

# HOUSEHOLD INFORMATION UPDATE

The district requires that household and student census information be reviewed and updated by guardians on an annual basis.

Please review the current household information that we have on file in our Infinite Campus Student Database. Please cross out inaccurate or incomplete information and clearly print your corrections. Census information that needs to be changed as a result of marriage, divorce, separation, custody change or remarriage must be presented to the school principal. Please bring appropriate legal documentation with an official seal.

If all of the preprinted information on this form is correct as is, mark an "x" in this box  and sign on the appropriate line.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Household Name \_\_\_\_\_ Primary Language Spoken in Home \_\_\_\_\_

Student Names(s) Please include all children living in this household. \* Federal Law now requires that you provide race and ethnicity information as separate categories.

Student Name/Household Member	*Hispanic Ethnicity Circle One	**Race Identify 1 or more	Date of Birth	Relationship to listed students ex: Sibling or Other	Gender	NAME OF SCHOOL (if not attending school place an X)	Grade
	YES NO						
	YES NO						
	YES NO						

\*\*Race A.Asian B.Black (not Hispanic) C.American Indian P.Pacific Islander/Native Hawaiian W.White (not Hispanic). Must enter at least 1. If multiracial enter all codes that apply specifying primary first.

## Custodial Mother/Guardian

NAME	ADDRESS *This form cannot be used to change a student's address. Proof of new address must be presented at the district office.	HOUSEHOLD PHONE NUMBER	CELL NUMBER	WORK NUMBER	PREFERRED EMAIL ADDRESS

## Custodial Father/Guardian

NAME	ADDRESS *This form cannot be used to change a student's address. Proof of new address must be presented at the district office.	HOUSEHOLD PHONE NUMBER	CELL NUMBER	WORK NUMBER	PREFERRED EMAIL ADDRESS

## Household Emergency Contacts (Please provide 3 emergency contacts that can be reached during school hours.)

Contact Name	Relationship to Student(s) ex: Neighbor, Aunt, Grandparent	Preferred Daytime Phone Number	Type of Phone Number ex: Home, Cell, Work, Other

Please return this form, signed and dated, to the main office of your child's school, or mail this form to:  
SHUFSD District Office, Data Processing, 60 Weston Street, Huntington Station, NY 11746