

PLAINVILLE PUBLIC SCHOOLS

PLAINVILLE, MASSACHUSETTS

REQUESTED BY THE DEPARTMENT OF EDUCATION

PLEASE ANSWER BOTH QUESTIONS 1 AND 2:

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)

List two or three neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

1. Name: _____
Address: _____
Telephone: _____ ☐ Home ☐ Work ☐ Cell
Relationship: _____
2. Name: _____
Address: _____
Telephone: _____ ☐ Home ☐ Work ☐ Cell
Relationship: _____
3. Name: _____
Address: _____
Telephone: _____ ☐ Home ☐ Work ☐ Cell
Relationship: _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Doctor: _____
Address: _____
Telephone: _____

Signature of Parent or Guardian _____ Date: _____