Student Registration

## Stockbridge Valley Central School District



## **Student Racial and Ethnic 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 (Office Use C	Only):
Student Name:	
Date of Birth:	Grade Level:
Directions to Parent/Guardian	
Please answer questions 1 and 2. Please read them before that best describes your child. Check ( $$ ) only one box.	e you respond. For question 1, check ( $$ ) the box
<b>1. Is the student Hispanic, Latino or of Spanish origin?</b> person of Cuban, Mexican, Puerto Rican, Central or South regardless of race.	•
☐ Yes, Hispanic	
□ No, not Hispanic	
2. Select one or more races from the following five rac apply to your child; check ( $$ ) at least one box:	ial groups. For question 2, check ( $$ ) all groups tha
☐ American Indian or Alaskan Native: A person having original and who maintains cultural identification through tribal affiliation Mohawk, Inuit	
☐ Asian: A person having origins in any of the original peop subcontinent including for example, Cambodia, China, Indial Islands, Thailand, and Vietnam.	
□ Native Hawaiian or Other Pacific Islander: A person havi Guam, Samoa, or other Pacific Islands.	ng origins in any of the original peoples of Hawaii,
☐ Black: A person having origins in any of the black racial	groups of Africa
☐ White: A person having origins in any of the original peol	oles 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 (Spec	ify):