

**Census Form**

Holdingford School District #738  
 Holdingford, MN 56340

\_\_\_\_\_

Date

Parents/Guardians:

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Mother: (Last) (First) (Middle Initial)

\_\_\_\_\_

Father: (Last) (First) (Middle Initial)

\_\_\_\_\_

Address:

\_\_\_\_\_

City: State: Zip Code:

\_\_\_\_\_

County: Telephone:

Township:

Albany \_\_\_\_\_ Avon \_\_\_\_\_ Brockway \_\_\_\_\_ City of Holdingford \_\_\_\_\_  
Elmdale \_\_\_\_\_ Holding \_\_\_\_\_ Krain \_\_\_\_\_ St. Wendel \_\_\_\_\_ Two River \_\_\_\_\_

Children's names:

Last Name	First Name	Middle Initial	Grade	Gender (M/F)	Birthdate (MM/DD/YY)

\_\_\_\_\_

If your child does not attend Holdingford School District, please list the school district of attendance above:

\_\_\_\_\_

Signature of parent/guardian:

