

Registration Checklist

☐ **Submit (1) Proof of Residence:**

- Electric Bill
- Gas Bill
- Water Bill
- Cable Bill
- Landline Phone Bill
- Mortgage Statement
- Rental Agreement

****If the above form is not in your name, a notarized residence verification letter is required along with the above utility bill.****

☐ **Student Health Record Form 14**

- Current Immunizations
- TB Clearance Certificate/Risk Assessment

☐ **Original Birth Certificate**

☐ **Court Documents (if any)**

☐ **School Records (if coming from out-of-state or private school)**

☐ **Certificate of Release (if coming from another school)**

Continuous Notice of Non-Discrimination

The Hawaii State Department of Education (HIDOE) and its schools do not discriminate on the basis of race, sex, age, color, national origin, religion, or disability in its programs and activities. Please direct inquiries regarding HIDOE nondiscrimination policies as follows:

ADA/Section 504 inquiries

Krysti Sukita, ADA/504 Specialist
Civil Rights Compliance Office
Hawaii State Department of Education
P.O. Box 2360
Honolulu, Hawaii 96804
(808) 586-3322 or relay
crco@notes.k12.hi.us

Title VI, Title IX, and other inquiries

Anne Marie Puglisi, Director
Civil Rights Compliance Office
Hawaii State Department of Education
P.O. Box 2360
Honolulu, Hawaii 96804
(808) 586-3322 or relay
crco@notes.k12.hi.us

Aina Haina Elementary School 801 W. Hind Drive, Honolulu, Hawaii 96821 Phone: 808.377.2419 Fax: 808.377.2426

| | | | | | |
|--|----------------------------|---|---|----------------------------|-----------------------------------|
| School Name: Aina Haina Elementary School | | Complex Area: Farrington-Kaiser-Kalani | | SY | |
| STUDENT ENROLLMENT FORM SIS-10W (Revised) | | Student ID No. | | Entry Date | |
| | | | | Entry Code | |
| | | | | For school use only | |
| INSTRUCTIONS: PRINT YOUR ENTRIES LEGIBLY | | Ethnicity/Race Observed: _____ Initial _____ Date _____ | | | |
| STUDENT PERSONAL DATA | | | | | |
| Legal Last Name: _____ | | Gender: <input type="checkbox"/> M <input type="checkbox"/> F | | Grade Level: _____ | |
| Legal First Name: _____ | | Birth Date: _____ | | | |
| Middle Initial: _____ | | Suffix: (Jr, II, III, etc): _____ | | Verification of DOB: _____ | |
| <input type="checkbox"/> Not Homeless <input type="checkbox"/> Homeless* <input type="checkbox"/> Completed MVA Packet | | | | | |
| _____ DOE Representative Signature | | | _____ Parent/Legal Guardian Signature | | |
| <p>*"Homeless" means individuals who lack a fixed, regular and adequate nighttime residence (within the meaning of section 42 USCS §11302(a)(1)) and includes:</p> <p>(i) children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement.</p> <p>(ii) children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of 42 USCS §11302(a)(2)(C));</p> <p>(iii) children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings; and</p> <p>(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle.</p> <p style="text-align: center;">If you have any questions regarding the above, please call 1-866-927-7095</p> | | | | | |
| PRESCHOOL EXPERIENCE | | | LAST HAWAII PUBLIC SCHOOL ATTENDED | | |
| Preschool Experience <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" – attended: <input type="checkbox"/> less than 6 months <input type="checkbox"/> between 6 and 12 months <input type="checkbox"/> more than 1 year | | | Name: _____ Last Grade Attended: _____ Year: _____ | | |
| Pre-School Program: (if applicable) <input type="checkbox"/> EOEL <input type="checkbox"/> KALO <input type="checkbox"/> PDG | | | | | |
| PRIOR SCHOOL ATTENDED (If not Hawaii Public School) | | | | | |
| Name: _____ U.S. Phone: _____ Address: _____ U.S. Fax: _____ | | | | | |
| CITIZENSHIP | | | | | |
| Country of Birth: _____ If Country of Birth is other than US, give year of arrival: _____ US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No If not US Citizen, indicate status: Refugee _____ Immigrant _____ Non-Immigrant _____ | | | | | |
| LANGUAGE INFORMATION | | | | | |
| Language Codes: (Select a letter from the list and fill in the blanks below) | | | | | |
| _____ Language (Spoken) at Home | | _____ First (Acquired) Language | | _____ Language Most Used | |
| A – English | F – Cebuano/Visayan | K – Vietnamese | Q – Fijian | V – Pangasinan | L – Other (Specify): _____ |
| B – Cantonese | G – Hawaiian | M – Chuukese | R – Hmong | W – Portuguese | |
| C – Mandarin | H – Japanese | N – Pohnpeian | S – Lao | X – Spanish | |
| D – Ilocano | I – Korean | O – Cambodian | T – Marshallese | Y – Thai | |
| E – Tagalog | J – Samoan | P – Chamorro | U – Pampango | Z – Tongan | |

Please complete **ETHNICITY INFORMATION, RACE INFORMATION, and PRIMARY ETHNICITY/RACE INFORMATION**

ETHNICITY INFORMATION

Are you **(J)** Hispanic (Ex. Cuban, Mexican, Puerto Rican, Spanish, Other Hispanic)? ☐ Yes ☐ No

RACE INFORMATION

Check all that apply:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> A – American Indian or Alaska Native | <input type="checkbox"/> E – Native Hawaiian | <input type="checkbox"/> K – Samoan | <input type="checkbox"/> P – Tongan |
| <input type="checkbox"/> B – Black | <input type="checkbox"/> G – Japanese | <input type="checkbox"/> L – White | <input type="checkbox"/> Q – Guamanian/Chamorro |
| <input type="checkbox"/> C – Chinese | <input type="checkbox"/> H – Korean | <input type="checkbox"/> N – Indo-Chinese (Ex. Cambodian, Laotian, Vietnamese) | <input type="checkbox"/> R – Other Asian |
| <input type="checkbox"/> D – Filipino | <input type="checkbox"/> I – Portuguese | <input type="checkbox"/> O – Micronesian (Ex. Chuukese, Marshallese Pohnpeian,) | <input type="checkbox"/> S – Other Pacific Islander |

PRIMARY ETHNICITY/RACE INFORMATION

What is the student's primary race? (Select only ONE letter from either the ethnicity or race list and fill in the blank) _____

☐ I decline to provide ethnicity and race information. I understand that if I do not provide this information, a school representative will designate the ethnicity and race categories for my child.

LEGAL PARENT/GUARDIAN LIVING IN THE HOUSEHOLD WITH STUDENT

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Check one: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other (specify): _____ Relation: _____

Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Single Custody of Child: ☐ Yes ☐ No

Custody Documentation Submitted: ☐ Yes ☐ No Custody Type: ☐ Sole Custody ☐ Physical Custody ☐ Joint Legal

Legal Last Name _____ Legal First Name _____

Home Address: _____ APT# _____ City _____ Zip _____

Mailing Address (if different from Home Address): _____

Home Phone # _____ Cellular Phone # _____ Pager # _____ Work Phone # (include ext.) _____

Email Address: _____

Allow this person access to: **(circle all that apply)** mailing / portal (if applicable) / messenger

EMERGENCY CONTACT: **(circle one)** Call Sequence 1 2

Is this parent/guardian a member of the Armed Services, National Guard or Reserves? ☐ Yes ☐ No

Military Status (check one): ☐ Traditional Reservist / M-Day ☐ Active Duty (Title 10) ☐ Federal Technician (Title 32)

Deployed? ☐ Yes ☐ No

Branch of Service (check one):

- | | | | |
|------------------------------------|--|---|---|
| <input type="checkbox"/> Army | <input type="checkbox"/> Marine | <input type="checkbox"/> Air National Guard | <input type="checkbox"/> Navy Reserves |
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Coast Guard | <input type="checkbox"/> Army Reserves | <input type="checkbox"/> Marine Reserves |
| <input type="checkbox"/> Navy | <input type="checkbox"/> Army National Guard | <input type="checkbox"/> Air Force Reserves | <input type="checkbox"/> Coast Guard Reserves |

Does this person work for the Federal Government or work on Federal Property? ☐ Yes ☐ No

LEGAL PARENT/GUARDIAN **LIVING IN THE HOUSEHOLD WITH STUDENT**

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Check one: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other (specify): _____ Relation: _____

Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Single Custody of Child: ☐ Yes ☐ No

Custody Documentation Submitted: ☐ Yes ☐ No Custody Type: ☐ Sole Custody ☐ Physical Custody ☐ Joint Legal

Legal Last Name _____ Legal First Name _____

Home Address: _____ APT# _____ City _____ Zip _____

Mailing Address (if different from Home Address): _____

Home Phone # _____ Cellular Phone # _____ Pager # _____ Work Phone # (include ext.) _____

Email Address: _____

Allow this person access to: **(circle all that apply)** mailing / portal (if applicable) / messenger

EMERGENCY CONTACT: **(circle one)** Call Sequence 1 2

Is this parent/guardian a member of the Armed Services, National Guard or Reserves? ☐ Yes ☐ No

Military Status (check one): ☐ Traditional Reservist / M-Day ☐ Active Duty (Title 10) ☐ Federal Technician (Title 32)

Deployed? ☐ Yes ☐ No

Branch of Service (check one):

| | | | |
|------------------------------------|--|---|---|
| <input type="checkbox"/> Army | <input type="checkbox"/> Marine | <input type="checkbox"/> Air National Guard | <input type="checkbox"/> Navy Reserves |
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Coast Guard | <input type="checkbox"/> Army Reserves | <input type="checkbox"/> Marine Reserves |
| <input type="checkbox"/> Navy | <input type="checkbox"/> Army National Guard | <input type="checkbox"/> Air Force Reserves | <input type="checkbox"/> Coast Guard Reserves |

Does this person work for the Federal Government or work on Federal Property? ☐ Yes ☐ No

PARENT/GUARDIAN **NOT LIVING WITH STUDENT**

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Check one: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other (specify): _____ Relation: _____

Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Single Custody of Child: ☐ Yes ☐ No

Legal Last Name _____ Legal First Name _____

Home Address: _____ APT# _____ City _____ Zip _____

Mailing Address (if different from Home Address): _____

Home Phone # _____ Cellular Phone # _____ Pager # _____ Work Phone # (include ext.) _____

Email Address: _____

Allow this person access to: **(circle all that apply)** mailing / portal (if applicable) / messenger

EMERGENCY CONTACT: **(circle one)** Sequence 1 2 3

Continue on next page

LEGAL PARENT/GUARDIAN NOT LIVING WITH STUDENT (cont.)**G
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N**Is this parent/guardian a member of the Armed Services, National Guard or Reserves? ☐ Yes ☐ NoMilitary Status (check one): ☐ Traditional Reservist / M-Day ☐ Active Duty (Title 10) ☐ Federal Technician (Title 32)Deployed? ☐ Yes ☐ No

Branch of Service (check one):

☐ Army☐ Marine☐ Air National Guard☐ Navy Reserves☐ Air Force☐ Coast Guard☐ Army Reserves☐ Marine Reserves☐ Navy☐ Army National Guard☐ Air Force Reserves☐ Coast Guard ReservesDoes this person work for the Federal Government or work on Federal Property? ☐ Yes ☐ No**EMERGENCY CONTACT INFORMATION****F
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(Person To Notify In Case Of Emergency Other than First or Second Parent/Guardian Contact)

Check one: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other (specify): _____ Relation: _____

Last Name _____ First Name _____ Email Address _____

Home Phone # _____ Cellular Phone # _____ Pager # _____ Work Phone # (include ext.) _____

EMERGENCY CONTACT: (*circle one*) Call Sequence 1 2 3 4 5**S
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(Person To Notify In Case Of Emergency Other than First or Second Parent/Guardian Contact)

Check one: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other (specify): _____ Relation: _____

Last Name _____ First Name _____ Email Address _____

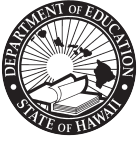
Home Phone # _____ Cellular Phone # _____ Pager # _____ Work Phone # (include ext.) _____

EMERGENCY CONTACT: (*circle one*) Call Sequence 1 2 3 4 5**SCHOOL SUPPLEMENTARY INFORMATION**Other
Children
In
HIDOE
Schools:

| Legal First, Middle Initial & Last Name | HIDOE School Attending | DOB | Grade | Relationship |
|---|------------------------|-------|-------|--------------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ |

Parent/Legal Guardian Signature: _____ Date: _____

FOR SCHOOL USE:



QUESTIONNAIRE TO DETERMINE ELIGIBILITY MV1

This form is intended to address the McKinney-Vento
Act (MVA) and must be completed for each student

Questionnaires are
filed for one (1) year
for all students and
seven (7) years for
any student
identified as living in
unstable housing.

Student's Name: _____ Date of Birth: _____

School: Aina Haina Elementary School Grade: _____

Student's current residence such as address, cross streets, landmarks, etc.

Primary Contact Name: _____ Relationship: _____ Phone: _____

Alternate Contact Name: _____ Relationship: _____ Phone: _____

CHECK
ONE BOX

STUDENT'S CURRENT LIVING ARRANGEMENT

MVA
CODE

| | | |
|--------------------------|---|----|
| <input type="checkbox"/> | Unsheltered <i>Campground, car, beach/park, abandoned building, street or any other inadequate living space</i> | 06 |
| <input type="checkbox"/> | Shelter <i>Emergency, transitional or domestic violence shelter, name of shelter: _____</i> | 04 |
| <input type="checkbox"/> | Hotel/Motel <i>Due to lack of other suitable housing, <u>excludes</u> temporary lodging for military persons awaiting housing</i> | 02 |
| <input type="checkbox"/> | Doubled Up <i>Temporarily with family or other person due to loss of housing or as a result of economic hardship</i> | 03 |
| <input type="checkbox"/> | Permanent Housing <i>Student who is living in a fixed, regular, and adequate housing situation</i> | 07 |



If this box is checked, stop here
and sign below; form is complete

If the student is NOT in the physical custody of a parent or legal guardian, also check below:

| | | |
|--------------------------|----------------------------|----|
| <input type="checkbox"/> | Unaccompanied Youth | 05 |
|--------------------------|----------------------------|----|

List all siblings living in the same arrangement, including children 0-5 years of age:

| Name | Age | School | Grade |
|-------|-------|--------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

The information you provide above will determine what services you or your child may be eligible to receive under the **McKinney-Vento Homeless Assistance Act - 42 U.S.C. §11434a(2)**. If eligible under the Act, you or your child are entitled to immediate enrollment in school and free school meals. Transportation may be provided to and from school of origin. This questionnaire allows a Homeless Concerns Liaison to contact you for additional support. By signing, you grant permission to share/release pertinent information among shelter and school personnel, to support school enrollment and full participation.

Parent/Legal Guardian/Unaccompanied Youth Signature

Print Name

Date

For School Use Only: School designee to complete this page if the student is identified as living in unstable housing.

NOTE: The McKinney-Vento Act requires immediate enrollment for students living in unstable housing, even if the student is unable to provide documents, such as school records, immunization records and other health records, proof of residency, or other documents. 42 U.S.C. §11432(g)(3)(C).

* "Enrolled" means attending classes and participating fully in school activities. 42 U.S.C. §11434a(1)

Student ID #: _____ Date Student Enrolled: ____ / ____ / ____

Student Enrolled As:

- ☐ Home School (school within the geographic area of student's current residence)
- ☐ School of Origin (school attended when permanently housed/last school attended)
- ☐ Geographic Exception (GE)
- ☐ Other: _____

By acknowledging below, the school designee agrees that the form is complete and the parent/legal guardian/unaccompanied youth has been provided MVA information and a copy of this form.

Designee Signature Print Name Date

By signing below, the principal indicates that he/she has reviewed this form and understands the school's responsibility under the **McKinney-Vento Homeless Assistance Act**.

The school principal determines the student as:

- ☐ Eligible under McKinney-Vento Act
- ☐ Not eligible under McKinney-Vento Act Reason: _____
- MV2 Initiated: ☐ Yes ☐ No Date MV2 Initiated: ____ / ____ / ____

Principal Signature Print Name Date

Notes/Updates:

| Date | Action Taken | Remarks | Initials |
|------|--------------|---------|----------|
| | | | |
| | | | |
| | | | |
| | | | |

Note: Please forward a copy of this form to your Homeless Concerns Liaison within 3 business days.