

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