

LEGAL NAME OF CHILD: \_\_\_\_\_  
(To be completed by the child's Parent/Guardian)

**Part I: Ethnicity Designation**

Is the person Hispanic or Latino? Must choose one.

- Hispanic or Latino *[If selected go to Question I-A]*
- Not Hispanic or Latino *[If no, go to Question Part II]*

**Optional Question I-A:** If Hispanic or Latino was chosen above, select all that apply from the list below:

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> Columbian                         | <input type="checkbox"/> Ecuadorian          | <input type="checkbox"/> Guatemalan |
| <input type="checkbox"/> Mexican                           | <input type="checkbox"/> Puerto Rican        | <input type="checkbox"/> Salvadoran |
| <input type="checkbox"/> Spaniard/Spanish/Spanish-American | <input type="checkbox"/> Decline to indicate |                                     |
| <input type="checkbox"/> Unknown                           | <input type="checkbox"/> Other               |                                     |

**Part II: Race Designation**

Select one or more of the following categories that apply to this person:

- American Indian or Alaska Native *[If selected go to question II-A]*

**Optional Question II-A:** If chosen, select all that apply from the list below:

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Bad River Band  | <input type="checkbox"/> Forest County   | <input type="checkbox"/> Ho-Chunk    |
| <input type="checkbox"/> Lac Courte Oreilles   | <input type="checkbox"/> Lac du Flambeau | <input type="checkbox"/> Menominee   |
| <input type="checkbox"/> Oneida Nation (Wisconsin)   | <input type="checkbox"/> Red Cliff       | <input type="checkbox"/> Sokaogon    |
| <input type="checkbox"/> St. Croix   | <input type="checkbox"/> Stockbridge     | <input type="checkbox"/> Brothertown |
| <input type="checkbox"/> Other <i>Please select value from <a href="#">Tribal Affiliation List</a> _____</i> |  |                                      |

- Asian *[If selected go to question II-B]*

**Optional Question II-B:** If chosen, select all that apply from the list below:

- |                                  |                                     |  |
|----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Chinese    | <input type="checkbox"/> Filipino            |
| <input type="checkbox"/> Hmong   | <input type="checkbox"/> Indian     | <input type="checkbox"/> Karen               |
| <input type="checkbox"/> Korean  | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Decline to indicate |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Other      |  |

- Black or African American *[If selected go to question II-C]*

**Optional Question II-C:** If chosen, select all that apply from the list below:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> African-American    | <input type="checkbox"/> Ethiopian-Oromo | <input type="checkbox"/> Ethiopian-Other |
| <input type="checkbox"/> Liberian            | <input type="checkbox"/> Nigerian        | <input type="checkbox"/> Somali          |
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Unknown         |  |
| <input type="checkbox"/> Other               |  |  |

- Native Hawaiian or Other Pacific Islander

- White

Signature of Parent/Guardian: _____ Date: _____
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