Fort Calhoun
Community Schools

Gateway to the Past. Pioneers of the Future

FORT CALHOUN COMMUNITY SCHOOLS
DISTRICT CENSUS RECORD

_____ _____

RESIDENT: Last First Mailing Address Zip

_____ _____

Spouse Residence Address: (If different)

Occupation: _____ County_____ Phone #_____

He ☐ She ☐

Other Adults Living at Same Address: _____

Date:_____ For Office Use Only: Census ID#

****

NAME OF CHILD/SOCIAL SECURITY # (BIRTH TO 21 YEARS)	ID #	SEX M	SEX F	DATE OF BIRTH MM/DD/YY	PLACE OF BIRTH CITY/STATE
		☐	☐		
		☐	☐		
		☐	☐		
		☐	☐		
		☐	☐		
		☐	☐		