

CHISAGO LAKES STUDENT CENSUS/REGISTRATION

Chisago Lakes Schools ISD 2144

STUDENT INFORMATION		Office use: MARSS # _____		Student ID # _____					
Last Name (Legal Name)		First Name		Middle Name		Grade			
Home Address (Student Resides Here)			Unit #		City, State, & Zip Code				
Home Phone ()		Gender <input type="checkbox"/> M <input type="checkbox"/> F		Birthdate (mm/dd/yyyy)		Effective Date of Move (if Applicable)			
Race/Ethnic Background: Race/Ethnic data is used to comply with federal and state civil rights laws and statistical reports.		Hispanic/Latino (select one only) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		State Ethnicity (select only one) <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not Hispanic <input type="checkbox"/> White, not Hispanic		Race (select one or more) <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander			
Other Information:									
Is Student's Parent/Guardian/Sibling currently in the Armed Forces? <input type="checkbox"/> No <input type="checkbox"/> Yes, serving as: <input type="checkbox"/> Reservist <input type="checkbox"/> Active Duty <input type="checkbox"/> Recently Retired <input type="checkbox"/> Currently Deployed									
Name(s) of military connected relative(s) _____									
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, district # _____									
What is the student's country of birth? <input type="checkbox"/> US <input type="checkbox"/> Other: _____ Is student an immigrant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of Immigration _____ Is the student a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Does this student have a diploma or transcript from another country? <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes, Country _____									
Has this student ever been identified as gifted / talented? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Does this student currently have an Individual Education Plan (IEP) or 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Has this student been expelled? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, from what School? _____									
Is there a custodial agreement for the student? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <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									
Home Language Questionnaire:									
Which language did the student learn first? <input type="checkbox"/> English <input type="checkbox"/> Other: _____									
Which language is most often spoken in your home? <input type="checkbox"/> English <input type="checkbox"/> Other: _____ If other, was the student receiving English as a second language services at the previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Which language does the student usually speak? <input type="checkbox"/> English <input type="checkbox"/> Other: _____									
Is an interpreter required to communicate with anyone in your family? <input type="checkbox"/> No <input type="checkbox"/> Yes, what language? _____									
Which Family Members: _____									