
Mary Blaha Director of Business Services
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Dear School District Resident

The State of Wisconsin, Department of Public Instruction, requires all public school districts to submit accurate census information on an annual basis.

In order to comply with this requirement, we are asking you to assist us by completing the attached Census Data form and returning it with your child's registration paperwork. Please complete the form including all children under the age of 20 who reside with you. If you have any questions, please feel free to contact any of the school offices for assistance.

Sheboygan Falls Elementary School
1 Alfred Miley Way
Sheboygan Falls, WI 53085
(920) 467-7820

Sheboygan Falls Middle School
101 School Street
Sheboygan Falls, WI 53085
(920) 467-7880

Sheboygan Falls High School
220 Amherst Avenue
Sheboygan Falls, WI 53085
(920) 467-7890

SCHOOL DISTRICT OF SHEBOYGAN FALLS CENSUS FORM

The Department of Public Instruction regulations mandate a district census each school year

Parent/Guardian _____ Last Name _____
 Phone _____
 First Name _____ Middle Initial _____
 Date _____
 House Number or Fire Number _____ Street/Box Number _____
 City _____ Zip Code _____

PLEASE RETURN IMMEDIATELY

Township/City/Village

- Sheboygan Falls City Village of Waldo Lyndon Township
- Sheboygan Falls Township Lima Township Wilson Township
- Sheboygan Township

PLEASE ANSWER THE FOLLOWING QUESTIONS TO HELP UPDATE OUR RECORDS:

How many years have you lived at the present address (approximately)? _____

Have you moved within the Sheboygan Falls School District in the past few years? Yes No

What was your old address? _____

LIST ALL CHILDREN IN YOUR HOUSEHOLD UNDER AGE 20 - INCLUDE INFANTS.

Last Name _____ Birth Date _____ Female Grade _____
 First Name _____ Middle Initial _____ Male
 School attending: this year? _____ next year? _____

Last Name _____ Birth Date _____ Female Grade _____
 First Name _____ Middle Initial _____ Male
 School attending: this year? _____ next year? _____

Last Name _____ Birth Date _____ Female Grade _____
 First Name _____ Middle Initial _____ Male
 School attending: this year? _____ next year? _____

Last Name _____ Birth Date _____ Female Grade _____
 Male
First Name _____ Middle Initial _____
School attending: this year? _____ next year? _____

Last Name _____ Birth Date _____ Female Grade _____
 Male
First Name _____ Middle Initial _____
School attending: this year? _____ next year? _____

Last Name _____ Birth Date _____ Female Grade _____
 Male
First Name _____ Middle Initial _____
School attending: this year? _____ next year? _____

Last Name _____ Birth Date _____ Female Grade _____
 Male
First Name _____ Middle Initial _____
School attending: this year? _____ next year? _____

Last Name _____ Birth Date _____ Female Grade _____
 Male
First Name _____ Middle Initial _____
School attending: this year? _____ next year? _____

NOTE: In addition to taking census of all students in the district, State laws require that the School District of Sheboygan Falls makes an effort to locate and identify all district special education children who are not now receiving these services. The schools are looking for children from birth through age 20. Special needs may include such problems as speech & language, physical, learning or cognitive disabilities, vision or hearing impairment, autism, closed head injury, or emotional disturbance. If you know of any child who may need special education services, please indicate on this form or call Ann Roy, Director of Special Education, at 467-7894.

SCHOOL DISTRICT OF SHEBOYGAN FALLS CENSUS FORM