

INDEPENDENT SCHOOL DISTRICT #22

702 Lake Avenue

DETROIT LAKES, MINNESOTA

**CHILD ACCOUNTING FORM**

Please complete the information requested below and return it to the *Office of the Education Director at Detroit Lakes Public Schools, 702 Lake Ave, Detroit Lakes, MN 56501*

**Please only include pre-school aged children (including infants) in your family who are not yet in elementary school.**

Last Name,	First Name	Middle Initial	SEX		BIRTHDATE		
			M	F	Month	Day	Year

**PARENT INFORMATION**

**Child/Children reside(s) with:**  Mother  Father  Both  Guardian

**Father's name:** \_\_\_\_\_ **Telephone number:** \_\_\_\_\_

**Mailing address/City/Zip:** \_\_\_\_\_

**Mother's name:** \_\_\_\_\_ **Telephone number:** \_\_\_\_\_

**Mailing address/City/Zip:** \_\_\_\_\_  
(If different than father's address)

**Guardian's name:** (If child is living in home other than with the natural mother and/or father):  
\_\_\_\_\_ **Telephone number:** \_\_\_\_\_

**Mailing address/City/Zip:** \_\_\_\_\_

\_\_\_\_\_  
*Signature of person completing form*

\_\_\_\_\_  
*Today's Date*