

MCDONALD LOCAL SCHOOL DISTRICT ETHNICITY QUESTIONNAIRE

Student Name: _____ Birth Date: _____ / _____ / _____

Per United States Department of Education requirements. When collecting race/ethnicity information districts must collect this information by using a two part question found below.

Part 1: Ethnicity

Is the student Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) _____ Yes _____ No

Regardless of whether your answer is Yes or No to Part 1, you must also select 1 or more racial groups in Part 2.

Part 2: Racial Group

Is the student from one or more of the following racial groups? (check all that apply):

_____ (W) **White**
People who have origins in any of the original peoples of Europe, North Africa, or the Middle East.

_____ (M) **Multiracial**

_____ (P) **Native Hawaiian or Other Pacific Islander**
Persons having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ (A) **Asian**
Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ (I) **American Indian or Alaskan Native**
Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

_____ (B) **Black or African American**
Persons having origins in any of the black racial groups in Africa.

_____ (H) **Hispanic/Latino (Must check if you answered "Yes" to Part 1)**
Cuban, Mexican, Puerto Rican, South or Central American,, or other Spanish culture or origin.

_____ **PARENT OR GUARDIAN REFUSES TO LIST CHILD'S ETHNICITY AND RACIAL GROUP**
I (parent or guardian) refuse to designate the ethnicity of my child and understand that the school district is required by the United States Department of Education to determine the ethnicity of my child based on their observation of the student.

Parent or Guardian Signature: _____ Date: _____ / _____ / _____

FOR SCHOOL USE ONLY WHEN PARENT REFUSES TO LIST CHILD'S ETHNICITY AND RACIAL GROUP ABOVE
School District's determination of child's ethnicity based on observation:

_____ Hispanic/Latino

_____ Asian

_____ White

_____ Black or African American

_____ American Indian or Alaskan Native

_____ Native Hawaiian or Other Pacific Islander

Name of School District employee determining child's ethnicity (please print): _____

Employee Signature: _____ Date: _____ / _____ / _____