

Early Childhood Family Form

List **ALL** children in your family (include stepchildren)

#1 Child - Oldest

First Name (No nicknames)	Full Middle Name	Last Name (Legal Name)	M / F Gender
-	-		Y / N
Date Of Birth	Age	Grade	IEP/GIEP/504 Plan

Name of school previously attended: NA School Name: _____
City: _____ State: _____

Parents: Father: _____ Mother: _____
If applicable Stepfather: _____ Stepmother: _____

Citizenship: US Citizen? No Yes Country of birth? US Other: _____
Immigrant? No Yes, date of immigration: _____

Language: Is an interpreter required to communicate...
With this child? No Yes His or her parent/guardian? No Yes
If yes to either, what language? _____

Residency: Homeless? No Yes** Live in a foster home? No Yes Live in a group home? No Yes

Current School Attending:

- Taylors Falls Elementary
- Primary School
- Family Center
- Other: _____

Race/Ethnic Background:

- Hispanic/Latino? Yes No
- Native Am. Heritage? Yes No
- White/Caucasian
- Hispanic
- Am. Indian/Alaskan
- Asian/Pacific Islander
- Black/African Am.
- Native Hawaiian/Pacific Islander

#2 Child

First Name (No nicknames)	Full Middle Name	Last Name (Legal Name)	M / F Gender
-	-		Y / N
Date Of Birth	Age	Grade	IEP/GIEP/504 Plan

Name of school previously attended: NA School Name: _____
City: _____ State: _____

Parents: Father: _____ Mother: _____
If applicable Stepfather: _____ Stepmother: _____

Citizenship: US Citizen? No Yes Country of birth? US Other: _____
Immigrant? No Yes, date of immigration: _____

Language: Is an interpreter required to communicate...
With this child? No Yes His or her parent/guardian? No Yes
If yes to either, what language? _____

Residency: Homeless? No Yes** Live in a foster home? No Yes Live in a group home? No Yes

Current School Attending:

- Taylors Falls Elementary
- Primary School
- Family Center
- Other: _____

Race/Ethnic Background:

- Hispanic/Latino? Yes No
- Native Am. Heritage? Yes No
- White/Caucasian
- Hispanic
- Am. Indian/Alaskan
- Asian/Pacific Islander
- Black/African Am.
- Native Hawaiian/Pacific Islander

#3 Child

First Name (No nicknames)	Full Middle Name	Last Name (Legal Name)	M / F Gender
-	-		Y / N
Date Of Birth	Age	Grade	IEP/GIEP/504 Plan

Name of school previously attended: NA School Name: _____
City: _____ State: _____

Parents: Father: _____ Mother: _____
If applicable Stepfather: _____ Stepmother: _____

Citizenship: US Citizen? No Yes Country of birth? US Other: _____
Immigrant? No Yes, date of immigration: _____

Language: Is an interpreter required to communicate...
With this child? No Yes His or her parent/guardian? No Yes
If yes to either, what language? _____

Residency: Homeless? No Yes** Live in a foster home? No Yes Live in a group home? No Yes

Current School Attending:

- Taylors Falls Elementary
- Primary School
- Family Center
- Other: _____

Race/Ethnic Background:

- Hispanic/Latino? Yes No
- Native Am. Heritage? Yes No
- White/Caucasian
- Hispanic
- Am. Indian/Alaskan
- Asian/Pacific Islander
- Black/African Am.
- Native Hawaiian/Pacific Islander

**Classified as an individual who lacks a fixed, regular, and adequate nighttime residence; and includes 1. Sharing a house with other persons due to loss of housing, economic hardship, or a similar reason; living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; are waiting foster care placement; 2. Primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; 3. Living in vehicles, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and 4. Migratory children with the above living circumstances.

Use additional pages for more children

Fill out other side 

Office Use

Address checked on Pollfinder (<http://pollfinder.sos.state.mn.us>)

Entered into computer

Yes No

Yes No

Date _____ Initials _____

List ALL parents/guardians to listed children

Parent or Guardian

First Name	Last Name	M / F Gender
Cell Phone	Home Phone	Work Phone
Address - Is this a future address? Yes, effective date: _____ Apt/Lot # City		
State	Zip Code	Email Address
Relationship to Children listed: <input type="checkbox"/> Father/Mother <input type="checkbox"/> Step Parent* <input type="checkbox"/> Foster Parent* <input type="checkbox"/> Other*: _____		
*Legally adopted the children listed? <input type="checkbox"/> No <input type="checkbox"/> Yes, please provide legal documentation		
Military Service: Service in the armed forces? <input type="checkbox"/> No <input type="checkbox"/> Yes, please select: <input type="checkbox"/> Reservist <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran <input type="checkbox"/> Uniformed		

Lives With

- Live with all children listed
- Do not live with any children listed
- Live with at least 1, list children's names:

Parent or Guardian

First Name	Last Name	M / F Gender
Cell Phone	Home Phone	Work Phone
Address - Is this a future address? Yes, effective date: _____ Apt/Lot # City		
State	Zip Code	Email Address
Relationship to Children listed: <input type="checkbox"/> Father/Mother <input type="checkbox"/> Step Parent* <input type="checkbox"/> Foster Parent* <input type="checkbox"/> Other*: _____		
*Legally adopted the children listed? <input type="checkbox"/> No <input type="checkbox"/> Yes, please provide legal documentation		
Military Service: Service in the armed forces? <input type="checkbox"/> No <input type="checkbox"/> Yes, please select: <input type="checkbox"/> Reservist <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran <input type="checkbox"/> Uniformed		

Lives With

- Live with all children listed
- Do not live with any children listed
- Live with at least 1, list children's names:

Parent or Guardian

First Name	Last Name	M / F Gender
Cell Phone	Home Phone	Work Phone
Address - Is this a future address? Yes, effective date: _____ Apt/Lot # City		
State	Zip Code	Email Address
Relationship to Children listed: <input type="checkbox"/> Father/Mother <input type="checkbox"/> Step Parent* <input type="checkbox"/> Foster Parent* <input type="checkbox"/> Other*: _____		
*Legally adopted the children listed? <input type="checkbox"/> No <input type="checkbox"/> Yes, please provide legal documentation		
Military Service: Service in the armed forces? <input type="checkbox"/> No <input type="checkbox"/> Yes, please select: <input type="checkbox"/> Reservist <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran <input type="checkbox"/> Uniformed		

Lives With

- Live with all children listed
- Do not live with any children listed
- Live with at least 1, list children's names:

Use additional pages for more parents/guardians Fill out other side 

Minnesota statutes and rules require the Chisago Lakes School District to keep accurate records and updated personal records for pupils. The information will become a part of the student's permanent cumulative record and will be available to appropriate staff members of the Chisago Lakes School District. Certain information known as "directory information," is available to the public unless the district receives written request from a parent to withhold this information. Minnesota law **requires** that you provide updated immunization records; submit them to the Family Center in Chisago City (11009 284th Street, Fax 651-213-2298).

Submit this form and all required documents to:
Chisago Lakes Family Center
11009 284th Street
Chisago City, MN 55013

Parent/Guardian Signature

Date