

STUDENT NAME: _____

STUDENT BIRTH DATE: _____

**PLEASE SELECT AT LEAST ONE FROM QUESTION 1 AND QUESTION 2
Ethnicity and Race Data Collection Form**

QUESTION 1. Is your child of Hispanic or Latino origin? (Check all that apply.)

- | | | | |
|--------------------------|---------------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | NOT HISPANIC/LATINO | <input type="checkbox"/> | MEXICAN/ MEXICAN AMERICAN/ CHICANO |
| <input type="checkbox"/> | CUBAN | <input type="checkbox"/> | CENTRAL AMERICAN |
| <input type="checkbox"/> | DOMINICAN | <input type="checkbox"/> | SOUTH AMERICAN |
| <input type="checkbox"/> | SPANIARD | <input type="checkbox"/> | LATIN AMERICAN |
| <input type="checkbox"/> | PUERTO RICAN | <input type="checkbox"/> | OTHER HISPANIC/LATINO |

QUESTION 2. What race(s) do you consider your child? (Check all that apply.)

- | | | | |
|--------------------------|-------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | AFRICAN AMERICAN/ BLACK | <input type="checkbox"/> | ALASKA NATIVE |
| <input type="checkbox"/> | WHITE | <input type="checkbox"/> | CHEHALIS |
| <input type="checkbox"/> | ASIAN INDIAN | <input type="checkbox"/> | COLVILLE |
| <input type="checkbox"/> | CAMBODIAN | <input type="checkbox"/> | COWLITZ |
| <input type="checkbox"/> | CHINESE | <input type="checkbox"/> | HOH |
| <input type="checkbox"/> | FILIPINO | <input type="checkbox"/> | JAMESTOWN |
| <input type="checkbox"/> | HMONG | <input type="checkbox"/> | KALISPEL |
| <input type="checkbox"/> | INDONESIAN | <input type="checkbox"/> | LOWER ELWHA |
| <input type="checkbox"/> | JAPANESE | <input type="checkbox"/> | LUMMI |
| <input type="checkbox"/> | KOREAN | <input type="checkbox"/> | MAKAH |
| <input type="checkbox"/> | LAOTIAN | <input type="checkbox"/> | MUCKLESHOOT |
| <input type="checkbox"/> | MALAYSIAN | <input type="checkbox"/> | NISQUALLY |
| <input type="checkbox"/> | PAKISTANI | <input type="checkbox"/> | NOOKSACK |
| <input type="checkbox"/> | SINGAPOREAN | <input type="checkbox"/> | PORT GAMBLE KLALLAM |
| <input type="checkbox"/> | TAIWANESE | <input type="checkbox"/> | PUYALLUP |
| <input type="checkbox"/> | THAI | <input type="checkbox"/> | QUILEUTE |
| <input type="checkbox"/> | VIETNAMESE | <input type="checkbox"/> | QUINAULT |
| <input type="checkbox"/> | OTHER ASIAN | <input type="checkbox"/> | SAMISH |
| <input type="checkbox"/> | NATIVE HAWAIIAN | <input type="checkbox"/> | SAUK-SUIATTLE |
| <input type="checkbox"/> | FIJIAN | <input type="checkbox"/> | SHOALWATER |
| <input type="checkbox"/> | GUAMANIAN or CHAMORRO | <input type="checkbox"/> | SKOKOMISH |
| <input type="checkbox"/> | MARIANA ISLANDER | <input type="checkbox"/> | SNOQUALMIE |
| <input type="checkbox"/> | MELANESIAN | <input type="checkbox"/> | SPOKANE |
| <input type="checkbox"/> | MICRONESIAN | <input type="checkbox"/> | SQUAXIN ISLAND |
| <input type="checkbox"/> | SAMOAN | <input type="checkbox"/> | STILLAGUAMISH |
| <input type="checkbox"/> | TONGAN | <input type="checkbox"/> | SUQUAMISH |
| <input type="checkbox"/> | OTHER PACIFIC ISLANDER | <input type="checkbox"/> | SWINOMISH |
| | | <input type="checkbox"/> | TULALIP |
| | | <input type="checkbox"/> | YAKAMA |
| | | <input type="checkbox"/> | OTHER WASHINGTON INDIAN |
| | | <input type="checkbox"/> | OTHER AMERICAN INDIAN |

PLEASE RETURN TO YOUR CHILD'S SCHOOL , THANK YOU.

PARENT SIGNATURE: _____ DATE: _____