

WISCONSIN HEIGHTS SCHOOL DISTRICT
SCHOOL CENSUS REPORT 2021

Wisconsin State Statute requires each school district to take an annual census. This census lists all person's age 20 or younger as of June 30th of the current year. Please complete the census form if your household is new to the district, you have children ages of birth-4 years old, children ages 19-20, or if the children do not attend schools within the WHSD. Please fill out ONE form per household. You may drop the form off at Wisconsin Heights School District: 10173 US Highway 14 or email: tshaffer@wisheights.k12.wi.us. You may also complete this form through our district website: https://docs.google.com/forms/d/1bIVz5NP6N2--hlaTgmdWWL36mhk70\_rp3BHHfyynSxU/edit?usp=sharing

Name of Head of Household or caregiver: Home Phone #: Cell #:
Name of Spouse: Cell #
Mailing and Street Address
City/State/Zip
Village of: Township of:
Head of Household or caregiver e-mail address Spouse e-mail address (optional)

Racial/Ethnic Heritage: Every district is required to report to the Department of Education the number of students in various categories. The federal government recently changed the reporting categories for student ethnicity and race data. As a result, we are asking you to answer Part 1 and Part 2 for each child.

Table with 7 columns: List all persons age 20 or younger, Age, Date of birth (MM/DD/YY), Gender (M/F), School Attending, if applicable, Language, Disability\*. Contains 4 rows of child information with checkboxes for ethnicity and language.

Please enter information for additional children on the back side of this form.

\*Note - If this child has, or is suspected of having a disability, or may need any special accommodation in order to be successful, please check here.

If you know of a new district resident or a resident who had a new baby this past year, please check here and list name(s)/address on back of this form.

Return by April 1, 2020 and thank you for your assistance!

**Additional Children:**

**Racial/Ethnic Heritage:** Every district is required to report to the Department of Education the number of students in various categories. The federal government recently changed the reporting categories for student ethnicity and race data. As a result, we are asking you to answer Part 1 and Part 2 for each child.

List all persons age 20 or younger.	Age	Date of birth (MM/DD/YY)	Gender (M/F)	School Attending, if applicable	Language	Disability*
5) _____	_____	_____	_____	_____	_____	<input type="checkbox"/>
Part 1: Is your child Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Part 2: Select one of more of the following categories that apply to your child: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White						
6) _____	_____	_____	_____	_____	_____	<input type="checkbox"/>
Part 1: Is your child Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Part 2: Select one of more of the following categories that apply to your child: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White						
7) _____	_____	_____	_____	_____	_____	<input type="checkbox"/>
Part 1: Is your child Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Part 2: Select one of more of the following categories that apply to your child: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White						
8) _____	_____	_____	_____	_____	_____	<input type="checkbox"/>
Part 1: Is your child Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Part 2: Select one of more of the following categories that apply to your child: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White						

**New district resident information:**

<u>Name of Head of Household or caregiver:</u> _____	<u>Home Phone #.:</u> _____	<u>Cell #:</u> _____
<u>Name of Spouse:</u> _____	<u>Cell #:</u> _____	
<u>Street Address</u> _____		
<u>City/State/Zip</u> _____		
<input type="checkbox"/> Village of: _____	<input type="checkbox"/> Township of: _____	
<u>Name of Head of Household or caregiver:</u> _____	<u>Home Phone #.:</u> _____	<u>Cell #:</u> _____
<u>Name of Spouse:</u> _____	<u>Cell #:</u> _____	
<u>Street Address</u> _____		
<u>City/State/Zip</u> _____		
<input type="checkbox"/> Village of: _____	<input type="checkbox"/> Township of: _____	