

Welcome!

To register your child, please complete forms:

- **SIS-10W (student enrollment form);**
- **MV1 (McKinney Vento questionnaire to determine eligibility)**

and submit (via USPS mail) with:

- **proof of residence (see below);**
- **a copy of your child's birth certificate**

School Address:

Aina Haina Elementary
Attn: Registration
801 W. Hind Drive
Honolulu, Hawaii 96821

Once our campus reopens, please present the **original birth certificate** to our office (for review) and **form 14 (student's health record)** to complete the registration process. Form 14 must be turned in prior to the first day of class for the child to be on campus.

Registration documents will not be accepted via email at this time.

Questions? Email aurie.morita@k12.hi.us

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 2020-2021 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> <ul style="list-style-type: none"> (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. (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)); (iii) children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings; and (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 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
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
L – Other (Specify): _____				

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

**F
I
R
S
T

P
A
R
E
N
T
/
G
U
A
R
D
I
A
N**

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

Continue on next page

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

S
E
C
O
N
D

P
A
R
E
N
T
/
G
U
A
R
D
I
A
N

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**

P
A
R
E
N
T
/
G
U
A
R
D
I
A
N

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

Page 3/4, SIS-10W Rev 12/16 SPAB

LEGAL PARENT/GUARDIAN NOT LIVING WITH STUDENT (cont.)**G
U
A
R
D
I
A
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
I
R
S
T**

(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
E
C
O
N
D**

(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
McKinney-Vento Homeless Assistance Act
(MVA)**

Questionnaires
are filed for
one (1) year for
all students and
seven (7) years
for any student
checking a box
in Section 2.

Student's Name _____ School _____

Section 1: ☐ Student/Parent/Legal Guardian IS NOT in a homeless situation

(includes living with friends or family due to personal choice)

(If Section 1 is checked, STOP and complete Parent/Legal Guardian's signature below; form is complete.)

Section 2: Student/Parent/Legal Guardian: *(Check the box ☒ that applies)*

☐ Lives with friends or family due to economic hardship, such as loss of housing or income

☐ Lives on the beach, at a campground, in a park, or in a hotel

☐ Lives in a tent, car, bus or other non-permanent structure

☐ Lives in a domestic violence shelter

☐ Lives in an emergency or transitional shelter (Please circle, or write in name if not listed.)

☐ **Kauai:** Kauai Economic Opportunity: Manaolana, Lihue Court, Other: _____

☐ **Hawaii:** Kihei Pua, Beyond Shelter, Na Kahua Hale of Ulu Wini-Kaloko Transitional, Other: _____

☐ **Maui:** Ka Hale A Ke Ola: Central/Westside, Other: _____

☐ **Oahu:** Family Promise, Institute for Human Services (IHS), Loliana, Ohana Ola O Kahumana, Maili Land, Vancouver House, Nakolea, Seawinds, Paolu Kaiaulu (Waianae Civic Center), Weinberg Village Waimanalo, Ulu Ke Kukui, Ka Ohu Hou O Manoa, Family Assessment Center, Other: _____

☐ Has no regular place to stay at night

☐ Is an unaccompanied youth

Parent/Legal Guardian's Signature

Print Name

Date

When any box in **Section 2 above** is checked, the student may be eligible to receive MVA services including meals and transportation to and from school of origin. School personnel will assist the Parent/Legal Guardian or unaccompanied youth **to complete the reverse side of this form and any remaining MVA forms.**

This questionnaire is intended to address the McKinney-Vento Act (42 U.S.C. 11434a(2)).

All collected information will only be used for the purposes of providing educational services pursuant to the McKinney-Vento Act and is protected by federal and state laws.

Section 3:

Name of School _____

School of Origin _____
(last school attended or last school child attended with a permanent residence)Student's Name _____ ☐ Male ☐ Female

Date of Birth ____ / ____ / ____ Grade _____

Siblings, including children aged 0-5:

Name	Age	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section 4: Contact Information

Address _____ City _____ Telephone _____

Emergency Contacts:

Name _____ Relationship _____ Telephone _____ Email _____

Name _____ Relationship _____ Telephone _____ Email _____

Section 5: Student is applying for the following:☐ Free/Reduced-Price Meals ☐ Transportation to and from school of origin ☐ Other _____**Note:** Services will be comparable to those provided to all other students attending this school.**Section 6: Parent/Legal Guardian***I understand and agree that the Homeless Concerns Liaison may contact me.*

Parent/Legal Guardian's Signature _____ Telephone _____ Date _____

Section 7: For School Use Only

Student ID # _ _ _ _ _

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 _____

PRINT Name of School Administrator _____ Title _____

Signature of School Administrator _____ Date _____

By signing above, the school representative acknowledges that the parent/legal guardian has been provided with MVA information and a copy of this form.