

STUDENT RACE/ETHNICITY CHANGE FORM



Student Information

Student ID # _____

Student Name _____

Grade _____

Date of Birth _____

Race/Ethnicity

Is the individual Hispanic/Latino? Yes No

Is the individual from one or more of these races?

(Check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White

The changes made will be applied to meet all reporting mandates of the MDE (Minnesota Department of Education) to ensure accurate and consistent submission of data across all required reports. This aligns with the school district's commitment to fulfilling its responsibilities as an MDE reporting entity.

Race/Ethnicity

Parent/Guardian Signature

Date

Parent/Guardian Name

Please submit the completed form either via email to enrollsspps@sspps.org or in-person or postal mail to the SSPPS District Office: 104 5th Ave South, South St. Paul, MN 55075