

**Martha's Vineyard Public Schools**

4 Pine Street, Vineyard Haven, MA 02568

Tel: 508.693.2007 Fax: 508.693.3190

*Excellence and Equity For All Children*

STUDENT'S NAME \_\_\_\_\_

GRADE \_\_\_\_\_

Please answer **BOTH** questions 1 and 2. Thank you.

**1. Is this student Hispanic or Latino? (choose only one)**

- NO**, not Hispanic or Latino
- YES**, Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

**2. 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), and who maintains tribal affiliation or community attachment.)
- 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 Hawaii, Guam, Samoa, or other Pacific Islands.)
- WHITE** (a person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

*Please return completed form to School Secretary. Thank you.*