

Chisago Lakes Registration/Census Form Date _____

Other Children living in the Household (include step children)

Last Name (Legal) _____ First Name (Legal) _____ Middle _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F Birthdate (mm/dd/yyyy) _____ Current Grade ____ Current School _____ Name of other parent/guardian not previously listed: _____ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster <input type="checkbox"/> Other _____	Ethnicity: Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No Race: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic
Last Name (Legal) _____ First Name (Legal) _____ Middle _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F Birthdate (mm/dd/yyyy) _____ Current Grade ____ Current School _____ Name of other parent/guardian not previously listed: _____ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster <input type="checkbox"/> Other _____	Ethnicity: Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No Race: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic
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Office Use: Address checked on Pollfinder <input type="checkbox"/> Yes <input type="checkbox"/> No (http://pollfinder.sos.state.mn.us) If not Dist.#2144 resident, <u>Open Enrollment</u> form completed? <input type="checkbox"/> Yes <input type="checkbox"/> No No Copies to ____ Bus Garage ____ Food Service ____ Director of Business Serv	MARSS# verified with Michelle (x2066) <input type="checkbox"/> Yes <input type="checkbox"/> No Entered into computer <input type="checkbox"/> Yes <input type="checkbox"/> No ____ Original is placed in students file Date _____ Initials _____
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