## ETHNIC MONITORING FORM - PARENTS QUESTIONNAIRE

NAME OF CHILD:		Date of Birth:			
YOUR ETHNIC ORIGIN (please enter Y in one box)					
WHITE	British				
	Irish				
	Traveller of Irish Heritage				
	Gypsy/Roma				
MIXED	Any other White background				
	White and Black Caribbean White and Black Asian White and Asian Any other mixed background				
ASIAN OR ASIAN BRITISH	Indian				
	Pakistani				
	Bangladeshi				
	Any other Asian background				
BLACK OR BLACK BRITISH	Caribbean				
BEAGN ON BEAGN BRITISH	African				
	Any other Black backg	round			
CHINESE					
ANY OTHER ETHNIC BACKGR					
PREFER NOT TO SAY					

ST LANGUAG	٨
ase enter below	1

ENG	LISH AS AN ADDITIONAL
	LANGUAGE
(Ple	ease delete as appropriate)
	Yes / No

RELIGION (please enter Y in one box)				
Buddhist				
Christian				
Hindu				
Jewish				
Muslim				
Sikh				
Other Religion				
Prefer not to say				
No Religion				