VERIFICATION OF ELIGIBILITY FOR STATE OR LOCAL PUBLIC BENEFIT REQUIRED BY INDIANA CODE 12-32-1

ı, qualified alien (as defined under 8 U.S.C. 1641).	(printed name), am a United States citizen or	
OR		
alien (as defined under 8 U.S.C. 1641).	(printed name), is a United States citizen or qualif	
I hereby verify under the penalty of perjury that th	ne foregoing statement is true.	
Dated this day of		
(signature)		
	á .	
(printed name)		

River Forest Community School Corporation Race and Ethnicity Form 10/1/2009

The Indiana Department of Education is requiring that we collect the following information regarding race and ethnicity. Please complete the form and return to the financial office by October 1, 2009. We must keep these forms on file for a period of three years.

Part 1.	Is this Indivudual Hispanic/Latino? (Choose only one)		
Ethnicity	No, not Hispanic/Latino		
	Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.	n Central,	
Part 2: Rac	what is the individual's race? (Choose one or more)		
	American Indian or Alaska Native: A person having origins in any of the original and maintaining cultural identification through tribal affiliation or cummunity reason. Asian: A person having origins in any of the original peoples of the Far East, Sou	ecoginition.	
subcontinent including 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, North Africa or the Middle East.			
		-	
	Please Print Name	Date	
	Signature Line		