

Department of Defense Education Activity

Questionnaire for Race/Ethnicity, and Home Language

Completion of this form is required for enrollment in DoD schools. The data collected is maintained for "Statistical Use Only" and is protected in accordance with the Privacy Act (93-579), OMB Circular A-108, and DoD Directive 5400.11. Unauthorized disclosure of this information constitutes a violation of the Privacy Act and may result in a fine up to \$ 5000.

Race/Ethnicity questions comply with OMB Standards for Maintaining, Collecting, and Presenting Data for Race and Ethnicity, dated 30 Oct 97

STUDENT NAME: _____

DATE: _____

PLEASE ANSWER ALL SECTIONS

ETHNICITY (Mark one)

_____ **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race.

_____ **NOT Hispanic or Latino.**

RACE (Mark one or more)

_____ **A – 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.

_____ **B – 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.

_____ **C – Black or African American.** A person having origins in any of the black racial groups of Africa.

_____ **E – White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ **F – Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

HOME LANGUAGE SURVEY (Yes or No, and Mark Language)

Does an adult in the household speak a language other than English at home?

_____ **Yes** _____ **No**

Does the child you are registering speak a language other than English at home?

_____ **Yes** _____ **No**

What was the first language your child learned?

_____ **English (E)** _____ **Another Language (A)** _____ **Both English & Another Language (B)**

Language(s) Learned: _____

SPOUSE'S RELATIONSHIP TO STUDENT: (Circle one)

AUNT	FOSTER PARENT	MOTHER	STEPFATHER
BROTHER	GRANDFATHER	SISTER	STEPMOTHER
BROTHER-IN-LAW	GRANDMOTHER	SISTER-IN-LAW	UNCLE
FATHER	GUARDIAN	SPOUSE	OTHER

WALKING FIELD TRIP PERMISSION:

I give my child, _____, permission to participate in school approved walking study trips on Fort Stewart federal property.

SIGNATURE: _____ DATE: _____

MEDIA PHOTO / VIDEO PERMISSION:

I request my child (___ appear ___ not appear) in filming, videotaping, photographs or DoDEA Web pages to be released to television or newspaper affiliates (images, but not the names may appear).

SIGNATURE: _____ DATE: _____

SERVICES BEING RECEIVED BY YOUR CHILD: (Circle all that apply)

SPECIAL EDUCATION SPEECH TAG/GIFTED ESL

HAS YOUR CHILD EVER BEEN RETAINED: ___YES ___NO IF YES, WHAT GRADE?___