



Walkerville Public Schools



Walkerville Middle/High School

145 E. Lathrop Street

Walkerville, MI 49459

Phone: (231) 873-3652 Fax: (231) 873-5615

Walkerville Elementary School

170 E. North Street

Walkerville, MI 49459

Phone: (231) 873-5727 Fax: (231) 873-5642

RACE AND ETHNICITY QUESTIONNAIRE

Student Name: _____ Date of Birth: _____

Both Part A and Part B of the question must be answered. **If you choose not to answer either or both Part A and Part B, the U.S. Department of Education REQUIRES the School District to supply an answer on your behalf.**

Part A - **Is this student Hispanic/Latino?** (Circle only one)

No, Not Hispanic/Latino

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

The above part of the question is about ethnicity, not race. No matter which box you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's race to be.

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

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South American, 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 people of Hawaii, Guan, Samoa or other Pacific Islands.)

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** the school district to supply an answer on your behalf.

Legal Parent/Guardian's Signature: _____ Date: _____

Office Use Only:

If the above student's parent did not respond to this survey, this information is being determined by a school official.

Date completed by school official: _____

School officials initials: _____