

**Student Racial and Ethnicity Identification**

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 (MM/DD/YYYY)**

**Student Name: Last First, Middle:**

**Grade Level:**

**Directions to Parent/Guardian:**

PLEASE ANSWER QUESTIONS (1) AND (2). PLEASE READ THEM BEFORE YOU RESPOND. [For (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 America and who maintains cultural identification through tribal affiliation or community recognition. e.g. Cherokee, Mohawk, Inuit, (but not limited to those listed)

**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:** 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, including Spain, 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 Parents/Guardians and Confidentiality Procedures and Regulations.**

To the Parent/Guardian: In accordance with recommended requirements of the NYSED, the Seneca Falls Central School district will collect and record the ethnic identity of students. The information will be used for to:

- Report information to the State and Federal Education Departments.
- Plan educational programs and make sure they are readily available to all students.
- Study the movement of students in different ethnic groups as they move from school to school.
- Analyze differences in academic performance, attendance and completion of school.

We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions on the back page. Put a (√) in the box for the category or categories which best describe your child. The Seneca Falls Central School district understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all State and Federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

<b>CONFIDENTIALITY PROCEDURES AND REGULATIONS</b>
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To School Staff:

This form will be filed in the student's permanent record as confidential information.

To the Parent/Guardian:

The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulation cited below.

The Family Education Rights and Privacy Act (1974) prohibit unauthorized access to student records and unauthorized release of any student's record information identifiable by either student name or student identification number.

<b>Please complete the form on the reverse side of this page.</b>
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