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** ☐M ☐F	**Birthdate** (mm/dd/yy)	**Desired School of Enrollment**

Other Information

Does this student have any Native American lineage? ☐ Yes ☐ No

Has this student ever attended Chisago Lakes Schools? ☐ Yes ☐ No
If yes, year(s) _____ School(s) _____

Has this student ever attended any other Minnesota public school(s)? ☐ Yes ☐ 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? ☐ Yes ☐ No If yes, which district? _____

What is the student's country of birth? ☐ US ☐ Other: _____

Is the student a US Citizen? ☐ Yes ☐ No

Is the student an immigrant? ☐ Yes ☐ No If yes, date of immigration? _____

Does this student have a diploma or transcript from another country? ☐ Yes ☐ No If yes, which country? _____

Has this student been expelled? ☐ Yes ☐ No If yes, which school? _____

Is there a custodial agreement for the student? ☐ Yes ☐ No **If yes, please provide documentation.**

Residency Information

Have you moved into the school district in the last 36 months for temporary or seasonal work? ☐ Yes ☐ No

Is your current address a temporary living arrangement? ☐ Yes ☐ No

If yes, is this temporary living arrangement due to loss of housing or economic hardship? ☐ Yes ☐ No

Do you and your student lack a fixed, regular, adequate nighttime residence? ☐ Yes ☐ No

Is your current address a foster home for the student listed above? ☐ Yes ☐ No

Is your current address a group home for the student listed above? ☐ Yes ☐ No

Is an interpreter required to communicate with anyone in your family? ☐ Yes ☐ No

If yes, which language? _____ Which family members? _____

Office Use: Address checked on Pollfinder ☐	MARSS verified ☐
Photo ID verified ☐ Utility bill verified ☐	MARSS#_____ Student ID#_____
If **not** Dist. #2144 resident, Open Enrollment form? ☐	Entered into computer ☐ Original in student file ☐
Information to ☐ Bus Garage ☐ Food Service	Date _____ Initials _____

Parent / Guardian Information

Family 1	**Parent/Guardian #1**	**Parent/Guardian #2**
Name (First, MI, Last)		
Relationship to Student		
Legal Guardian	☐ Yes ☐ No	☐ Yes ☐ No
Military Service	☐ None ☐ Reservist ☐ Active Duty ☐ Veteran ☐ Uniformed	☐ None ☐ Reservist ☐ Active Duty ☐ Veteran ☐ Uniformed
Street Address		
Home Phone		
Cell Phone		
Work Phone		
Email		

Family 2	**Parent/Guardian #1**	**Parent/Guardian #2**
Name (First, MI, Last)		
Relationship to Student		
Legal Guardian	☐ Yes ☐ No	☐ Yes ☐ No
Military Service	☐ None ☐ Reservist ☐ Active Duty ☐ Veteran ☐ Uniformed	☐ None ☐ Reservist ☐ Active Duty ☐ Veteran ☐ Uniformed
Street Address		
Home Phone		
Cell Phone		
Work Phone		
Email		

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**
	☐M ☐F				
	☐M ☐F				
	☐M ☐F				
	☐M ☐F				
	☐M ☐F				
	☐M ☐F				
	☐M ☐F				
	☐M ☐F				
	☐M ☐F				
	☐M ☐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.

Support and Enrichment Services

Chisago Lakes School District provides a variety of support and enrichment opportunities for our students. To better facilitate the transition of your student to our school, please complete the following survey.

My student is on an IEP (received special education services)	☐ Yes ☐ No
My student is on a 504 plan	☐ Yes ☐ No
My student has a diagnosis of ADD or ADHD	☐ Yes ☐ No
My student has received behavior support	☐ Yes ☐ No
My student has received extra help with reading	☐ Yes ☐ No
My student has received extra help with math	☐ Yes ☐ No
My student has been identified as gifted / talented	☐ Yes ☐ No
Does anyone in your family have difficulties with reading and/or spelling?	☐ Yes ☐ No

Please provide any additional information about your student that you think would be helpful:

DEPARTMENT OF EDUCATION

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.[1]

[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*):

☐ Decline to indicate	☐ Guatemalan	☐ Salvadoran	☐ Other Hispanic/Latino
☐ Colombian	☐ Mexican	☐ Spaniard/Spanish/ Spanish-American	☐ Unknown
☐ Ecuadorian	☐ 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*):

☐ Decline to indicate	☐ Cherokee	☐ Other North American Indian Tribal Affiliation
☐ Anishinaabe/Ojibwe	☐ Dakota/Lakota	☐ Unknown

Go to Question 2.

[1]Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

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

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

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.[1]

☐ **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.

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.[1]

☐ **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.

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.[1]

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

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.[1]

☐ **Yes** ☐ **No**

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____

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:	☐ language(s) other than English. ☐ English and language(s) other than English. ☐ only English.	
2. My student speaks:	☐ language(s) other than English. ☐ English and language(s) other than English. ☐ only English.	
3. My student understands:	☐ language(s) other than English. ☐ English and language(s) other than English. ☐ only English.	
4. My student has consistent interaction in:	☐ language(s) other than English. ☐ English and language(s) other than English. ☐ 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
Engage. Educate. Empower.

Brian Dietz	Robyn Vosberg-Torgerson	Sarah Schmidt	Jennifer DuFresne
Superintendent	Dir. of Business Services	Dir. of Teaching & Learning	Spec. Serv. Supervisor
651-213-2096	651-213-2901	651-213-2005	651-213-2008
bdietz@isd2144.org	rvosberg-torgerson@isd2144.org	sschmidt@isd2144.org	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: jfrawley@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.