



Please complete ETHNICITY INFORMATION, RACE INFORMATION, and PRIMARY ETHNICITY/RACE INFORMATION

**ETHNICITY INFORMATION**

Are you **(J)** Hispanic (Ex. Cuban, Mexican, Puerto Rican, Spanish, Other Hispanic)?  Yes  No

**RACE INFORMATION**

Check all that apply:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> <b>A</b> – American Indian or Alaska Native | <input type="checkbox"/> <b>E</b> – Native Hawaiian | <input type="checkbox"/> <b>K</b> – Samoan   | <input type="checkbox"/> <b>P</b> – Tongan                 |
| <input type="checkbox"/> <b>B</b> – Black                            | <input type="checkbox"/> <b>G</b> – Japanese        | <input type="checkbox"/> <b>L</b> – White  | <input type="checkbox"/> <b>Q</b> – Guamanian/Chamorro     |
| <input type="checkbox"/> <b>C</b> – Chinese                          | <input type="checkbox"/> <b>H</b> – Korean          | <input type="checkbox"/> <b>N</b> – Indo-Chinese (Ex. Cambodian, Laotian, Vietnamese)  | <input type="checkbox"/> <b>R</b> – Other Asian            |
| <input type="checkbox"/> <b>D</b> – Filipino                         | <input type="checkbox"/> <b>I</b> – Portuguese      | <input type="checkbox"/> <b>O</b> – Micronesian (Ex. Chuukese, Marshallese Pohnpeian,) | <input type="checkbox"/> <b>S</b> – Other Pacific Islander |

**PRIMARY ETHNICITY/RACE INFORMATION**

What is the student's primary race? (Select only ONE letter from either the ethnicity or race list and fill in the blank) \_\_\_\_\_

I decline to provide ethnicity and race information. I understand that if I do not provide this information, a school representative will designate the ethnicity and race categories for my child.

**LEGAL PARENT/GUARDIAN LIVING IN THE HOUSEHOLD WITH STUDENT**

FIRST PARENT / GUARDIAN

Check one:  Mr.  Mrs.  Ms.  Other (specify): \_\_\_\_\_ Relation: \_\_\_\_\_

Marital Status:  Married  Divorced  Separated  Single Custody of Child:  Yes  No

Custody Documentation Submitted:  Yes  No Custody Type:  Sole Custody  Physical Custody  Joint Legal

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_

Home Address: \_\_\_\_\_ APT# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from Home Address): \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cellular Phone # \_\_\_\_\_ Pager # \_\_\_\_\_ Work Phone # (include ext.) \_\_\_\_\_

Email Address: \_\_\_\_\_

Allow this person access to: *(circle all that apply)* mailing / portal (if applicable) / messenger

EMERGENCY CONTACT: *(circle one)* Call Sequence 1 2

Is this parent/guardian a member of the Armed Services, National Guard or Reserves?  Yes  No

Military Status (check one):  Traditional Reservist / M-Day  Active Duty (Title 10)  Federal Technician (Title 32)

Deployed?  Yes  No

Branch of Service (check one):

- |                                    |  |   |   |
|------------------------------------|--|---|---|
| <input type="checkbox"/> Army      | <input type="checkbox"/> Marine              | <input type="checkbox"/> Air National Guard | <input type="checkbox"/> Navy Reserves        |
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Coast Guard         | <input type="checkbox"/> Army Reserves      | <input type="checkbox"/> Marine Reserves      |
| <input type="checkbox"/> Navy      | <input type="checkbox"/> Army National Guard | <input type="checkbox"/> Air Force Reserves | <input type="checkbox"/> Coast Guard Reserves |

Does this person work for the Federal Government or work on Federal Property?  Yes  No

## LEGAL PARENT/GUARDIAN **LIVING IN THE HOUSEHOLD WITH STUDENT**

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Check one:  Mr.  Mrs.  Ms.  Other (specify): \_\_\_\_\_ Relation: \_\_\_\_\_  
Marital Status:  Married  Divorced  Separated  Single Custody of Child:  Yes  No  
Custody Documentation Submitted:  Yes  No Custody Type:  Sole Custody  Physical Custody  Joint Legal

\_\_\_\_\_  
Legal Last Name Legal First Name

Home Address: \_\_\_\_\_ APT# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from Home Address): \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cellular Phone # \_\_\_\_\_ Pager # \_\_\_\_\_ Work Phone # (include ext.) \_\_\_\_\_

Email Address: \_\_\_\_\_

Allow this person access to: *(circle all that apply)* mailing / portal (if applicable) / messenger

EMERGENCY CONTACT: *(circle one)* Call Sequence 1 2

Is this parent/guardian a member of the Armed Services, National Guard or Reserves?  Yes  No

Military Status (check one):  Traditional Reservist / M-Day  Active Duty (Title 10)  Federal Technician (Title 32)

Deployed?  Yes  No

Branch of Service (check one):

- |                                    |  |   |   |
|------------------------------------|--|---|---|
| <input type="checkbox"/> Army      | <input type="checkbox"/> Marine              | <input type="checkbox"/> Air National Guard | <input type="checkbox"/> Navy Reserves        |
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Coast Guard         | <input type="checkbox"/> Army Reserves      | <input type="checkbox"/> Marine Reserves      |
| <input type="checkbox"/> Navy      | <input type="checkbox"/> Army National Guard | <input type="checkbox"/> Air Force Reserves | <input type="checkbox"/> Coast Guard Reserves |

Does this person work for the Federal Government or work on Federal Property?  Yes  No

## PARENT/GUARDIAN **NOT LIVING WITH STUDENT**

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Check one:  Mr.  Mrs.  Ms.  Other (specify): \_\_\_\_\_ Relation: \_\_\_\_\_  
Marital Status:  Married  Divorced  Separated  Single Custody of Child:  Yes  No

\_\_\_\_\_  
Legal Last Name Legal First Name

Home Address: \_\_\_\_\_ APT# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from Home Address): \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cellular Phone # \_\_\_\_\_ Pager # \_\_\_\_\_ Work Phone # (include ext.) \_\_\_\_\_

Email Address: \_\_\_\_\_

Allow this person access to: *(circle all that apply)* mailing / portal (if applicable) / messenger

EMERGENCY CONTACT: *(circle one)* Sequence 1 2 3

## LEGAL PARENT/GUARDIAN **NOT LIVING WITH STUDENT** (cont.)

G U A R D I A N	Is this parent/guardian a member of the Armed Services, National Guard or Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Military Status (check one): <input type="checkbox"/> Traditional Reservist / M-Day <input type="checkbox"/> Active Duty (Title 10) <input type="checkbox"/> Federal Technician (Title 32)	
	Deployed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Branch of Service (check one):	
	<input type="checkbox"/> Army <input type="checkbox"/> Marine <input type="checkbox"/> Air National Guard <input type="checkbox"/> Navy Reserves <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> Army Reserves <input type="checkbox"/> Marine Reserves <input type="checkbox"/> Navy <input type="checkbox"/> Army National Guard <input type="checkbox"/> Air Force Reserves <input type="checkbox"/> Coast Guard Reserves	
Does this person work for the Federal Government or work on Federal Property? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### EMERGENCY CONTACT INFORMATION

F I R S T	(Person To Notify In Case Of Emergency Other than First or Second Parent/Guardian Contact)				
	Check one: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other (specify): _____			Relation: _____	
	Last Name _____		First Name _____		Email Address _____
	Home Phone # _____		Cellular Phone # _____		Pager # _____
					Work Phone # (include ext.) _____
	EMERGENCY CONTACT: <i>(circle one)</i> Call Sequence 1    2    3    4    5				

S E C O N D	(Person To Notify In Case Of Emergency Other than First or Second Parent/Guardian Contact)				
	Check one: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other (specify): _____			Relation: _____	
	Last Name _____		First Name _____		Email Address _____
	Home Phone # _____		Cellular Phone # _____		Pager # _____
					Work Phone # (include ext.) _____
	EMERGENCY CONTACT: <i>(circle one)</i> Call Sequence 1    2    3    4    5				

### SCHOOL SUPPLEMENTARY INFORMATION

	Legal First, Middle Initial & Last Name	HIDOE School Attending	DOB	Grade	Relationship
Other Children In HIDOE Schools:	1. _____	_____	_____	_____	_____
	2. _____	_____	_____	_____	_____
	3. _____	_____	_____	_____	_____
	4. _____	_____	_____	_____	_____

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

FOR SCHOOL USE: