

Ethnicity

Student Name: _____ Date of Birth: _____

Because of changing reporting requirements at the Ohio Department of Education, we must gather new ethnicity information for all our students and new enrollments. Please answer **BOTH** questions:

1. **My child is of Hispanic/Latino Heritage ?** _____ Yes _____ No
(a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin)

2. Please choose your child's Ethnic Code

_____ **Asian** (Origins of the Far East, Southeast Asia, or Indian subcontinent -- The area includes Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)

_____ **Black or African American -- Non-Hispanic** (Persons having origins in any of the black racial group in Africa.)

_____ **American Indian/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.)

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

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

_____ **Hispanic** -- (Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.) **(MUST CHOOSE one of the following categories also -- use definitions above.)**

- _____ Asian
_____ Black or African American
_____ American Indian/Alaskan Native
_____ Native Hawaiian or Other Pacific Islander
_____ White

_____ **Multi-Racial:** (Choose all that apply -- use definitions above)

- _____ Asian
_____ Black or African American
_____ American Indian/Alaskan Native
_____ Native Hawaiian or Other Pacific Islander
_____ White

Parental Signature: _____ Date: _____

SCHOOL DISTRICT HOME LANGUAGE SURVEY

*As required by Federal Law, this form must be completed for all students at the time of enrollment
Title VI Compliance Issues 9/91*

Date: _____ Person helping parent with this form & their title: _____

SCHOOL DISTRICT: _____

SCHOOL BUILDING: _____

NAME OF STUDENT: _____

Student's first name Student's M.I. Student's last name(s)
Birth Date: _____ Birth Place: _____
Month (MM) Day (DD) Year (YYYY) City State Country

NAME OF MALE PARENT/GUARDIAN: _____

Father's First Name Father's Last Name(s)

NAME OF FEMALE PARENT/GUARDIAN: _____

Mother's First Name Mother's Last Name(s)

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Circle your child's dietary needs: No Restrictions Vegetarian No Pork Products

List Food Allergies: _____

For Parents/Guardians:

Please answer the following questions:

1. What language did your son/daughter speak when s/he first learned to talk? _____
2. What language does your son/daughter use most frequently at home? _____
3. What language do you use most frequently with your son/daughter? _____
4. What language do the adults at home most often speak? _____
5. How long has your son/daughter attended school in the United States? _____

OCR Law requires this form to be placed in the student's cumulative folder and remain there until graduation.