

MARPLE NEWTOWN SCHOOL DISTRICT

Census Form

Marple Newtown School District requests that this form be completed for each family residing in Marple and Newtown Townships, whether or not children reside in the household.

Address: _____ Township: _____
 (House Number) (Street)

Name of Family in Residence: _____ Phone Number: _____

Date Family Moved to Present Address: _____ Own _____ Rent _____

Number of Minors (birth to age 21) in the House: _____ Number of Adults: _____

Name of Parent/Guardian: _____

Head of Household? Yes _____ No _____

Name of Parent/Guardian: _____

Head of Household? Yes _____ No _____

Name of Guardian (if not natural/adoptive/step parent): _____

Head of Household? Yes _____ No _____

Number of Disabled Children: _____ (Please include these children below)

- Disability:
- | | |
|---|---|
| <input type="checkbox"/> Blind/Visually Impaired | <input type="checkbox"/> Deaf/Hearing Impaired |
| <input type="checkbox"/> Autistic | <input type="checkbox"/> Emotionally Disturbed |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Multiple Disabilities |
| <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Other health Impairment |
| <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Speech/Language Impairment |
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Other |

Names of Children (include pre-school and those out of school. Give last name if different.)	Sex (M/ F)	Date of Birth (00/00/00)	School Child will attend (also college, military, service, employment, etc.)	Grade Current School Year	Relationship to Family (son, daughter, etc.)

Other adults over 21 years of age residing at this address:

