SHREWSBURY BORO SCHOOL
20 Obre Place
Shrewsbury, NJ 07702

SCHOOL CENSUS

(Please Print Information)

Parent or Guardian

_____
Last Name First Name Initial

Home Address _____

Telephone # _____ Email_____

Please complete the below information listing each child in your family living at your address. Be sure to return by January 20, 2017 via email galantel@sbs-nj.org or fax (732)747-7510. Thank you.

Last Name	First Name	Middle Initial	Birth Month	Birth Day	Birth Year	Age