



**WILLIAMSTON**  
COMMUNITY SCHOOLS

## Williamston Community Schools Ethnicity Form

Regarding data collection, the U.S. Department of Education encourages educational institutions to allow all students and staff the opportunity to re-identify their race and ethnicity under the 1997 Standards.

Student's Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Please answer **BOTH** parts, **A** and **B**.

Part A. **Is this student Hispanic/Latino?** (*Choose only one*)

\_\_\_\_\_ **No, not Hispanic/Latino**

\_\_\_\_\_ **Yes, Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin, regardless of race.)

Part A of the question is about ethnicity, not race. Regardless of what you selected in Part A, **please answer Part B** by marking one or more to indicate what you consider your student's (or your) race to be.

Part B. **What is the student's race?** (*Choose one or more*)

\_\_\_\_\_ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America.)

\_\_\_\_\_ **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.)

\_\_\_\_\_ **Black or African-American** (A person having origins in any of the black racial groups of Africa)

\_\_\_\_\_ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

\_\_\_\_\_ **White** (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

NOTE: Both parts A and B **MUST** be completed. We encourage you to select an answer for **both** parts. If either part (A or B) is not answered, the U.S. Department of Education **requires** your child's school district to supply an answer on your behalf.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date