



# Student Identification Form

## ITHACA CITY SCHOOL DISTRICT

400 Lake Street • P.O. Box 549 • Ithaca, New York • 14851-0549

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 Student: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_  
Month Day Year

City and State or Country of Birth: \_\_\_\_\_

If born outside of the United States (including Puerto Rico), has the student previously attended school in the United States (including Puerto Rico)?  Yes  No If yes, dates previously attended U.S. schools: \_\_\_\_\_

The Ithaca City School District requires the collection and recording of the ethnic identity of students in the Ithaca City School District in accordance with the federal categories and definitions. The information will be used to:

- Report information to the State and Federal Education Departments.
- Plan educational programs and make sure that they are readily available to all students.
- Analyze differences in academic performance, attendance and completion of school.

The Ithaca City School District understands the sensitive nature of this information and wishes to assure you that your answers to the following two (2) questions will be kept secure and confidential in accordance with all State and Federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

<b>1. Is the student Hispanic, Latino, or of Spanish origin?</b> (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.)	<input type="checkbox"/> Yes, Hispanic <input type="checkbox"/> No, not Hispanic
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<b>2. Select one or more races from the following five racial groups which best describe your child.</b> (Check ( ✓ ) all groups that apply to your child; check ( ✓ ) at least ONE box.)
<input type="checkbox"/> <b>AMERICAN INDIAN OR ALASKA NATIVE:</b> 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, Inuit.
<input type="checkbox"/> <b>ASIAN:</b> 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.
<input type="checkbox"/> <b>NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:</b> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> <b>BLACK, NOT OF HISPANIC ORIGIN:</b> A person having origins in any of the black racial groups of Africa
<input type="checkbox"/> <b>WHITE, NOT OF HISPANIC ORIGIN:</b> A person having origins in any of the original peoples of Europe, North Africa, or the Middle East

Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:			
Parent/Guardian Declined to Answer <input type="checkbox"/>	Date:	Name/Position of Personnel Completing Student Identification in Lieu of Parent/Guardian	