

White Plains Public Schools Student Racial and Ethnic Identification Form

Dear Parent/Guardian:

The White Plains Public Schools is required to collect and record the ethnic identify of students in our school district in accordance with federal categories and definitions. We will use the information that we gather to:

- Report information to the State and federal education departments.
- Plan educational programs and make sure that 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 complete the form on the back of this letter and then sign the form in the place provided.

The 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. In fact, the Family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.

If you do not complete the form on behalf of your child, the coordinator of the Family Information Center will be required to identify the group to which the student appears to belong.

Sincerely,

Dr. Joseph L. Ricca Superintendent of Schools

July, 2017 Form SREI

Please complete the form on the reverse side of this page.

White Plains Public Schools Student Racial and Ethnic Identification Form

Student Name:		
Date of Birth:		
Grade:		
	Please answer <i>both</i> Question 1 <i>and</i> Question 2 below.	7

Question 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. *Check ONE box below that best describes your child.*

Yes, Hispanic
No, not Hispanic

Question 2. Select one or more races from the following five racial groups. *Check ALL boxes below that apply to your child.*

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, Intuit.			
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, North Africa, or the Middle East.			

Signature of Parent/Guardian/Other

Date

Relationship to Student. Check ONE box below.

Mother

Father

Guardian

Other (Specify): _



WHITE PLAINS CITY SCHOOL DISTRICT FAMILY INFORMATION CENTER 500 North Street White Plains, NY 10605 (914) 422-2038

REQUEST FOR RECORDS

I, _____, parent or legal guardian of _____, born on _____, do

hereby authorize the exchange of the following information (please check below) between the

White Plains City School District and the party listed below:

Transcript/Grades	Х	Medical Data (Including Immunizations)	Х
Grades 3-8 Testing	Х	Psychological Data	Х
AIS Services	Х	Psychiatric Data	Х
Most Recent IEP	Х	Neurological Data	Х
CSE Packet	Х	Speech & Language Data	Х
Assessment Data	Х	NYSITELL / NYSESLAT Data	Х

Name of School:	
Address:	
Telephone #:	

&

White Plains Public Schools

500 North Street

White Plains, NY 10605

Signature of Parent or Legal Guardian

Date

Please note that all materials sent to the White Plains City School District are subject to review and inspection by both the parents and authorized professional staff; and subject to FERPA (34 CFR § 99.31)