Washington State Ethnicity and Race Data Collection Form

School districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction. The same ethnicity and race categories are used in all Washington school districts. They are set by the federal government, the Washington State Legislature, and the state Superintendent of Public Instruction. **We need you to identify your child as either Hispanic/Latino or not Hispanic/Latino and by** *one or more* racial groups.

Student Legal Last Name		Legal First Name					
Is your child of Hispanic or Latino origin?		☐ Yes	☐ Yes If yes, the state requires that at least one box must be checked in both section 1 & 2.				
	□ No	\square No \square If no, proceed to section 2. The state requires that			at at least one box must be checked.		
Section 1. Check all tl	nat apply.						
☐ Cuban	☐ Puerto Rican					☐ South American	
☐ Dominican		☐ Mexican/Mexican American/Chicano			☐ Latin American		
☐ Spaniard		☐ Central American				☐ Other Hispanic/Latino	
Section 2. What race	(s) do you c	onsider	your child? C	heck	all that apply. At l	east	one box must be checked
☐ African American/Black				American Indian or Alaskan Native			
☐ White					Alaska Native		Quinault
Asian					Chehalis		Samish
☐ Asian Indian	☐ Laotian				Colville		Sauk-Suiattle
☐ Cambodian	☐ Malaysiar	า			Cowlitz		Shoalwater
☐ Chinese	☐ Pakistani				Hoh		Skokomish
☐ Filipino	no 🗆 Singaporean				Jamestown		Snoqualmie
☐ Hmong	☐ Taiwanese				Kalispel		Spokane
☐ Indonesian	☐ Thai				Lower Elwha		Squaxin Island
☐ Japanese	☐ Vietnamese				Lummi		Stillaguamish
☐ Korean	☐ Other Asian				Makah		Suquamish
Native Hawaiian or Other Pacific Islander					Muckleshoot		Swinomish
☐ Native Hawaiian		l Microne	sian		Nisqually		Tulalip
☐ Fijian		l Samoan			Nooksack		Yakama
☐ Guamanian or Chamorro ☐		Tongan			Port Gamble Klallam		Other Washington Indian
☐ Mariana Islander ☐		Other Pa	Other Pacific Islander		Puyallup		Other American Indian/
☐ Melanesian				Quileute		Alaska Native	
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Parent/Guardian Signature						Date	
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FOR OFFICE USE ONLY							
☐ Form was completed by p	arent	□ Fo	orm was completed	by (na	me)		
Completed form was receive						Dot	