



Count Us In!

2022-2023 Student Census Parents of Junior Kindergarten to Grade 3 Students

Q1

Does your child identify as Six Nations, Mississaugas of the Credit, First Nations, Metis, and/or Inuit?

(If yes, select all that apply).

- No**
- Yes, Six Nations**
- Yes, Mississaugas of the Credit**
- Yes, First Nations**
- Yes, Metis**
- Yes, Inuit**

Q2

Which race category best describes your child? *(Select all that apply.)*
In our society, people are often described by their race or racial background. For example, some people are considered “White” or “Black” or “East/Southeast Asian”, etc.

- Black** - (Examples: African, Afro-Caribbean, African-Canadian descent)
- East/Southeast Asian** - (Examples: Chinese, Korean, Japanese, Taiwanese; Filipino, Vietnamese, Cambodian, Thai, Indonesian descent)
- Indigenous** - (Examples: Haudenosaunee - Six Nations, Anishnaabe, Mississaugas of the Credit, Ojibwe, Odawa, Mississaugas, Nipissing, Algonquin, Metis, Inuit descent)
- Latino** - (Examples: Latin American, Hispanic descent)
- Middle Eastern** - (Examples: Arab, Persian, West Asian descent, e.g. Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish, etc.)
- South Asian** - (Examples: South Asian descent, e.g. East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean)
- White** - (Examples: European descent)

Another

Q3

What is your child's ethnic or cultural origin(s)?
Ethnic groups have a common identity, heritage, ancestry, or historical past, often with identifiable cultural, language, and/or religious characteristics.

Listed are the most common ethnic/cultural origins in Grand Erie according to the 2016 Census and is not intended to be a complete list. If you are not represented, please use “Another” response.
(Select all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Canadian | <input type="checkbox"/> Irish | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Indigenous | <input type="checkbox"/> Filipino | <input type="checkbox"/> East Indian |
| <input type="checkbox"/> Haudenosaunee | <input type="checkbox"/> Dutch | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Anishnaabe | <input type="checkbox"/> French | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> First Nations | <input type="checkbox"/> Italian | <input type="checkbox"/> Mexican |
| <input type="checkbox"/> Metis | <input type="checkbox"/> Polish | <input type="checkbox"/> Egyptian |
| <input type="checkbox"/> Inuit | <input type="checkbox"/> Ukrainian | <input type="checkbox"/> South African |
| <input type="checkbox"/> Mennonite | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Armenian |
| <input type="checkbox"/> English | <input type="checkbox"/> Belgian | <input type="checkbox"/> Palestinian |
| <input type="checkbox"/> Scottish | <input type="checkbox"/> Welsh | |

Another:

Another:

Q4

What is your child's religion and/or spiritual affiliation?

(Select all that apply)

Buddhist

Jewish

Christian

Muslim

Hindu

Sikh

Indigenous

No Religion

Another:

Q5

Please specify:

First Nations

Metis

Inuit

Traditional Anishnaabe

Longhouse

Longhouse

Another:

Q6

Does your child consider themselves to be a person with a disability?
Disability is a term that covers a broad range and degree of conditions, some visible and others not (e.g., physical, mental, and learning disabilities, hearing or vision disabilities; epilepsy, environmental sensitivities). A disability may be present from birth, may be caused by an accident, or may develop over time.
Select one answer only

- Yes
- No
- Not sure
- I don't understand the question

Q7

How would they describe their disability?
Select all that apply

- | | | |
|--|---|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Addiction(s) |
| <input type="checkbox"/> Blind/Low Vision | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Deaf or Hard of Hearing | <input type="checkbox"/> Mental Health Disability | <input type="checkbox"/> Speech Impairment |

Another:

Q8

Was your child born in Canada?

Yes

No

Q9

Are they currently:

Haudenosaunee on reserve

Haudenosaunee off reserve

Anishnaabe on reserve

Anishnaabe off reserve

First Nations

Metis

Inuit

A Canadian citizen

An international student (enrolled through a study permit)

A landed immigrant/permanent resident

A refugee claimant

Not sure

I do not understand this question

Q10

How long have they been in Canada?

Less than 6 months

6 months to one year

1-2 Years

2-5 Years

More than 5 Years

Q11

What country were they born?

Q12

In your home do you have:

(Select all that apply)

- A room of your own**
- A link to the Internet**
- A subscription to a streaming service
(e.g. Netflix, CraveTV)**
- A guest room**
- A musical instrument**
- Air conditioning**

Q13

How many of the following are in your home:

	None	One	Two	Three or More
Cell phones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Televisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Computers/Tablets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rooms with a bath or shower	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>