CENSUS FAMILY PROFILE

HERRICKS UNION FREE SCHOOL DISTRICT Att: Mr. Chris Connors 100 SHELTER ROCK ROAD NEW HYDE PARK, NY 11040

Dear Resident:

11/15

New York State Education Law requires school districts to take a census of persons under 18 years of age. We use this method because it is the most economical way of gathering census information. Consequently, we are asking your help in making our census as accurate as possible by voluntarily providing the information on this form. The data collected will be maintained in a confidential manner, and use solely to meet federal reporting of obligations for educational planning and administration of services.

PLEASE COMPLETE ALL ITEMS WHETHER OR NOT YOU HAVE CHILDREN and return this questionnaire PROMPLY within 10 days to the above address. Thank you for your assistance and cooperation. If you have any questions, please call Chris Connors at Herricks High School at 516-305-8720.

Parent(s) and/or Res	sidents Name:					
Address:						
Street Address (Apt #)			Town		State	Zip code
Home Telephone Nun	nber:					
Business Telephone Number:			Cell Telep	hone Number:		
Check one: Owner	Renter					
Total number of occup Please indicate number 18-29 Are you planning to m	to district: pants in this household er of adults (18 and ove 30-39 40-4 nove before September? new address:	(includinger) in each 9 ? Yes	age group liste 50-59 No	d below: 60-69	_ 70 and	
	LIST ALL CHILDRE	N FROM E	BIRTH TO 18 Y	EARS OF AGE		
Last Name	First Name	MI	Date of Birth	Sex Grade L	evel Sch	ool Attending
=	ability or you believe yo	services to	students with	, T	ontact the	office of Pupil
If child attending non-	-public school, list scho	ol name aı	nd address:			

(over)

HERRICKS PUBLIC SCHOOLS ♦ 999-B HERRICKS ROAD ♦ NEW HYDE PARK ♦ NEW YORK 11040

Student Racial and Ethnic Identification Form

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed, or national origin, sex, citizenship, handicapping condition, or immigration status.

Student's Last Name:	Student's First Name:	Middle Name or Initial				
Date of Birth (Month/Day/Year)	Grade Lev	rel				
Name of School:	School Dis	strict Student Identification Number:				
Directions to Parent/Guardian PLEASE ANSWER QUESTIONS (1) AND (2). PLEASE READ CAREFULLY BEFORE YOU RESPOND. (For Questions 1, check (✓) the box that best describes your child.) Check (✓) only ONE box.						
 Is the student Hispanic, Latino or of person of Cuban, Mexican, Puerto regardless of race. 		c, Latino or of Spanish origin means a nerican, or other Spanish culture or origin,				
YES, Hispanic		No, not Hispanic				
 Select one or more races from the following five racial groups (For Question (2) Check (✓) all groups that apply to your child; Check (✓) at least one box.) 						
American Indian or Alaska Native: A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition, e.g. Cherokee, Mohawk, Inuit.						
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 Island, Thailand and Vietnam.						
Native Hawaiian or other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.						
Black or African American: A person having origins in any of the racial groups of Africa.						
White: A person having origins in any of the original peoples of Europe, North Africa or the Middle East.						
Parent's/Guardian's Signature		Date				
Relationship to Student (Please check (✓) one box below):						
☐ Mother ☐ Father	Guardian	Other (Specify)				
11/15						