

LANGUAGE INFORMATION

Language Codes: (Select a letter from the list and fill in the blanks below)

_____	Student's First Acquired Language	_____	Language Most Often Spoken at Home	_____	Language Most Often Used by Student
A – English	F – Cebuano/Visayan	K – Vietnamese	Q – Fijian	V – Pangasinan	L – Other (Specify): _____
B – Cantonese	G – Hawaiian	M – Chuukese	R – Hmong	W – Portuguese	
C – Mandarin	H – Japanese	N – Pohnpeian	S – Lao	X – Spanish	
D – Ilocano	I – Korean	O – Cambodian	T – Marshallese	Y – Thai	
E – Tagalog	J – Samoan	P – Chamorro	U – Pampango	Z – Tongan	

Please complete ETHNICITY INFORMATION, RACE INFORMATION, and PRIMARY ETHNICITY/RACE INFORMATION

ETHNICITY INFORMATION

Are you (**J**) Hispanic (Ex. Cuban, Mexican, Puerto Rican, Spanish, Other Hispanic)? Yes No

RACE INFORMATION

Check all that apply:

<input type="checkbox"/> A – American Indian or Alaska Native	<input type="checkbox"/> E – Native Hawaiian	<input type="checkbox"/> K – Samoan	<input type="checkbox"/> P – Tongan
<input type="checkbox"/> B – Black	<input type="checkbox"/> G – Japanese	<input type="checkbox"/> L – White	<input type="checkbox"/> Q – Guamanian/Chamorro
<input type="checkbox"/> C – Chinese	<input type="checkbox"/> H – Korean	<input type="checkbox"/> N – Indo-Chinese (Ex. Cambodian, Laotian, Vietnamese)	<input type="checkbox"/> R – Other Asian
<input type="checkbox"/> D – Filipino	<input type="checkbox"/> I – Portuguese	<input type="checkbox"/> O – Micronesian (Ex. Chuukese, Marshallese Pohnpeian,)	<input type="checkbox"/> S – Other Pacific Islander

PRIMARY ETHNICITY/RACE INFORMATION

What is the student's primary race? (Select only ONE letter from either the ethnicity or race list and fill in the blank) _____

I decline to provide ethnicity and race information. I understand that if I do not provide this information, a school representative will designate the ethnicity and race categories for my child.

PARENT/GUARDIAN CONTACT INFORMATION

F I R S T P A R E N T / G U A R D I A N	Check one: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other (specify): _____	Relation: _____	
	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single		
	_____	_____	_____
	Last Name	First Name	Employer's Name
	_____	_____	_____
	Home Phone #	Cellular Phone #	Pager #
	_____	_____	_____
	Address (if different from student's)	_____	Email Address
	Custody of Child: <input type="checkbox"/> Yes <input type="checkbox"/> No	Child lives with this contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Is this parent/guardian a member of the Armed Services, National Guard or Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Military Status (check one): <input type="checkbox"/> Traditional Reservist / M-Day <input type="checkbox"/> Active Duty (Title 10) <input type="checkbox"/> Federal Technician (Title 32)			
Deployed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Branch of Service (check one):			
<input type="checkbox"/> Army <input type="checkbox"/> Marine <input type="checkbox"/> Air National Guard <input type="checkbox"/> Navy Reserves			
<input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> Army Reserves <input type="checkbox"/> Marine Reserves			
<input type="checkbox"/> Navy <input type="checkbox"/> Army National Guard <input type="checkbox"/> Air Force Reserves <input type="checkbox"/> Coast Guard Reserves			

