



# CHENANGO FORKS CENTRAL SCHOOL DISTRICT

## STUDENT RACIAL AND ETHNIC IDENTIFICATION

 FORM  
SREI

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.

**Name of School:**
**School District Student Identification Number:**
**Date of Birth (Month/Day/Year):**  
 / /

**Student Name: Last, First, Middle:**
**Grade Level:**
**DIRECTIONS TO PARENT/GUARDIAN**

PLEASE ANSWER QUESTIONS (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND. [For question (1) Check ( ✓ ) the box that best describes your child.] Check ( ✓ ) only ONE box.

1. **Is the student Hispanic, Latino, or of Spanish origin?** Hispanic, Latino, or of 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

2. **Select one or more races from the following five racial groups** [For question (2) Check ( ✓ ) all groups that apply to your child; check ( ✓ ) **at least** ONE box.]:

- AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- 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 Philippine Islands, Thailand, and Vietnam.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or 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 Africa, or the Middle East.

 \_\_\_\_\_  
 Signature of Parent/Guardian/Other

 \_\_\_\_\_  
 Date

Relationship to Student (please check ( ✓ ) one box below):

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

**See reverse for important message to  
Parent/Guardians and Confidentiality Procedures  
and Regulations.**