Footlocker Program: DNALC ***NYC*** at City Tech

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

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher email(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade(s) \_\_\_\_\_\_\_\_\_\_\_ If multiple grades, # of students in each grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kit Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Demographics**

Please enter quantities for each category:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| American Indian or Alaska Native |  |  | Male |  |
| Asian (Asia, Middle East, India) |  |  | Female |  |
| Black or African American (not of Hispanic origin) |  |  | Non-binary |  |
| Hispanic or Latino |  |  | **TOTAL** |  |
| Native Hawaiian or Other Pacific Islander |  |  |  |  |
| White (not of Hispanic origin) |  |  |  |  |
| Multiracial or more than one ethnicity |  |  |  |  |
| Other |  |  |  |  |
| **TOTAL** |  |  |  |  |

The DNALC is committed to serving all students. To achieve this goal and satisfy requirements from federal and private funders we collect demographic information. Please fill out this section to the best of your ability. Collected information is aggregated and anonymized.

***For* *Staff only:***

Lab instructor: If you performed a *Human DNA Fingerprinting*, *Human Mitochondrial Sequencing,* *Jumping Gene Chip,* or *Forensic DNA Profiling* lab with this group, please sign the statement below.

I have counted the number of students/teachers in this class and ascertained that a permission slip was submitted for each person who participated in the laboratory.

Instructor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DNALC Representative signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form version 04/2023**