Address: Mother:_____ Please list all children in the home under the age of 21: CHILD'S LEGAL NAME-Last/First/Middle DATE OF BIRTH GENDER | SCHOOL ATTENDING (If Applicable)