



## Ethnicity and Race Data Collection Form

Student Name: \_\_\_\_\_

**PLEASE ANSWER QUESTIONS 1A OR 1B AND QUESTION 2**

**QUESTION 1. A.** Is your child of Hispanic or Latino origin? (if so, check all that apply)

<input type="checkbox"/> CUBAN <input type="checkbox"/> DOMINICAN <input type="checkbox"/> SPANIARD <input type="checkbox"/> PUERTO RICAN	<input type="checkbox"/> MEXICAN/ MEXICAN AMERICAN/ CHICANO <input type="checkbox"/> CENTRAL AMERICAN <input type="checkbox"/> SOUTH AMERICAN <input type="checkbox"/> LATIN AMERICAN <input type="checkbox"/> OTHER HISPANIC/LATINO
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**QUESTION 1. B.** Child is not Hispanic/Latino

**NOT HISPANIC/LATINO**

**QUESTION 2.** What race(s) do you consider your child? (Check all that apply)

<input type="checkbox"/> AFRICAN AMERICAN/BLACK  <input type="checkbox"/> WHITE  <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CAMBODIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> HMONG <input type="checkbox"/> INDONESIAN <input type="checkbox"/> JAPANESE <input type="checkbox"/> KOREAN <input type="checkbox"/> LAOTIAN <input type="checkbox"/> MALAYSIAN <input type="checkbox"/> PAKISTANI <input type="checkbox"/> SINGAPOREAN <input type="checkbox"/> TAIWANESE  <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> OTHER ASIAN  <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> FIJIAN <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> MARIANA ISLANDER <input type="checkbox"/> MICRONESIAN <input type="checkbox"/> SAMOAN <input type="checkbox"/> TONGAN <input type="checkbox"/> OTHER PACIFIC ISLANDER	<input type="checkbox"/> ALASKA NATIVE <input type="checkbox"/> CHEHALIS <input type="checkbox"/> COLVILLE <input type="checkbox"/> COWLITZ <input type="checkbox"/> HOH <input type="checkbox"/> JAMESTOWN <input type="checkbox"/> KALISPEL <input type="checkbox"/> LOWER ELWHA <input type="checkbox"/> LUMMI <input type="checkbox"/> MAKAH <input type="checkbox"/> MUCKLESHOOT <input type="checkbox"/> NISQUALLY <input type="checkbox"/> NOOKSACK <input type="checkbox"/> PORT GAMBLE KLALLAM <input type="checkbox"/> PUYALLUP <input type="checkbox"/> QUILEUTE <input type="checkbox"/> QUINALT THAI <input type="checkbox"/> SAMISH <input type="checkbox"/> SAUK-SUIATTLE <input type="checkbox"/> SHOALWATER <input type="checkbox"/> SKOKOMISH <input type="checkbox"/> SNOQUALMIE <input type="checkbox"/> SPOKANE <input type="checkbox"/> SQUAXIN ISLAND <input type="checkbox"/> STILLAGUAMISH <input type="checkbox"/> SUQUAMISH <input type="checkbox"/> TULALIP <input type="checkbox"/> YAKAMA <input type="checkbox"/> OTHER WASHINGTON INDIAN <input type="checkbox"/> OTHER AMERICAN INDIAN
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This information is required by the Washington State Office of the Superintendent of Public Instruction (OSPI), per Bulletin No. 004-10 Assessment and Student Information

**I CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT.**

\_\_\_\_\_  
Signature \_\_\_\_\_ Date