

## **Spencerport School District**

## \*STUDENT RACIAL AND ETHNIC IDENTIFICATION

\*Required to collect data by the US Department of Education All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status. Date of Birth (Month/Day/Year) Student Name: Last, First, Middle: Grade Level: School District Student Identification Number: Name of School: DIRECTIONS TO PARENT/GUARDIAN Please answer (1) AND (2). Please read both questions before you respond. For question (1) please check (**X**) only **ONE** category. Is the student Hispanic, Latino, or of Spanish Origin? Hispanic, Latino, or Spanish Origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race. Yes, Hispanic No, not Hispanic For question (2) please check (X) ALL groups that apply to your child. Please check (X) at least one category. Select one or more races from the following five racial groups: \_\_\_\_\_ American Indian or Alaska Native: A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition. Example: Cherokee, Mohawk, Inuit. Asian: A person 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 Phillipine Islands, Thailand, and Vietnam. Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, and other Pacific Islands. Black or African American: A person having origins in any of the Black racial groups of Africa. White: A person having origins in any of the original peoples of Europe, North America, or the Middle Signature of Parent/ Guardian/Other Date Relationship to Student (please check (x) one category below):

\_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Guardian \_\_\_\_ Other (Specify): \_\_\_\_\_

Please return this form to the Principal's office at your school.