

Dassel - Cokato District Office

4852 Reardon Ave. SW, Suite 1700
Cokato, MN 55321 320-286-4100 ext. 1000
www.isd466.org

HOUSEHOLD INFORMATION					
Primary Household (This is the address where the student(s) reside.)					
Parent or Guardian 1					
Last Name:	First Name:		Cell Phone Number:		
Employer:		Work Phone Number:			
Email Address:					
Relation to Student(s): \square Parent \square Legal Guardian (by court) \square Step-parent \square Foster Parent \square Other (Please Specify):					
Parent or Guardian 2					
Last Name:	First Name:		Cell Phone I	Number:	
Employer:		Work Phone Number:			
Email Address:					
Relation to Student(s): Parent/Guardian Legal Guardian (by court) Step-parent Foster Parent Other (Please Specify):					
Address Is the Primary Household in the DC School District boundaries? — Yes — No (Please complete an Open Enrollment form.)					
Physical & Mailing Address:		City:		State:	Zip Code:
Home Phone Number:					
Secondary Household (Please complete if both parents do NOT live in the Primary Household.)					
Parent or Guardian 3					
Last Name:	First Name:		Cell Phone I	Number:	
Employer:		Work Phone Number:	•		
Email Address:					
Relation to Student(s): Parent/Guardian Legal Guardian (by court) Step-parent Foster Parent Other (Please Specify):					
Parent or Guardian 4					
Last Name:	First Name:		Cell Phone Number:		
Employer:		Work Phone Number:	•		
Email Address:					
Relation to Student(s): Parent/Guardian Legal Guardian (by court) Step-parent Foster Parent Other (Please Specify):					
Address					
Physical & Mailing Address:		City:		State:	Zip Code:
Home Phone Number:					

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