

**ANCESTRY FORM – PLEASE COMPLETE BOTH SIDES OF THIS FORM**

STUDENT NAME: \_\_\_\_\_ STUDENT GRADE: \_\_\_\_\_

Hispanic or Latino *[If selected go to Question I-A]*

Not Hispanic or Latino *[If no, go to Question Part II]*

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**Optional Question I-A:** *If Hispanic or Latino was chosen above, select all that apply from the list below:*

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> Colombian                         | <input type="checkbox"/> Ecuadorian          | <input type="checkbox"/> Guatemalan |
| <input type="checkbox"/> Mexican                           | <input type="checkbox"/> Puerto Rican        | <input type="checkbox"/> Salvadoran |
| <input type="checkbox"/> Spaniard/Spanish/Spanish-American | <input type="checkbox"/> Decline to indicate |                                     |
| <input type="checkbox"/> Unknown                           | <input type="checkbox"/> Other               |                                     |
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**Part II: Race Designation**

**Select one or more of the following categories that apply to this person:**

American Indian or Alaska Native *[If selected go to question II-A]*

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**Optional Question II-A:** *If chosen, select all that apply from the list below:*

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Bad River Band            | <input type="checkbox"/> Forest County   | <input type="checkbox"/> Ho-Chunk    |
| <input type="checkbox"/> Lac Courte Oreilles       | <input type="checkbox"/> Lac du Flambeau | <input type="checkbox"/> Menominee   |
| <input type="checkbox"/> Oneida Nation (Wisconsin) | <input type="checkbox"/> Red Cliff       | <input type="checkbox"/> Sokaogon    |
| <input type="checkbox"/> St. Croix                 | <input type="checkbox"/> Stockbridge     | <input type="checkbox"/> Brothertown |
| <input type="checkbox"/> Other _____               |  |                                      |



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Asian *[If selected go to question II-B]*

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**Optional Question II-B:** *If chosen, select all that apply from the list below:*

- Burmese    Chinese    Filipino  
 Hmong    Indian    Karen  
 Korean    Vietnamese    Decline to indicate  
 Unknown    Other
- 

Black or African American *[If selected go to question II-C]*

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**Optional Question II-C:** *If chosen, select all that apply from the list below:*

- African-American    Ethiopian-Oromo    Ethiopian-Other  
 Liberian    Nigerian    Somali  
 Decline to indicate    Unknown  
 Other
- 

Native Hawaiian or Other Pacific Islander

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White

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