



## Inclusive Demographics Survey – Student

**Gender Identity:**

- Male    Female    Transgender Male    Transgender Female    Genderqueer/gender-nonconforming  
 Different Identity    Prefer not to say

**Primary language spoken at home:**

- English    Spanish    Russian    Cantonese    Hmong    Mandarin    Korean    Vietnamese    Arabic  
 Not Listed: \_\_\_\_\_

**Racial and Ethnic Identity:**

Please share your origin, ethnicity, ancestry, country or origin, race, and/or Tribal affiliations in whatever way you wish.

What is your race/origin? Please select all that apply:

- Asian:    Chinese    Vietnamese    Korean    Hmong    Laotian  
 Asian Indian    Japanese    South Asian    Filipino/a  
 Asian – Not Listed \_\_\_\_\_  
How do you identify your race?
- Latino/Hispanic:    Mexican    Central American    South American    Caribbean  
 Latino/Hispanic – Not Listed \_\_\_\_\_  
How do you identify your race?
- Native Hawaiian/  
Pacific Islander:    Native Hawaiian    Guamanian or Chamorro    Samoan  
 Native Hawaiian/Pacific Islander – Not Listed \_\_\_\_\_  
How do you identify your race?
- Black:    African American    African    Caribbean  
 Black – Not Listed \_\_\_\_\_  
How do you identify your race?
- Indigenous:    American Indian    Alaska Native    Canadian Inuit, Metis or First Nation  
 Indigenous Mexican, Central American, or South American
- Slavic  
 Middle Eastern  
 North African
- White:    Western European    Eastern European    White – Not Listed \_\_\_\_\_  
How do you identify your race?
- Unknown  
 Decline to answer

**Are you enrolled in a tribe?**    No    Yes

If yes, tribe in which you are enrolled \_\_\_\_\_

With which tribes do you identify? \_\_\_\_\_

I am NA/AN but do not know my tribe

Additional Tribal Affiliations (please list):

**Due to the way some funders ask for information about race and ethnicity, MFS is not always able to share identity information in as much depth as we would like. In these cases, we're forced to choose only one option for race/ethnicity. Given that constraint, if you had to choose one race/ethnicity you identify most strongly with, which would it be?**

- African    Asian    Black or African American    Latino/Hispanic    Middle Eastern  
 Native American or Alaska Native    Native Hawaiian or Pacific Islander    Slavic    White  
 Not Listed: \_\_\_\_\_    Decline to Answer

**SUN Parent/Guardian Permission to Participate & Acknowledgment of Risk:**

I hereby give permission for my child to participate in the **Metropolitan Family Service** school based activity program and occasional field trips that may be offered with advance parental written permission. I am aware that it is not possible to foresee and prevent all potential losses arising from indoor and outdoor activities. Knowing the risks and dangers, I understand the possible consequences of my child participating in activities during program participation. By signing below, I hereby agree to allow my child to participate in all activities with full knowledge that there are real risks of loss inherent in it. By signing below I expressly assume on behalf of my child all risk of injury associated with participation in program activities. I hereby give my consent for any emergency anesthesia, surgery, hospitalization or other medical treatments that might become necessary for my child. As my child’s parent or legal guardian, I hereby agree to take full financial responsibility for any such care.

I hereby state that to the best of my knowledge, my child has the necessary mental and physical skills and ability to participate in the activity. As the child’s parent or guardian, I assume full responsibility for my child for bodily injury and loss of personal property and expenses thereof.

I understand that my child will be required to follow instructions and abide by the rules attached and reasonable safety procedures. I understand that **Metropolitan Family Service** reserves the right to refuse to allow my child to participate in part or all of the activities if they are determined to be incapable of participating safely. Metropolitan Family Service also reserves the right to expel students due to behavioral concerns.

As further consideration for my child’s participation in this program, I (for myself and my spouse {if any} and on behalf of my child) do hereby fully and forever waive and release **Metropolitan Family Service** from each and every claim, suit, action or cause of action of any kind or nature that may arise or be assertable in any way whatsoever relating to my child’s participation in this program, and further, I shall fully and forever defend, indemnify and hold harmless **Metropolitan Family Service** from and against any and all claims, demands, losses, liabilities, damages, actions, causes of action, suits, judgments, costs and expenses (including court costs and attorneys’ fees) in any way whatsoever arising out of or relating to my child’s participation in this event.

I have read, understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon my child & me during the entire period of participation in the program.

**Parent/Guardian Name** \_\_\_\_\_  
(please print):  
➔ **Parent /Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Our SUN Community School is a collaboration of the school, Metropolitan Family Service and many community partners and agencies who come together to support children’s success in school and life. We do this by working together to meet the specific needs of our students and their families.

In order to provide your child with the best services and support possible, the SUN Community School Site Manager needs your permission to be able to share information with the people who are teaching and serving your child specifically. This information may include student name, student ID #, grade level, achievement test scores, course grades and grade point averages, attendance, Individual Education Plan, demographic, and behavior/discipline information. The SUN Community School Site Manager will only share this information when it is required by a partner organization or supports your student’s success.

*Children may participate in SUN activities whether or not their Parent/Guardian agrees to the release or exchange of educational information to other staff or agencies.*

**YES**, I am authorizing the release and exchange of student records with staff of programs/activities that I register my child for. This includes employees and volunteers managed by the SUN Community School Site Manager and staff of other partner agencies providing the activities in which my child participates.

**NO**, I do NOT authorize the release and exchange of student records with staff of programs/activities that I register my child for.

➔ X \_\_\_\_\_  
Parent/Legal Guardian Date

*This permission is effective from 7/1/2017 until 8/31/2018 unless cancelled in writing.*

Date: \_\_\_\_\_

### Community Resource Survey



Parent/Guardian First Name      Parent/Guardian Last Name      Date of Birth

**Please note:** By sharing your information, you will help MFS better understand the resources needed in our community. Completing this form is not necessary to participate in our programs. However, your voice is important and we respect your family's privacy. We will not share your personal information with anyone without your permission. We appreciate your time and support.

**Please help MFS identify the needs in our community:**

**Housing Status:**  Rent  Home owner  Living with friends/family (long term)  Houseless  
 Living with friends/family (temporary)  Living in a shelter  Not listed: \_\_\_\_\_

**How long have you lived at this address?**  Less than 1 month  1-3 months  4-6 months  6-12 months  1-2 years  3-4 years  5-6 years  7-10 years  10+ years

**Number of People in Your Household:** Age(s) 0-5: \_\_\_\_\_ 6-17: \_\_\_\_\_ Over 18: \_\_\_\_\_ Total # of People = \_\_\_\_\_

**Household Composition:**  Single person  Two or more adults, no children  Two parents with children  
 Foster family  Kinship family  Grandparents raising grandchildren  Single parent with children  Other: \_\_\_\_\_

**What languages are spoken in your home?** \_\_\_\_\_

Would offering interpretation in your home language make you more likely to participate in SUN activities:  Yes  No

**Highest Education Level Achieved:**  Some high school  High school diploma/GED  Vocational training  Some college  Community college graduate  College graduate

**Have you served in the armed forces?**  Yes  No **If yes, are you a veteran?**  Yes  No

**Employment Status:**  Employed: full time  Employed: part time  Part-time, seeking full time  Unemployed: seeking  Unemployed: not seeking  Retired: no longer working  Not able to work

**Do you have health insurance?:**  Yes  No **Dental Insurance?**  Yes  No  
If yes, is your insurance:  Private  OHP  Other: \_\_\_\_\_

**Have you seen a doctor in the last year?**  Yes  No

**Have you seen a dentist in the last year?**  Yes  No

**Does your child have an IEP?**  Yes  No

**If yes, do you feel that you have a good understanding of your student's IEP?**  Yes  No

**Do you receive public assistance? Check all that apply**

SNAP  TANF  WIC  Social Security/Disability  Section 8  OHP  Other: \_\_\_\_\_

**It would help meet my family's needs if there were food resources at this school.**  Yes  No

**I use the food resources at this school.**  Yes  No  There are no food resources available

**Please Estimate Your Household Income In One Of The Following Ways:**

Yearly Income: \$ \_\_\_\_\_  Monthly Income: \$ \_\_\_\_\_  Weekly Income: \$ \_\_\_\_\_

Did you get your taxes filed for free?  Yes  No Do you access the earned income tax credit?  Yes  No

Do you have a bank account?  Yes  No Do you save regularly?  Yes  No

**Is anyone in your household coping with a chronic health or social condition? Choose all that apply**

Depression  Anxiety  Addiction  Asthma  Diabetes  Heart Disease  ADD/ADHD  PTSD  COPD  
 Dementia  Other health condition: \_\_\_\_\_  Decline to Answer  None