

# CHISAGO LAKES STUDENT REGISTRATION

Chisago Lakes Schools ISD 2144

Last Name (legal)		First Name (legal)		Middle Name	Grade
Home Address (student resides here)		Unit #	City/State/Zip		County
Mailing Address (if different)				Effective Date of Move (if applicable)	
Home Phone		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate (mm/dd/yy)	Desired School of Enrollment	
<b>Other Information</b> Does this student have any Native American lineage? <input type="checkbox"/> Yes <input type="checkbox"/> No Has this student ever attended Chisago Lakes Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, year(s) _____ School(s) _____ Has this student ever attended any other Minnesota public school(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, year(s) _____ School(s) _____ School last attended _____ School Name _____ District # _____ Address _____ City/State/Zip _____ If Kindergarten or Early Childhood, has this student been screened? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which district? _____ What is the student's country of birth? <input type="checkbox"/> US <input type="checkbox"/> Other: _____ Is the student a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the student an immigrant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of immigration? _____ Does this student have a diploma or transcript from another country? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which country? _____ Has this student been expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which school? _____ Is there a custodial agreement for the student? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please provide documentation.</b>					
<b>Residency Information</b> Have you moved into the school district in the last 36 months for temporary or seasonal work? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your current address a temporary living arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is this temporary living arrangement due to loss of housing or economic hardship? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you and your student lack a fixed, regular, adequate nighttime residence? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your current address a foster home for the student listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your current address a group home for the student listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No Is an interpreter required to communicate with anyone in your family? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language? _____ Which family members? _____					
<b>Office Use:</b> Address checked on Pollfinder <input type="checkbox"/> Photo ID verified <input type="checkbox"/> Utility bill verified <input type="checkbox"/> If <b>not</b> Dist. #2144 resident, <u>Open Enrollment</u> form? <input type="checkbox"/> Information to <input type="checkbox"/> Bus Garage <input type="checkbox"/> Food Service			MARSS verified <input type="checkbox"/> MARSS# _____ Student ID# _____ Entered into computer <input type="checkbox"/> Original in student file <input type="checkbox"/> Date _____ Initials _____		

## Parent / Guardian Information

Family 1	Parent/Guardian #1	Parent/Guardian #2
<b>Name</b> (First, MI, Last)		
<b>Relationship to Student</b>		
<b>Legal Guardian</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Military Service</b>	<input type="checkbox"/> None <input type="checkbox"/> Reservist <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran <input type="checkbox"/> Uniformed	<input type="checkbox"/> None <input type="checkbox"/> Reservist <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran <input type="checkbox"/> Uniformed
<b>Street Address</b>		
<b>Home Phone</b>		
<b>Cell Phone</b>		
<b>Work Phone</b>		
<b>Email</b>		

Family 2	Parent/Guardian #1	Parent/Guardian #2
<b>Name</b> (First, MI, Last)		
<b>Relationship to Student</b>		
<b>Legal Guardian</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Military Service</b>	<input type="checkbox"/> None <input type="checkbox"/> Reservist <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran <input type="checkbox"/> Uniformed	<input type="checkbox"/> None <input type="checkbox"/> Reservist <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran <input type="checkbox"/> Uniformed
<b>Street Address</b>		
<b>Home Phone</b>		
<b>Cell Phone</b>		
<b>Work Phone</b>		
<b>Email</b>		

## Chisago Lakes Registration/Census Form

### All Children Living in the Household (include step children)

Name (Last, First, Middle)	Gender	Birthdate	Grade	School	Parent/Guardian not previously listed
	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> F				

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Minnesota Statutes and rules require the school district to keep accurate records and updated personal records for all pupils. The information will become a part of the student's permanent cumulative record and will be available to appropriate staff members of District #2144. Certain information known as "directory information", is available to the public unless the district receives a written request from a parent to withhold this information. Minnesota law requires that you provide immunization information to your student's record.



## Ethnic and Racial Demographic Designation Form

Student's First Name: \_\_\_\_\_ Middle Name/Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ District: Chisago Lakes School District School: \_\_\_\_\_

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions (**in bold**) for their children. If you choose not to answer the federal questions (**in bold**), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as “Optional” and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our [Frequently Asked Questions: Ethnic and Racial Designation Form](#).

**Is the student Hispanic/Latino as defined by the federal government?** The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.<sup>1</sup>

*[You must select “yes” or “no” to this question.]*

**Yes** *[If yes, go to Question A.]*

**No** *[If no, go to Question 1.]*

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- |  |                                       |  |  |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan   | <input type="checkbox"/> Salvadoran                            | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian           | <input type="checkbox"/> Mexican      | <input type="checkbox"/> Spaniard/Spanish/<br>Spanish-American | <input type="checkbox"/> Unknown               |
| <input type="checkbox"/> Ecuadorian          | <input type="checkbox"/> Puerto Rican |  |  |

*Go to Question 1.*

*[Select “yes” to at least one of the Questions (1-6) below.]*

**Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota?** The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

**Yes** *[If yes, go to Question 1a.]*

**No** *[If no, go to Question 2.]*

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee      | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe  | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown  |

*Go to Question 2.*

<sup>1</sup>Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

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**Question 2. Is the student American Indian from South or Central America?**

**Yes** [Go to Question 3.]

**No** [Go to Question 3.]

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**Question 3. Is the student Asian as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.<sup>1</sup>

**Yes** [If yes, go to Question 3a.]

**No** [If no, go to Question 4.]

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Chinese

Karen

Other Asian

Asian Indian

Filipino

Korean

Unknown

Burmese

Hmong

Vietnamese

Go to Question 4.

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**Question 4. Is the student black or African American as defined by the federal government?** The federal definition includes persons having origins in any of the black racial groups of Africa.<sup>1</sup>

**Yes** [If yes, go to Question 4a.]

**No** [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Ethiopian-Other

Somali

African-American

Liberian

Other black

Ethiopian-Oromo

Nigerian

Unknown

Go to Question 5.

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**Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.<sup>1</sup>

**Yes** [Go to Question 6.]

**No** [Go to Question 6.]

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**Question 6. Is the student white as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.<sup>1</sup>

**Yes**

**No**

Parent(s)/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian Signature \_\_\_\_\_

# Student Digital Equity Survey

## Instructions

Please fill in the following information based on how you use electronic devices to complete schoolwork at your home. This survey uses the primary address you provide as your “home.” **You should answer the questions below based only on the conditions at this address.**

## Student information

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Grade: \_\_\_\_\_

Main Address: \_\_\_\_\_

## Internet Access

### 1) *Can the student access the Internet on their electronic device at home?*

- Yes (*continue to question 1a*)
- No – Internet is not affordable at home (*skip to question 2*)
- No – Internet is not available at home (*skip to question 2*)
- No – Other (*skip to question 2*)

#### **a. *If yes, what kind of Internet service do you have at home?***

- Residential broadband (e.g. Cable, Fiber, DSL)
- Cellular network
- School-provided hotspot
- Satellite
- Dial-up
- Other
- I am not sure

#### **b. *Can the student stream a video on their electronic device without pauses?***

- Yes – with no pauses or buffering
- Yes – with some pauses or buffering
- No – streaming doesn’t work

## Digital Device Access

**2) Does the student use an electronic device like a computer, tablet, or smart phone to complete homework?**

- Yes (continue to question 2a)
- No (end of survey)

**a. If yes, what type of electronic device does the student usually use to complete homework?**  
(select only one)

- Desktop or Laptop
- Tablet
- Chromebook
- Smart phone
- Other

**b. Is the electronic device (from 2a) provided by the school?**

- Yes
- No

**c. Is the electronic device shared with anyone else in the home?**

- Yes
- No



## Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time.** Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's Full Name:	Birthdate or Student ID:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
2. My student speaks:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
3. My student understands:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
4. My student has consistent interaction in:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	

**Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.**

Parent/ Guardian Information	
Parent/Guardian Name (printed):	
Parent/Guardian Signature:	Date:

\* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.

## Student Emergency Information Sheet

Chisago Lakes School District #2144

Student Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ School year \_\_\_\_\_

Gender:  M  F Homeroom/Advisement teacher \_\_\_\_\_ Bus letter \_\_\_\_\_

Home Address \_\_\_\_\_ City / State / Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Hospital preference \_\_\_\_\_ Phone \_\_\_\_\_

Clinic/Physician \_\_\_\_\_ Phone \_\_\_\_\_

List first and last names, birth date, and grade of all siblings living in this household:

\_\_\_\_\_

\_\_\_\_\_

### **School staff can only contact the adults listed below. Please make sure your list is complete.**

Contact Info	Name	Relationship	Occupation / Workplace	Cell Phone	Work Phone
Custodial parent					
Parent or other adult					
Parent or other adult					
Day care provider					

Check this box if there is a court order preventing any person from contacting your student at school. Inform your student's principal or school counselor. Legal documents must be on file at school if a biological parent is involved. Please list the names of those individuals here: \_\_\_\_\_

List at least **two** adults in the **Chisago Lakes** area willing to assume care of your child if you cannot be reached:

Name	Relationship	Daytime Phone

**Medications:** List any medications that the student takes. Please see the school nurse if the medication will be taken at school.

Medication	Reason for taking	Dosage	How often taken	Take at School?

**Health Information:** List any health conditions and any that could result in an emergency (severe allergies, diabetes, asthma, etc).

\_\_\_\_\_

\_\_\_\_\_

**Hearing or vision concerns that staff should be aware of:** \_\_\_\_\_

**Immunizations within the last year:** (type and date) \_\_\_\_\_

The above information is considered confidential. This information is not required for your child to attend school. You may choose to omit any question on this form. The information you provide will be shared only with staff in the school district whose jobs require access to this information to ensure your child's safety and school success and with Emergency Personnel in the event 911 is called. Please contact the school nurse for a confidential conference if your student has a special health concern.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Chisago Lakes School District, ISD #2144, 29678 Karmel Ave, Chisago City, MN 55013

Form date: 12/19/2019

Brian Dietz  
Superintendent  
651-213-2096  
bdietz@isd2144.org

Robyn Vosberg-Torgerson  
Dir. of Business Services  
651-213-2901  
rvosberg-torgerson@isd2144.org

Sarah Schmidt  
Dir. of Teaching & Learning  
651-213-2005  
sschmidt@isd2144.org

Jennifer DuFresne  
Spec. Serv. Supervisor  
651-213-2008  
jdufresne@scred.k12.mn.us

## REQUEST FOR STUDENT RECORDS

*Parents/Guardians: Please fill out (leave blank if the information is unknown) and return this form to the school building. Office staff will request records from the previous school directly.*

The following student has enrolled in Chisago Lakes School District #2144: Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ Enrollment date/first day of school: \_\_\_\_\_

MARSS # \_\_\_\_\_

Name/Address of Previous School: \_\_\_\_\_  
\_\_\_\_\_

Phone # of Previous School: \_\_\_\_\_ Fax # of Previous School: \_\_\_\_\_

Please include health and immunization records, attendance, discipline,  
any/all Special Education records, report cards and all test history.  
*If your district uses SpEd Forms, please transfer the student's file to Krista Nichols.*

Please send records to:

**High School**  
Email: llund@isd2144.org  
Mail: Student Records  
29400 Olinda Tr  
Lindstrom, MN 55045

**Middle School**  
Email: cdaugs@isd2144.org  
Mail: Student Records  
13750 Lake Blvd  
Lindstrom, MN 55045

**Lakeside Elementary**  
Email: sjakoblich@isd2144.org  
Mail: Student Records  
29678 Karmel Ave  
Chisago City, MN 55013

**Primary Elementary**  
Email: aodland@isd2144.org  
Mail: Student Records  
11009 284th St  
Chisago City, MN 55013

**Taylors Falls Elementary**  
Email: adenio@isd2144.org  
Mail: Student Records  
648 West St  
Taylors Falls, MN 55084

**Wildcat Academy**  
Email: sschmidt@isd2144.org  
Mail: Student Records  
29400 Olinda Tr  
Lindstrom, MN 55045

Federal and State Statutes no longer require permission (signature) of the parent/guardian when records are requested by authorized school personnel.