

Pleasantdale School District 107

Residency Form

Student Name: _____ Grade: _____

Address: _____

The parent or legal guardian of each new student must submit the following original documents to enroll in Pleasantdale School District 107:

	Requirements and Actions that Must Be Completed
<p>Anyone Seeking to Enroll a Student</p>	<p><input type="checkbox"/> Must present an original copy of a certified or registered birth certificate for the student.</p> <p>Must present proof of residency within the District by providing the required number of documents from each of the following categories:</p> <p><u>Category I (One document required)</u></p> <p><input type="checkbox"/> Most recent property tax bill and proof of payment, e.g., canceled check or Form 1098 (homeowners)</p> <p><input type="checkbox"/> Mortgage papers (homeowners)</p> <p><input type="checkbox"/> Signed and dated lease and proof of last month's payment, e.g., canceled check or receipts (renters)</p> <p><input type="checkbox"/> Student Residency Affidavit to be used when the person seeking to enroll a student is living with a District resident (District resident will then need one document from Category I and two documents from Category II).</p> <p><u>Category II (Two documents showing proper address are required)</u></p> <p><input type="checkbox"/> Driver's license</p> <p><input type="checkbox"/> Vehicle registration</p> <p><input type="checkbox"/> Voter registration</p> <p><input type="checkbox"/> Most recent cable television and/or credit card bill</p> <p><input type="checkbox"/> Current public aid card</p> <p><input type="checkbox"/> Current homeowners/renters insurance policy and premium payment receipt</p> <p><input type="checkbox"/> Most recent gas, electric, and/or water bill</p>
<p>Anyone with a Custody Order Seeking to Enroll a Student</p>	<p><input type="checkbox"/> Court order, agreement, judgment, or decree that verifies the parent/guardian of person enrolling the student has legal custody (including divorce decrees awarding custody to one or both parents).</p>

Pleasantdale School District 107

7450 S. WOLF ROAD
BURR RIDGE, IL 60527

STUDENT REGISTRATION FORM

GRADE ENTERING: _____

STUDENT'S NAME: _____
(Last) (First) (Middle)

STUDENT'S ADDRESS: _____
(Street) (City) (Zip Code)

PHONE: () _____ NICKNAME: _____ SEX: _____ M _____ F
Unlisted: YES OR NO (circle one)

BIRTHPLACE: _____ DATE OF BIRTH: _____
(City/County - State)

Was English the first language your child learned? _____ YES _____ NO
If no, what language(s) is spoken? _____

What is the ethnic background of the student? **Please circle one:**
White Black American Indian/Alaskan Native Asian/Pacific Islander Hispanic Multi-Racial

List any special services such as Speech, Resource, Chapter 1, Gifted, or any other your child may have received:

OTHER MEMBERS IN HOUSEHOLD other than parent or guardian:

<u>Name (First and Last):</u>	<u>Relationship to Student:</u>
_____	_____
_____	_____
_____	_____

FATHER'S NAME: _____ WORK PHONE: () _____
Circle One: Married Divorced Single

MOTHER'S NAME: _____ WORK PHONE: () _____
Circle One: Married Divorced Single

GUARDIAN/STEP-PARENT: _____
(Name) (Address) (Phone)

PARENT SIGNATURE _____ DATE _____

Pleasantdale School District 107

2011-12 Material and Milk Fee Form

Please list all students in family on one form. Make checks payable to Pleasantdale School District 107 or pay tuition and fees with your credit card online. For online payment, go to the District's website, www.d107.org. Under the administration tab, scroll down to registration. Click on registration. On the registration page, click on the **E-Pay icon**.

Fees	Student's Last Name	Student's First Name	Grade	Material Fee	Milk Fee (Optional)	Total
Milk \$40						
Gr. 5 \$20 - PE Lock & Calculator						
Gr. 7 \$15 - Calculator						
Gr. 8 \$30 - Graduation						
GRAND TOTAL						

Please return to school with student or mail to school by Friday, June 3, 2011.
Thank you for your cooperation!

Direct questions to: Elementary 708-246-4700 Middle 708-246-3210
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Emergency Information

Please Print

PUPIL _____ DATE OF BIRTH _____
Last name First MI Month/Day/Year

GRADE _____ ADVISOR _____ BUS RIDER YES _____ NO _____

ADDRESS _____ HOME PHONE _____
Street Town ZIP Area Code - Number

STUDENT RESIDES WITH : Mother _____ Father _____ Both _____ Other _____

MOTHER/GUARDIAN _____

Address _____ Home Phone _____
Street Town ZIP Area Code - Number

Place of Business _____ Work Phone _____
Area Code - Number

Cell Phone _____ Beeper _____ E-Mail _____
Area Code - Number Area Code- Number

Name of Other Adult in Household _____ Relationship to Child _____

FATHER/GUARDIAN _____

Address _____ Home Phone _____
Street Town ZIP Area Code - Number

Place of Business _____ Work Phone _____
Area Code - Number

Cell Phone _____ Beeper _____ E-Mail _____
Area Code - Number Area Code - Number

Name of Other Adult in Household _____ Relationship to Child _____

List Two Responsible Adults who will assume responsibility for your child if you cannot be reached:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Health Information or Chronic Health Conditions of Student _____

Allergies _____ Medications _____

Glasses _____ Contact Lenses _____ Prosthetics _____

School Authorities have our consent to act in an emergency, in securing the necessary transportation and aid for the preservation of our child's health . If school officials deem medical care to be immediately necessary, the child may be taken to La Grange Memorial Hospital. We, as parents or guardians, agree to assume all responsibility and expense, including transportation costs, incurred while handling emergency care.

Administration of all medications at school , including over the counter drugs, requires both a doctor's order and parent consent. Medicines must be sent in the original container labeled with name and instructions. No student will be allowed to carry any medication on them at any time.

SIGNATURE OF PARENT _____ DATE _____

Pleasantdale School District 107

Elementary School Phone :708-246-4700
Elementary School Fax :708-246-4625

Middle School Phone:708-246-3210
Middle School Fax: 708-352-0092

MEDICAL REGISTRATION PACKET

Dear Parent/Guardian,

We have created this form to guide you with the registration process. The medical forms that are required for each grade are listed below. In order to help you identify each medical form, the letter "M" with a "number" is at the top right corner. On the "State of Illinois" forms (physical and dental), we have included their identifying logos, located on the top right or left corners. All forms are required by the 1st day of school but in order to process all the forms, we ask you to please send them in as soon as you get them done and please keep copies for your records.

ALL STUDENTS are required to turn in a school medication authorization form (M1), it has 3 medication sections: "Prescription", "Over the Counter", and the "Asthma Inhaler" section.

The "Sports Physical" form (M2) is required for any 7th, 8th graders who are participating in any after school competitive sports and 5th graders competing in cross country only.)

Find your child's grade and below are listed the required forms:

Due by the 1st day of school (may turn in forms during the summer)

Preschool 3-4-year old

- Current Illinois Certificate of child health examination form (DHS Logo)
- Medication authorization form (M1)

Kindergarten

- Current Illinois certificate of child health examination form (DHS Logo)
- Dental Exam form (State seal logo)
- Medication Authorization form (M1)
- Vision Examination form

1st Grade

- Medication Authorization form (M1)

2nd Grade

- Dental Exam form (State seal logo)
- Medication Authorization form (M1)

3rd & 4th grade

- Medication Authorization form (M1)

5th grade

- Medical Authorization form (M1) This form is also used for Outdoor Education Trip
- Sports physical exam form required before 1st practice for **cross country ONLY** (5th graders can only do cross country) (M2)

6th grade

- Current Illinois certificate of child health examination form (DHS Logo) (sports physical is already included on exam sheet)
- Dental exam form (state seal logo)
- Medical Authorization form (M1)

7th grade

- Sports physical exam form required before 1st tryout for boys/girls basketball, volleyball, softball, soccer, cross country, cheerleading (M2)
- Medical Authorization form (M1)

8th grade

- Sports physical exam form required before 1st tryout for boys/girls basketball, volleyball, softball, soccer, cross country, cheerleading (M2)
- Medical Authorization form (M1) This form is also used for the 8th grade field trip-Cedar Point in Ohio

New Students/Transferring students

- if transferring from Illinois have records forwarded or new certificate of child health examination (DHS Logo) **within 15 days of enrollment**
- New student transferring from another state must have a Illinois certificate of child's health (DHS Logo) **within 15 days**
- Check your child's grade for required forms (above)

All grades are required to turn in a Medication Authorization sheet (M1) for each child.

Physician signature required for **all forms**, and especially for **any** over the counter medications.

Dentist signature required for dental exam form.

Students with **Asthma(inhaler)** should use medical form (M3)

Students needing Emergency Plans (M4) examples Diabetic, Epilepsy, Epipen (allergic reactions) These are available on our website

THE ONLY EXCEPTION IS WHEN YOU HAVE "CHECKED" THE BOX INDICATING YOU DO NOT WANT ANY MEDICATIONS GIVEN DURING SCHOOL HOURS - THEN A PARENT SIGNATURE ONLY IS NEEDED.

SCHOOL MEDICATION AUTHORIZATION FORM

Also for the overnight field trips: 5th grade Outdoor Education or 8th grade Cleveland Tour

Required for all students
PRESCHOOL, K-8TH

Elementary School Phone: 708-246-4700
Elementary School Fax: 708-246-4625

Middle School Phone: 708-246-3210
Middle School Fax: 708-352-0092

NAME _____ GRADE _____ DOB _____

PRESCRIPTION MEDICATION, Dosage and Frequency, **Physician Signature**

1. _____ 3. _____
2. _____ 4. _____

"OVER THE COUNTER" Medications approved for student (please checkmark each type for approval): **Physician Signature required**

- Acetaminophen (Tylenol) Ibuprofen(Advil, Motrin) Anti Diarrhea Anti-itch (Calamine) Antacids(Tums) Advil /Tylenol Cold +Sinus
 Anbesol Benadryl allergy tabs/(Spray for reaction) Cough drops Cold medication Cough suppressant Chloraseptic(Sore Throat Spray)
 Contact solution Rewetting drops(contacts) Eye Drops (Visine reg. or allergy) Expectorant Nasal Spray Excedrin Decongestant

Other

I do not want any medications given to my child during school hours. I understand by checking this space that I am willing to come to school to administer medications as needed.

Note - unless specified, dosage will be administered as per directions on medicine container

ASTHMA/INHALER SECTION Allergic to _____

Medication/Inhaler _____ Dosage _____ q _____ Hours

Neb Treatment- Name/Medication _____ Dosage _____ q _____ Hours

ASTHMA ACTION PLAN Peak flow meter – My Personal Best = _____

***Green Zone** – Breathing is easy, Can play, Work without symptoms* **PEAK Flow Range 80%-100%** of Personal Best
Medication/Nebulizer _____ Dose _____ Freq _____ Hours _____

***Yellow Zone**- Breathing easy, Coughing or Wheeze, Chest tight, SOB, **PEAK Flow Range 50%-80%** of Personal Best
Medication/Nebulizer _____ Dose _____ Freq _____ Hours _____

***Red Zone** Medicine NOT working, Nose open wide to breath, Breathing is hard and fast, Trouble walking and talking, Ribs show
If Symptoms do not get better Call 911 **PEAK Flow Range below 50%**
Medication/Nebulizer _____ Dose _____ Freq _____ Hours _____

EPIPEN EMERGENCY PLAN SECTION Please note: each body system must be filled out

Allergic to:

Medication & Dosage:

Epipen 0.3mg Epipen Jr. 0.15mg Twinject 0.3mg Twinject 0.15mg Benadryl 25mg- 50mg po

Treatment:

Mouth: Itching, tingling, or swelling of lips, tongue, mouth
Skin: Hives, itchy rash, swelling of the face or extremities
Gut: Nausea, abdominal cramps, vomiting, diarrhea
Throat: Tightening of throat, hoarseness, hacking cough
Lung: Shortness of breath, repetitive coughing, wheezing
Heart: Thready pulse, low blood pressure, fainting, pale, blueness
Other: _____

GIVE
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EPIEN TWINJECT BENADRYL
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If reaction is progressing (several of the above areas affected)

CALL 911, CALL PRINCIPAL, CALL PARENTS

Parent signature below also grants permission for medical release of information to School Nurse to obtain Physician Signature if needed

I hereby confirm my primary responsibility to administer medication to my child. However, in the event that I am unable to do so, I hereby authorize Pleasantdale School District 107 and its employees and agents, in my behalf, to administer or to attempt to administer to my child(or to allow my child to self-administer, while under the supervision of the employees and agents of the District), lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a registered nurse and specifically consent to such practices. I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against the District, its employees and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify the District, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts of said medication.

X

Physician Signature + Date

X

Parent signature + Date

Pleasantdale School District 107
Acceptable Use Policy for Students and Parents

Acceptable Use Policy for the District's Electronic Network

School District 107 believes that the District's Electronic Network (its computers, its local and/or wide area network, and access to the Internet through its computers or local and/or wide area network) offers resources and opportunities for learning and preparing our students for the future. The educational purpose of the District's Electronic Network is to assist with the gathering and exchanging of information related to District curriculum and educational programs and activities. Using the District's Electronic Network effectively enriches the classroom experience.

Copyright and Fair Use

All use of materials in District 107 must honor and abide by the Copyright and Fair Use Guidelines for Educational Multimedia. These guidelines may be reviewed at:

<http://www.utsystem.edu/OGC/IntellectualProperty/ccmcguid.htm>

Privilege

The use of the District's Electronic Network is a privilege, not a right, and inappropriate use may lead to access privileges being revoked, school disciplinary action, and/or appropriate legal action.

Inappropriate Use

Based upon the Netiquette guidelines in this policy, the staff will deem what is inappropriate use.

Netiquette

The use of the District's Electronic Network must be in support of and consistent with the mission and educational objectives of the District and the generally accepted rule of network etiquette, "netiquette". These include, but are not limited to, the following:

- Be polite.
- Use appropriate language.
- Use time efficiently and plan ahead.
- Keep personal name, addresses, phone numbers, and other personal identifying information confidential.
- Treat all communication and information accessible via the District's Electronic Network as private property.
- Do not download from the District's Electronic Network without teacher permission.
- Do not access or send data that is racist, sexist, inflammatory, abusive, obscene, vulgar, threatening or in any way inconsistent with the District's code of conduct, and report it promptly if you receive such data.
- Do not access, use, or possess any material that constitutes or furthers academic fraud, plagiarism, or forgery.
- Transmission of any material in violation of any U.S. or State law or regulation is prohibited. This includes, but is not limited to, illegal activities, copyrighted material, threatening or obscene materials, or material protected by trade secret. Messages relating to, or in support of, inappropriate activities will be reported to the relevant authorities and may result in discipline, up to and including expulsion.

Security

Security on any computer system is a high priority. Only authorized accounts may be used. Any attempt to log onto the District's Electronic Network as another user or using a private account will result in disciplinary action as described in the privilege section. Computer accounts, passwords and other types of authorization that are assigned to individual users will not be shared with others in order to maintain confidentiality.

Password guidelines include:

- Students may not give passwords to anyone or allow anyone else to access their account.
- Students may not use anyone else's password.
- Students are responsible for all activity relating to their account.

Email and Social Networking Guidelines

- Students are not allowed to reveal identifiable information or establish relationships on the District's Electronic Network unless a teacher has coordinated the communication.
- The District will not create personal email accounts for students.
- Students may not use personal email at school.
- Students are not allowed to individually access social networking sites, chat rooms, bulletin boards, podcasts, instant messaging, etc., without permission from and monitoring by school staff.
- Students are not allowed to make audio or video recordings of another student or staff member without his or her permission.

Off Campus Email and Social Networking Guidelines

Social networking sites include but are not limited to MySpace, FaceBook, and Xanga. Users of such sites have little control over the content that "friends" post on their site because these sites are in the public domain. With this in mind, no student or parent shall create or maintain a public electronic presence that in any way links to or publicizes Pleasantdale School District 107.

The following guidelines apply:

- Pleasantdale families/students may not use District information such as logos, official seals, or photographs.
- Pleasantdale families/students may not link their personal website to Pleasantdale School District 107 website.
- Pleasantdale families/students may not post inappropriate photographs or content containing any form of Pleasantdale School District 107 identification.
- Pleasantdale families/students may not post inappropriate or harassing content, including blogs or online journaling, linking them in any way to Pleasantdale School District 107.

The District reserves the right to apply disciplinary consequences for computer-related activities conducted off campus if such activity adversely affects or interrupts classroom instruction, District operations, or the safety or well being of students and staff or other members of our community, or constitutes behavior embarrassing to the school. Adults who violate this policy will be reported to the appropriate authorities.

Classroom Technology Use

- Students may only use classroom technological resources for educational purposes with the permission of the classroom teacher.
- No personal software may be installed.

Vandalism

For purposes of this Policy, vandalism is defined as any malicious attempt to harm or destroy any part of the Electronic Network, including the data of any other user. Vandalism will result in disciplinary action as described in the privilege section.

Privacy

Any electronic communications or files created on, stored on, or sent to, from, or via the District's Electronic Network are the property of the District. Consequently, users do not have any expectation of privacy with respect to such communications and files. Use of the District's Electronic Network to create, store, send, receive, view, or access any electronic communication or other file constitutes consent by the user for the District to access and review such files and to turn them over to the appropriate authorities if appropriate.

Responsibilities

Effective use of the Internet becomes a joint commitment for all users. The following list reflects shared responsibilities.

The District will:

Ensure that each district computer with Internet access shall have a filtering device that blocks entry to visual depictions that are (1) obscene (2) pornographic, or (3) harmful or inappropriate for students, as defined by the Children's Internet Protection Act and as determined by the Superintendent or designee. The Superintendent or designee shall enforce the use of such filtering devices. An administrator, supervisor, or other authorized person may disable the filtering device for bona fide research or other lawful purposes provided the person receives prior permission from the Superintendent or system administrator.

The District shall monitor the use of the computer network by students and any other minor users to ensure compliance with this policy and any other terms or conditions of Electronic Network access imposed under administrative regulations.

The Superintendent or designee shall include measures in this policy's implementation plan that:

- Prohibit student access to inappropriate matter as well as restricting access to harmful materials;
- Assure student safety and security through direct supervision;
- Prohibit unauthorized access, including "hacking" and other unlawful activities; and
- Prohibit unauthorized disclosure, use and dissemination of personal identification information.

Parents/Guardians will:

- Read and abide by the terms and conditions stated in the Acceptable Use Policy.
- Talk to their children about setting up family guidelines for using the District's Electronic Network
- Accept full responsibility for supervision of students' use of the Internet while not in school.
- Monitor materials generated at home to determine appropriateness for the school setting.

Students will:

- Read and abide by the terms and conditions stated in the Acceptable Use Policy.
- Report any incident or information that violates this policy.

Application for Internet Use:

All District 107 students who use the District’s Electronic Network and their parent/guardian must complete the following form. Both students and their parent/guardian **MUST** sign and return this completed form.

Student Contract For Internet Use:

I have read the Acceptable Use Policy and will abide by the terms and conditions stated. I further understand that any violation may lead to my access privileges being revoked, school disciplinary action, and/or appropriate legal action.

Student Name (please print): _____

Grade in 2011-12: _____

Student Signature: _____

Date: _____

Parent or Guardian:

As the parent or guardian of this student, I have read the terms and conditions stated in the acceptable use policy. I recognize it is impossible for District 107 to restrict access to all controversial materials, and I will not hold District 107 or its employees responsible for materials acquired on the District’s Electronic Network. Further, I accept full responsibility for supervision of my students’ use of the Internet while not in school. I hereby give my permission for my child to use the District’s Electronic Network at school.

Parent or Guardian Name (please print): _____

Signature: _____

Date: _____

Daytime Phone: _____

Evening Phone: _____

Pleasantdale School District 107

7450 S. WOLF ROAD
BURR RIDGE, IL 60527

STUDENT TEXTBOOK LOAN REQUEST

Under Public Act 79-961, the State of Illinois has helped local school districts underwrite the cost of providing textbooks for elementary school students. Under this “free loan” public act, Pleasantdale School has been able to request and receive a sizable number of textbooks at no expense to the District.

In order to submit the District’s application to the state, it is necessary to have a signed request form on file. Because the advantages to the District and to your child, we ask that you sign this form.

In accordance with Section 2-3.54 of the School Code of Illinois we ask parents to sign below also indicating their request for the loan of mathematics/science equipment and instructional materials.

REQUEST

I hereby request the loan of secular textbooks in accordance with Public Act 70-961 of 1975.

I hereby request the loan of mathematics/science equipment and instructional materials in accordance with Section 2-3.54 of The School Code of Illinois.

I understand these requests will remain valid as long as my child is enrolled in Pleasantdale School and that I may withdraw these requests at any time.

Name of student (**please print**)

Date

Grade

Signature of Parent/Guardian: _____

Pleasantdale School District 107

Weapons Rule and Consequences

Directions to Parents/Guardians:

In accordance with state and federal law, School District 107 adopted a no-tolerance weapons policy (7.190) that is strictly enforced. Please read these rules and consequences to your children and discuss their importance. Then sign this form together to assure compliance. The form will be kept on file and renewed on a yearly basis.

The Rule:

No weapons of any kind, or replicas of weapons, are allowed on school grounds, school buses or at school activities.

What are Weapons?

Weapons include any type of gun, knife (including pocket knives), martial arts material or sling shot.

Weapons also include any type of object that can be used in a fight.

What are the Consequences?

The consequence for breaking this rule will be suspension from school (for up to 10 days) or expulsion from school (for up to 2 years). The Board of Education will determine which consequence is deserved.

Understanding:

I understand the Pleasantdale Weapons Rule and also understand that I can be suspended or expelled if I violate it.

Student's Name (please print): _____

Student's Signature: _____

2011-12 Grade: _____

Parent/Guardian(s) (please print): _____

Parent/Guardian(s) Signature: _____

Date: _____

Pleasantdale School District 107

7450 S. WOLF ROAD
BURR RIDGE, IL 60527

PARENTAL RELEASE

Mail To:

Name and address of previous school

Student's Name _____

Parent's Name _____

Date of Birth _____

Phone _____

Student's Last Day _____

Fax _____

Student's Grade Level _____

Residence Before Transfer:

New Residence:

I, _____ hereby authorize _____
(Parent or Guardian) (Person or Agency)

_____ to release any and all : Student Cumulative
Records, Medical Records, Special Education Records, and Psychological Records pertaining to
my child to:

Pleasantdale Elementary School
8100 School Street
LaGrange, IL 60525
Attn: Penny Defenbaugh

Signed: _____ Date: _____
(Parent or Guardian Signature)

Office Use Only: Education Records Mailed _____ Yes Date _____
Special Ed Records Mailed _____ Yes Date _____

Requirement of Federal Government

Dear Parent or Guardian:

Each year every school district is required to report student data by race and ethnicity categories that are set by the federal government. The district has been informed that the Department of Education does not report individual student data to the federal government, but does report the total number of students in various categories in each school.

Please mail or return this form to your child's school. Thank you for completing this form per federal requirements.

Name: _____ GRADE: _____

INSTRUCTIONS: This form is to be filled out and **both questions must be answered.** Part A asks about ethnicity and Part B asks about race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

Part A. Are you Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) **Choose only one.**

- No, not Hispanic/Latino**
- Yes, Hispanic/Latino**

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider your race to be.

Part B. What is your 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.)