



District Office
 4 Sabre Drive, Schenectady, NY 12306
 Phone: (518) 355-9200
 Fax: (518) 355-9203
 www.schalmont.org

CENSUS FORM

The district collects information from residents in order to plan for future student enrollment. The following form should be returned by mail or fax to the District Office or in-person to any district school. *(Only one form per family, please).*

Name of Household Parent(s)/Guardian(s): _____

Street Address: _____ Apt. _____

City: _____ State: _____ Zip: _____

Mailing Address *(if different than above)*: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Is this address in the Schalmont Central School District? € Yes € No

1. How long have you lived at this address? Years _____ Months _____
2. Previous Address _____
 City _____ State _____ Zip _____
3. Previous School District _____
4. Are you the owner of this residence? € Yes € No If **NO**, name/address/**phone number** of landlord:
 Landlord Name _____ Address _____
 City _____ State _____ Zip _____ Landlord Phone _____
5. Is this a multi-family dwelling? € Yes € No If **YES**, how many units? _____

Please indicate all children (0-18) living at this address. Please list any additional children on the back as necessary.

First Name	Middle Name	Last Name	Date of Birth	Preschool-Y/N	Grade Enrolling

Registrant/Resident's Signature _____ Date _____

Thank you for your assistance. If you have any questions, please contact Deb Falcone at 518-355-9200, ext. 4014 or dfalcone@schalmont.net.