

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
-	-		
Date Of Birth	Age	Grade	Y / N 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:

- Native Am. Heritage? Yes No
- Check all that apply:
- White/Caucasian
 - Hispanic/Latino*
 - Am. Indian/Alaskan*
 - Asian*
 - Black/African Am.*
 - Native Hawaiian/Pacific Islander

#2 Child

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

- Native Am. Heritage? Yes No
- Check all that apply:
- White/Caucasian
 - Hispanic/Latino*
 - Am. Indian/Alaskan*
 - Asian*
 - Black/African Am.*
 - Native Hawaiian/Pacific Islander

#3 Child

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

- Native Am. Heritage? Yes No
- Check all that apply:
- White/Caucasian
 - Hispanic/Latino*
 - Am. Indian/Alaskan*
 - Asian*
 - Black/African Am.*
 - Native Hawaiian/Pacific Islander

*Please fill out the MDE Ethnic & Racial Demographic Designation Form; submit with this form

**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>) Yes No

Entered into computer 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

2019-20 Ethnic and Racial Demographic Designation Form

Student's First Name: _____ Middle Name/Initial: _____ Last Name: _____

Date of Birth: _____ 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*):

- | | | | |
|--|---------------------------------------|--|--|
| <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/
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.

¹Federal 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 _____