

Acton Public Schools
Acton-Boxborough Regional School District

Child's Name _____ 1st Choice School _____

Parent/Guardian Signature _____

Section II: Ethnicity (Select One)

- Not Hispanic or Latino** **Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Section III: Race (Select as many as apply)

- 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. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine 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.)

Section IV:

Low Income Status (Check if Applicable).

- The student is eligible for free or reduced lunch; or receives Transitional Aid to Families benefits; or is eligible for food stamps.

Migrant Status (Check if Applicable).

- An indication of whether an individual or a parent / guardian accompanying an individual maintains primary employment in one or more agricultural or fishing activities on a seasonal or other temporary basis and establishes a temporary residence for the purpose of such employment.

Immigrant Status (Check if Applicable).

- An indication of whether a student is eligible for the Emergency Immigrant Education Program, the student must not have been born in any State (any of the 50 states, the Commonwealth of Puerto Rico, the District of Columbia, Guam, American Samoa, the Virgin Islands, the Northern Mariana Islands, or the territory of the Pacific Islands) and not having completed 3 full academic years of school in any state.

Country of Origin: _____
(Country from which immigrant children have emigrated)

Date of Child's Immigration: _____

Has your child attended another Public or Private school in Massachusetts? _____

If so, please indicate the name and town of the school: _____
