

Family Information

Accurate and up-to-date family information enables us to provide you with current information regarding educational services offered by our district such as Early Childhood Screening, preschool classes, kindergarten registration, early intervention services, parent-child programs and more!

Please print when filling out the form.

Last	Child(ren)'s Legal Name(s)		Birth date	Gender	Ethnicity (see chart)	Race (see chart)	Home Language*	Birth Country
	First	Middle						
Ethnicity Chart: (select one) 1. American Indian/Alaskan Native 4. Black (not Hispanic) 2. Asian/Pacific Islander 5. White (not Hispanic) 3. Hispanic			Race (Federal) Chart: (select all that apply) 1. Hispanic or Latino 4. Black or African American 2. American Indian or Alaskan Native 5. Native Hawaiian or Pacific Islander 3. Asian 6. White			*Home Language: Please indicate the language your child normally uses at home.		
Child(ren)'s Primary Street Address			Apt. #	City, State, Zip		County		
Parent/Guardians' Last Name, First Name			Relationship to student		Phone Number (include area code)		Email Address	

Please return form to: Colts Academy Attn: Rose
124 First Ave. SE
PO Box 849
St. Joseph, MN 56374