

**VERIFICATION OF RESIDENCY STATEMENT
PEARL CITY HIGH SCHOOL**

School Year	Student's LAST NAME, FIRST NAME and MI	Grade
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In order to verify residency within the Pearl City High School district, one (1) current document from the following checklist below must be provided, showing parent/guardian/caregiver's name and address (Post Office Box numbers are *not acceptable* as a residence address).

- Mortgage Document, Deed to Home, or Real Property Assessment document
- Rental/Lease Agreement – *All family members names must be included on the agreement*
- Current Utility Bill (within the last 60 days): Electric, Water, Gas, or Cable

- If living with relatives/friends, the following additional documents are required:
- Notarized statement from the owner of the property stating the occupants who reside there. Must state that parent/guardian and child are living at the residence.
 - Proof of residence from the property owner, as stated above

I, _____ the parent/guardian of _____
(PRINT FULL NAME) (STUDENT NAME)

Declare under penalty of perjury that the above-named student resides at the address shown on the document indicated above and the attached. I will notify the school within two (2) weeks if my residency changes and agree to provide new proof of residency documentation and an updated signed statement at that time. If I move outside the school district, a GE request must be filed in order to request continued attendance for this student.

I understand that this address is within the Pearl City High School boundaries. I further understand that falsification of any information or document, either written or verbal, required for residency verification or use of the address of another person without actually residing there may result in revocation of student enrollment. Falsification on a governmental agency application is a misdemeanor (HRS #710-1063).

The attached document(s) verifies the name and address of the person(s) enrolling the above-named student. If the individual enrolling the student is not the legal parent, court papers are required to show legal guardianship or foster assignment for foster parents.

Signature: _____ Date: _____
 Print Name: _____ Relationship to Student: _____

For Office Use Only:

Legal Guardianship w/Court Papers _____

Temporary Custody w/Power of Attorney _____

Parent(s) currently resides (island, state, country) _____

Foster Parent(s) w/CWS Placement Papers _____

Divorced Parents: Joint Custody _____ Full Custody _____ Physical Custody: Mother _____ Father _____

Notes: _____

School Name: Pearl City High School

Complex Area: Pearl City / Waipahu

STUDENT ENROLLMENT FORM SIS-10W (Rev. 4/2023)

Student ID No.

Entry Date

Entry Code

Room

For school use only

INSTRUCTIONS: PRINT YOUR ENTRIES LEGIBLY

Ethnicity/Race Observed: _____ Initial _____ Date _____

Verification of DOB: _____

STUDENT PERSONAL DATA

Legal Last Name: _____ Legal First Name: _____ Middle Initial: _____

Suffix: (Jr, II, III, etc): _____ Gender: M F Grade Level: _____ Birth Date (MM/DD/YYYY): _____ Not Homeless Homeless* Completed MVA Packet

Parent/Legal Guardian Signature _____

DOE Representative Signature _____

**Homeless* means individuals who lack a fixed, regular and adequate nighttime residence (within the meaning of section 42 USCS §11302(a)(1)) and includes:

- (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; or are abandoned in hospitals;
- (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.

Please contact the Community Homeless Concerns Liaison (CHCL) in your area with questions: bit.ly/HILLaisons or call (808) 305-9868.

PRESCHOOL EXPERIENCE

Preschool Experience Yes No

If "Yes" – attended:

- less than 6 months
- between 6 and 12 months
- more than 1 year

Preschool Program: (if applicable)

- EOEL
- Charter Pre-K

*Incoming Kindergarten students must complete the Supplemental Kindergarten Enrollment Form

LAST HAWAII PUBLIC SCHOOL ATTENDED

Name: _____

Last Grade Attended: _____ Year: _____

PRIOR SCHOOL ATTENDED (If not Hawaii Public School)

Name: _____ Phone: _____

Address: _____ Fax: _____

ADDITIONAL INFORMATION *

Country of Birth: _____ Date First Entered U.S. School: _____

(MM/DD/YYYY)

* Providing this information is not required and will only be used to determine whether the child may be eligible for programs offered in the district that provide enhanced instructional opportunities for immigrant children and youth.

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

ETHNICITY INFORMATION

Are you 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 Pohnpelan,) | <input type="checkbox"/> S – Other Pacific Islander |

PRIMARY RACE INFORMATION

What is the student's primary race? (Select only ONE letter from the Race Information section 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 _____ Middle Initial _____

Birth Date (MM/DD/YYYY) _____

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: (check all that apply) mailing portal (if applicable) messenger

EMERGENCY CONTACT: (check one) Call Sequence 1 2

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

Branch of Service (check one): <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Space Force <input type="checkbox"/> NOAA <input type="checkbox"/> USPHS	Military Status (check one): <input type="checkbox"/> Active Duty <input type="checkbox"/> Title 10 Orders <input type="checkbox"/> National Guard <input type="checkbox"/> Reserve	Deployed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Does this person work for the Federal Government or work on Federal Property? Yes No

LEGAL PARENT/GUARDIAN LIVING IN THE HOUSEHOLD WITH STUDENT

SECOND PARENT / GUARDIAN

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 _____ Middle Initial _____

Birth Date (MM/DD/YYYY): _____

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: *(check all that apply)* mailing portal (if applicable) messenger

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

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

Branch of Service (check one):

Air Force Army Coast Guard Marine Corps
 Navy Space Force NOAA USPHS

Military Status (check one):

Active Duty Title 10 Orders
 National Guard Reserve

Deployed?

Yes
 No

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

PARENT/GUARDIAN NOT LIVING WITH STUDENT

PARENT / GUARDIAN

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 _____ Middle Initial _____

Birth Date (MM/DD/YYYY): _____

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: *(check all that apply)* mailing portal (if applicable) messenger

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

LEGAL PARENT/GUARDIAN NOT LIVING WITH STUDENT (cont.)

GUARDIAN

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

Branch of Service (check one):

- Air Force Army Coast Guard Marine Corps
 Navy Space Force NOAA USPHS

Military Status (check one):

- Active Duty Title 10 Orders
 National Guard Reserve

Deployed?

- Yes
 No

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

EMERGENCY CONTACT INFORMATION

FIRST

(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: *(check one)* Call Sequence 1 2 3 4 5

SECOND

(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: *(check one)* Call Sequence 1 2 3 4 5

SCHOOL SUPPLEMENTARY INFORMATION

Other Children In HIDEO 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:



**STATE OF HAWAII
DEPARTMENT OF EDUCATION**

**HOME LANGUAGE SURVEY
FOR ALL NEWLY ENROLLING STUDENTS**

NOTE TO SCHOOL STAFF: *This form should only be given once, upon initial enrollment in the Department. Do not make changes to student languages in the Student Information System without first consulting your school's English Learner Coordinator.*

ALL newly enrolling students to the Hawaii State Department of Education (Department) MUST complete this Home Language Survey, regardless of race, nationality, or language origin. Title VI of the Civil Rights Act of 1964 and Equal Educational Opportunities Act of 1974 require that the Department utilize a non-biased procedure for identifying students who are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services.

The language information requested is essential for schools to identify eligibility for EL services and provide meaningful instruction for students. Indication of a language other than English does not ensure eligibility, but requires the school to conduct an English proficiency test to determine if a need for English language development instruction exists. These questions are used solely to offer appropriate educational services, not for determining legal status or for immigration purposes.

To ensure the language needs of all Department students are met, please complete the following:

- SECTION A: Parent/Legal Guardian Information. This response will help us understand how to best communicate with you as the parent(s)/legal guardian(s) in a language that you understand.
- SECTION B: Student Information. These responses will assist us in understanding a student's language background and whether or not a student's English proficiency should be assessed.

SECTION A: PARENT/LEGAL GUARDIAN INFORMATION

Parent/Legal Guardian First Name

Parent/Legal Guardian Last Name

1. Do you as a **parent/legal guardian** require interpretation (spoken) or translation (written) of information from your child's school in your native language? Interpretation or translation would be at no cost to you.

No, I don't need interpretation or translation (spoken or written) support.

Yes, I need interpretation or translation (spoken or written) support in: _____
(Name of Language)

SECTION B: STUDENT INFORMATION

First Name

Middle Name

Last Name

Grade

____/____/____
MM / DD / YYYY
Date of Birth

F M
Gender

Has this child enrolled at a Hawaii Department of Education school or Hawaii Public Charter school before?

No (Continue to Student Language Questions ↘)

Yes (Skip to Parent/Legal Guardian Signature)

STUDENT LANGUAGE QUESTIONS (Refer to the attached Language List)

1. What is/are the language(s) most used in your **home**, regardless of the language spoken by your child?

(Name of Language)

2. What language did your child **first acquire**? _____
(Name of Language)

3. Which language does your child **use or understand most**? _____
(Name of Language)

Parent/Legal Guardian Signature: _____

Today's Date: ____/____/____
MM / DD / YYYY
(e.g. 05/26/2022)

Home Phone #: _____

Cellular Phone #: _____

Notice of Language Assistance

If you have difficulty understanding English, you have the right to receive language assistance at no cost to you. Please contact your school's principal for more information.

(Traditional Chinese / 繁體中文) 如果您理解英語有困難，您有權得到免費的語言幫助。請聯繫您的學校校長以獲得更多信息。

(Simplified Chinese / 简体中文) 如果您理解英语有困难，您有权得到免费的语言帮助。请联系您的学校校长以获得更多信息。

(Japanese / 日本語) 英語の理解に困難を覚える方は、無料で言語支援を受ける権利があります。詳細につきましては学校長にお問合わせください。

(Hawaiian / 'Ōlelo Hawai'i) Ina pilikia oe i ka hoomaopopo i ka olelo Pelekania, he kuleana no kou e lawelaweia oe i ke kokua olelo me ka uku ole. E hui kuka me ke poo kumu o kou kula no kekahi ike hou aku.

(Korean / 한국어) 영어를 이해하는데 어려움이 있는 경우, 무료로 통역 지원을 받을 권리가 있습니다. 더 자세한 정보는 학교장에게 연락하십시오.

(Chuukese / Kapasen Chuuk) Ika epwe weires ngonuk omw weweiti fóós un Merika, mi wor omw pwúúng omw kopwe angei aninnisin aweween fóós esapw kame. Kose mochen kékkééri ewe meinapen ewe sukkun (Principal) ren tichikin pworausau.

(Ilokano / Ilokano) Nu narigat mo a maawatan ti Ingles, karbengam nga umawat ti tulong ti lenggwahe ket awan bayad na dayta a serbisyo. Para ti kanayonan nga impormasyon, mabalin a kontakem ti prinsipal ti eskwelaan yo maipanggep iti dayta a serbisyo.

(Samoan / Gagana Samoa) Afai e faigatā ona ē malamalama i le Iglisi, e i ai lau aiā e maua ai le fesoasoani tau gagana e aunoa ma se tupe e te totogi ina. Fa'amolemole fa'afeso'ota'i le pule o lau aoga mo nisi fa'amatalaga.

(Tongan / Lea faka-Tonga) Kapau 'oku faingata'a ke mahino kiate koe 'a e lea faka-Papalangi, 'oku 'i ai ho'o totonu ke ke ma'u ha tokoni fakatonulea 'ikai totongi. Kataki 'o fetu'utaki ki he puleako ki ha toe fakaikiiki ange.

(Tagalog / Tagalog) Kung nahihirapan kang intindihin ang Ingles, karapatan mong makatanggap ng tulong para sa lenggwahe at libre ang serbisyong ito. Para sa karagdagan impormasyon, maari mong kontakin ang prinsipal ng iyong paaralan tungkol sa serbisyong ito.

(Cebuano / Sugboanon) Kon kamo adunay kalisud sa pagsabut sa Iningles, naa moy katungod sa pagdawat sa tabang sa pinulongan nga walay gasto kaninyo. Palihog kontak ang prinsipal sa inyong eskwelahan alang sa dugang nga impormasyon.

(Vietnamese / Tiếng Việt) Nếu quý vị thấy khó khăn trong việc hiểu tiếng Anh, quý vị có quyền nhận được sự hỗ trợ ngôn ngữ miễn phí. Vui lòng liên hệ hiệu trưởng của trường quý vị để biết thêm thông tin.

(Spanish / Español) Si tiene dificultad para entender Inglés, tiene derecho a recibir asistencia lingüística sin costo alguno para usted. Comuníquese con el director de su escuela para obtener más información.

(Marshallese / Kajin Majöl) Elañke ejabwe am melele kajin Pälle, ewör am jimwe ñan jibañ ko ikijien ukok ilo ejelok wönen. Jouj im köjjeläik lok principle eo an jikuul eo am ñan melele ko rellep lok.

(Thai / ไทย) หากคุณมีปัญหาในการเข้าใจภาษาอังกฤษ คุณมีสิทธิรับความช่วยเหลือด้านภาษาโดยไม่เสียค่าใช้จ่าย โปรดติดต่อ ผู้อำนวยการโรงเรียนของคุณเพื่อขอข้อมูลเพิ่มเติม

State of Hawaii · Department of Education
HOMELESS CONCERNS OFFICE



475 22nd Avenue
Honolulu, Hawaii 96816
Telephone: 808-305-9869
Toll Free: 1-866-927-7095
FAX: 808-735-8229

**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 Pearl City High 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: Manaolana, Kuapo, Kauai Economic Opportunity Shelter, Other: _____

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

Maui: Family Life Center (Hoolanani), Ka Hale A Ke Ola, Ka Hale A Ke Ola Westside, Other: _____

Oahu: Family Promise, Institute for Human Services (IHS), Loliana, Ohana Ola O Kahumana, Maili Land, Next Step, Vancouver House, Onemalu, Onelauena (Hope for a New Beginning), Paiolu Kaiaulu (Waianae Civic Center), Weinberg Village Waimanalo, Ulu Ke Kukui, Ka Ohu Hou O Manoa, Lighthouse Shelter, Kahi Kolu Ohana O Waianae, Other: _____

Has no regular place to stay at night

The student is awaiting foster care

The student 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. 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)).
The answers provided help determine appropriate and comparable MVA services.

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 Pearl City High 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:

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 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. I will inform the school administrator if any changes occur concerning this information.

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

Section 7: For School Use Only

Student ID # _____

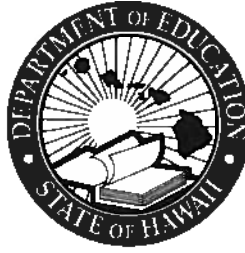
Student Enrolled As:

- 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.



Technology Responsible Use Form

(for digital devices, network, and internet services owned and leased by the
Hawaii State Department of Education for its students)

Each student and his or her parent(s)/guardian(s) ("parent" or "parents") must review the *Technology Responsible Use Guidelines for digital devices, network, and internet services owned or leased by the Hawaii State Department of Education for its students*, known as "Technology Responsible Use Guidelines" or "TRUG", and sign this "Technology Responsible Use Form" or "TRUF" for access to digital devices, internet and network services, including online educational services.

STUDENTS who will be using Hawaii State Department of Education (HIDOE) owned or leased digital devices, network, and internet services:

- I have read the Technology Responsible Use Guidelines (RS 17-0051) in the separate document and agree to, and will abide by, its terms/guidelines stated therein, and as may be subsequently modified.

As a PARENT, I also agree that:

- I am responsible for monitoring my child's use of HIDOE-owned or leased digital devices outside of HIDOE property/school.
- HIDOE may bar access by students to certain material not deemed for educational purposes; however, I also understand it is impossible for HIDOE to restrict access to all controversial and inappropriate materials. Therefore, I will hold harmless HIDOE and its employees from any cause of action related to my child obtaining access to materials or software which may be deemed inappropriate.
- I have discussed the TRUG with my child and, therefore:
 - If available at the school, I agree that my child be assigned a HIDOE-owned or leased digital device;
 - I agree that my child be allowed access to HIDOE's internet/network services; and
 - I agree that my child be allowed access to the online educational services provided by the school.
- I understand that all software loaded on the device upon issuance to the assigned student is the property of the HIDOE. Copying this software to another device is not permitted and may violate copyright laws. Students/parents should not download or install any software on this device other than printer drivers for home printing or software specifically for access to a home network.
- By signing below, I, in consideration of HIDOE providing my child with HIDOE network and Internet access, agree to indemnify HIDOE for any losses, costs, or damages (including reasonable attorney fees) incurred by HIDOE relating to, or arising out of, any breach of these or other HIDOE rules by the student in using HIDOE-owned or leased digital devices, Network, and Internet. I shall assume responsibility for any damages to HIDOE-owned or leased digital devices while the student is using it, including paying for repairs.
- HIDOE assumes no responsibility for any unauthorized charges or fees, including telephone charges, long-distance charges, per-minute surcharges, and/or equipment on-line costs. Ordinary internet and network access and use will incur no such charges. Any such charges are the responsibility of the parent signing below.

This TRUF is valid for the student while attending Pearl City High School, unless rescinded by the parent or the TRUG has been revised.
(school name)

Student Signature	Printed Name & Student ID#	Date
Parent/Guardian Signature	Printed Name	Date
Parent/Guardian Signature	Printed Name	Date



State of Hawaii
Department of Education

Student Publication/Audio/Video Release Form

This form supersedes all previous Student Permission to Videotape/Record, Reproduce Work and Student Publication/Audio Release Forms.

Note: This form does not apply to the creation or use of digital or print media of students for research purposes, including post-secondary degree requirements. For more information visit <http://bit.ly/HIDOEdata-research>

In order to protect student's rights to privacy as outlined in the Family Educational Rights and Privacy Act (FERPA) and the Protection of Pupil Rights Amendment (PPRA), parents/guardians or eligible students (those aged 18 or over) are being asked to give the Hawaii State Department of Education (HIDOE) permission to create or use digital or print media of student's name, voice, likeness or images of student work for the purposes described in this form.

I hereby give my permission to HIDOE to create or use the media described above of my child (if parent/guardian) / me (if eligible student) or my child's / my work — which may include, but are not limited to, video and audio recordings, photographs, and images — for the following educational purposes:

- Publication on HIDOE websites or in print or other digital media
- HIDOE staff professional development, including peer and advisory observations
- HIDOE training, including but not limited to preparation programs

I understand that the distribution of these media may include print, online, or digital media and open-circuit broadcast, closed-circuit, or cable television transmission within or outside of the State of Hawaii.

I understand that there will be no compensation, financial or otherwise, by HIDOE for its use of these media, either for initial or subsequent transmission or playback.

I understand that granting permission includes a potential risk of loss of privacy. I hereby release HIDOE from any liability resulting from or connected with the creation or use of these media.

I understand that permission is granted for the life of the media. I release all interest in the media for which I am giving permission.

I understand that I may withdraw my permission at any time without any negative consequences by submitting a written statement to my child's/my school. I understand that withdrawing consent will not affect my child's/my standing in school, nor any publication or work using these media which has already been produced.

Yes No HIDOE has my permission to create or use digital or print media of my child's / my name, voice, likeness or images of my child's/my work exclusively for the non-commercial, educational purposes stated above.

By signing this form, I agree to the terms and conditions stated in this form, unless I checked the "no" box.

Student's Name (Please Print)

Pearl City High School

School

Home Address

City, State, Zip Code

Parent/Guardian/Eligible Student Name (Please Print)

Signature

Date



STATE OF HAWAII
DEPARTMENT OF EDUCATION

OPT OUT FORM
for non-disclosure of a secondary school
student's name, address, and telephone
listing to military recruiters

The Every Student Succeeds Act of 2015 (ESSA) requires school districts to release the names, addresses, and telephone listings (including unlisted numbers) of secondary school students to military recruiters upon their request unless the parent/legal guardian of a student or an eligible student (18 years or older) requests that the student's contact information not be released without the prior written consent of the eligible student or parent/legal guardian. ESSA requires school districts to inform secondary students and the parent/legal guardians of students their right to opt out of information being shared with military recruiters upon their request.

If this form is completed, signed, and returned to the student's school, the school and school district shall not release the student's name, address, and telephone listing to military recruiters without prior written consent of the eligible student or the parent/legal guardian.

To initiate the "opt out" request, this form should be completed and signed by EITHER the student's parent/legal guardian OR the eligible student.

Student's Name (please print) _____

School Pearl City High School

Date _____

Check the appropriate box:

- As a parent/legal guardian of this student, I am exercising my "opt out" right to direct that the student's school and school district shall not release the student's name, address, and telephone listing to military recruiters without my prior written consent.

I understand that if I do not "opt out", then information will be released to military recruiters upon their request.

Parent/Legal Guardian's Signature _____

Printed Parent/Legal Guardian's Name _____

OR

- As an eligible student, I am exercising my "opt out" right to direct that my school and school district shall not release my name, address and telephone listing to military recruiters without prior written consent.

I understand that if I do not "opt out", then information will be released to military recruiters upon their request.

Eligible Student's Signature _____

School Use Only

Student's ID # _____

School Code _____



STATE OF HAWAII
 DEPARTMENT OF EDUCATION
 PEARL CITY HIGH SCHOOL
 2100 HO'OKI'EKI'E STREET
 PEARL CITY, HAWAII 96782-1425

REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS BETWEEN SCHOOLS

To Releasing School: _____
 Address: _____

 City State Zip Code

Student: _____ Birthdate: _____
 Address: _____ Grade: _____
 Street _____
 City State Zip Code

PLEASE SEND EDUCATION RECORDS FOR THE ABOVE STUDENT TO:

REGISTRAR – PEARL CITY HIGH SCHOOL
 2100 HOOKIEKIE ST
 PEARL CITY, HI 96782

 School Official Date

This includes personal folder, counseling, health records, transcript of grades/credits, test data, and a statement of graduation requirements from your high school.

I acknowledge notification of this transfer of records as required by the Family Education Rights and Privacy Act of 1974 and I understand that I have the right to receive a copy at my own expense, if requested, and have an opportunity for a hearing to challenge the contents of the records. I understand that the information transferred will be treated in a confidential manner and I will not be transmitted to a third party without my consent.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____