

Norwalk-Ontario-Wilton School District

School District Census Data 2016-17

Families with children ages 0 – 21 if you have NOT completed this form for N-O-W before or have changes:

Please fill in the blanks below and return this form to the N-O-W School Office, PO Box 130, Ontario, WI 54651 **AS SOON AS POSSIBLE** or call _____ @ 337-4401 ext. 222. Please list **ALL** persons up to 20 years of age on or before **July 1, 2016**. Write the name of only one child per line. This census should include:

- a. New babies, to one year old.
- b. Children who are away from home at a temporary job or, are or will be, away at an institute of higher learning/college or technical school), on a vacation, traveling, or in the service. **IF THEY ARE STILL CLAIMED AS DEPENDENTS BY THEIR PARENTS AND LIST THEIR PERMANENT ADDRESS AS THAT OF THEIR PARENTS.** (In other words, whether married or single, no matter where they live or go to school etc., list people if they are dependents of parents or guardians who have an address within the Norwalk-Ontario-Wilton School District.
- c. All children in the household are counted whether offspring, adopted, foster children, etc. Please list child's full name in the proper blank, in the table at the bottom of this page.
- d. Young couples who are married or single who live under one roof and are not dependents of their parents (self-supporting, in other words) and claim their own address as a permanent one.
- e. Groups of younger people living under one roof who live independently and are not claimed elsewhere.

Parents/Guardians or Other Person with Whom Children Live:

Head of Household: First & Last Name: _____ Other Adult in Household: First & Last Name: _____

House Number & Name of Street/Road _____ Apt # _____ PO Box # _____

City _____ Zip _____ Telephone Number _____

Parent/Guardian Signature: _____ Dated: _____

Please check one of the following: **The above address is in the Township of:**

_____ Clifton _____ Clinton _____ Forest _____ Ridgeville _____ Sheldon _____ Wellington _____ Wells

_____ Whitestown _____ Wilton **or Village of:** _____ Norwalk _____ Ontario _____ Wilton

Child's/Youth's Name:		Age in Years/ _____ GRADE	D.O.B Mo/Day/ Yr	Sex M/F	*Special Needs* Yes/No	Birth Place, Birth State, Birth County
First	Last					

Place
Postage
Stamp
Here

**NORWALK-ONTARIO-WILTON SCHOOL DISTRICT
CENSUS**

**PO Box 130
ONTARIO WI 54651**
