

# Cochrane-Fountain City School District

## CHILD CENSUS

**The Cochrane-Fountain City School District collects census data.  
Please read and complete the information below as it pertains to you.**

**\*\*If you live in the Cochrane-Fountain City School District and your children will attend Cochrane-Fountain City School, please complete the information below for any children ages 5 and younger.**

**\*\*If you live in the Cochrane-Fountain City School District and your children will attend a school other than the Cochrane-Fountain City School, please complete the information below for ALL of your children.**

Legal children's offices (no nicknames, please)		
Child's name (first, middle, last name)	Date of birth	Male/Female
_____	_____	<input type="checkbox"/> <input type="checkbox"/>
_____	_____	<input type="checkbox"/> <input type="checkbox"/>
_____	_____	<input type="checkbox"/> <input type="checkbox"/>
_____	_____	<input type="checkbox"/> <input type="checkbox"/>

**Parents or Guardians Who Live in the SAME household:**

Father/Custodian Full Name \_\_\_\_\_

Mother/Custodian Full Name \_\_\_\_\_

Street Address/City \_\_\_\_\_

Phone Number \_\_\_\_\_

**Select your town of residence:**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Village of Cochrane | <input type="checkbox"/> City of Fountain City | <input type="checkbox"/> City of Buffalo City | <input type="checkbox"/> Town of Lincoln |
| <input type="checkbox"/> Town of Milton      | <input type="checkbox"/> Town of Belvidere     | <input type="checkbox"/> Town of Montana      | <input type="checkbox"/> City of Alma    |
| <input type="checkbox"/> Town of Buffalo     | <input type="checkbox"/> Town of Waumandee     | <input type="checkbox"/> Town of Cross        |  |

Date of Form Completion \_\_\_\_\_

Please return this form to:  
**Cochrane-Fountain City School District Census: S2770 State Road 35 Fountain City, WI 54629**