

SHREWSBURY BORO SCHOOL
Shrewsbury, N.J.

SCHOOL CENSUS
(Please Print Information)

Parent or Guardian

Initial Last Name First Name

Home Address _____ Telephone # _____

Please complete the below listing each child in your family living at your address. Be sure to return via email to galantel@sbs.k12.nj.us or to the main office before December 19th.

Last Name	First Name	Middle Initial	Date (Month)	of (Day)	Birth (Year)