

Registration Checklist

***REQUIRED ITEMS:**

***Submit (1) Proof of Residence-utility bill must be within the last three (3) months:**

- Electric Bill
- Gas Bill
- Water Bill
- Cable Bill
- Phone Bill
- Mortgage Statement
- Rental Agreement
- Real Property Assessment

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

***Student Health Record Form 14** (to be completed by a physician's office)

- Current Immunizations
- TB Clearance Certificate/Risk Assessment

***Original Birth Certificate OR Passport** (a copy will be made and the original will be returned to you)

Court Documents (*if any*)

Certificate of Release (*if coming from another elementary school-this does not apply to first time Kindergarten enrollment*)

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

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	Room
	For school use only			

INSTRUCTIONS: PRINT YOUR ENTRIES LEGIBLY Ethnicity/Race Observed: _____ Initial _____ Date _____

STUDENT PERSONAL DATA

Legal Last Name: _____ Gender: M F Grade Level: _____
 Legal First Name: _____ Birth Date: _____
 Middle Initial: _____ Suffix: (Jr, II, III, etc): _____ Verification of DOB: _____

Not Homeless Homeless* Completed MVA Packet

DOE Representative Signature

Parent/Legal Guardian 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; 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.

If you have any questions regarding the above, please call 1-866-927-7095

PRESCHOOL EXPERIENCE

LAST HAWAII PUBLIC SCHOOL ATTENDED

Preschool Experience Yes No
 If "Yes" – attended:
 less than 6 months Pre-School Program: (if applicable)
 between 6 and 12 months EOEL
 more than 1 year KALO
 PDG

Name: _____
 Last Grade Attended: _____ Year: _____

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: Yes 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

FIRST 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 _____

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

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Military Status (check one): <input type="checkbox"/> Traditional Reservist / M-Day <input type="checkbox"/> Active Duty (Title 10) <input type="checkbox"/> Federal Technician (Title 32)	
	Deployed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other (specify): _____		Relation: _____		
	Last Name _____		First Name _____	Email Address _____	
	Home Phone # _____	Cellular Phone # _____	Pager # _____	Work Phone # (include ext.) _____	
	EMERGENCY CONTACT: <i>(circle one)</i> 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: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other (specify): _____		Relation: _____		
	Last Name _____		First Name _____	Email Address _____	
	Home Phone # _____	Cellular Phone # _____	Pager # _____	Work Phone # (include ext.) _____	
	EMERGENCY CONTACT: <i>(circle one)</i> Call Sequence 1 2 3 4 5				

SCHOOL SUPPLEMENTARY INFORMATION

	Legal First, Middle Initial & Last Name	HIDOE School Attending	DOB	Grade	Relationship
Other Children In HIDOE Schools:	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, excludes 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
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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

IMPORTANT NOTICE TO PARENTS



SCHOOL HEALTH REQUIREMENTS, EFFECTIVE: JULY 1, 2020

What does Hawai'i State Law require for childcare facility and school attendance?

Hawai'i State Law requires all students to meet physical examination, immunization, and tuberculosis clearance requirements before they may attend a childcare facility, preschool, or public/private school in the State.

Are exemptions allowed?



Children may be exempt from immunization requirements for medical or religious reasons, if the appropriate documentation is presented to the childcare facility or school. Religious exemption forms may be completed at the childcare facility or school that your child will attend. Medical exemptions must be obtained from your child's healthcare provider. No other exemptions are allowed by the State.

What are the health requirements?

- 1 Physical Examination:**
 - Must be completed within one year before:
 - First date of attendance at a childcare facility, preschool, or school in Hawai'i; and
 - First date of attendance in the seventh grade.
 - Must be performed by a U.S. licensed physician, APRN or PA.
- 2 Immunizations:**

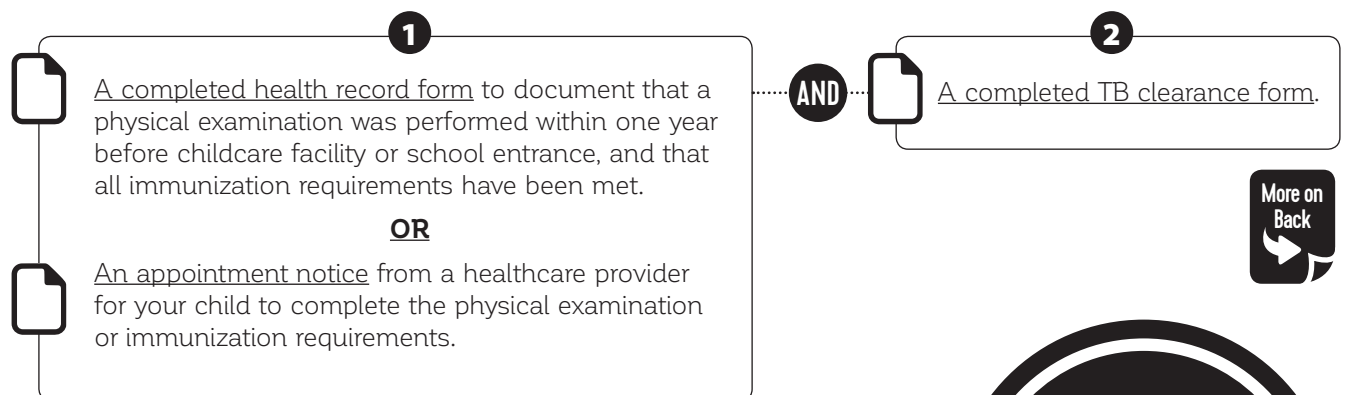
Immunizations are required for childcare facility and school attendance. Required immunizations depend on the age of the child (childcare or preschool) or grade of the student. All immunizations must meet minimum age and interval requirements between vaccine doses.
- 3 Tuberculosis (TB) Clearance:**

For information regarding TB clearance requirements for school attendance, talk to your child's healthcare provider or contact the Department of Health Tuberculosis Control Branch:

 -  call: (808) 832-5731
 -  web: health.hawaii.gov/tb

What is required by the first day of school?

By the first day of school, all students entering childcare, preschool, or school in Hawai'i for the first time must have:



Students who have not completed the above requirements by the first day of school will not be allowed to attend school until these requirements are met.



Where do I get the “Student’s Health Record” form?

You can get a copy of the “Student’s Health Record” (Form 14) from the childcare facility or school where your child will be enrolled or from your child’s healthcare provider.

What if my child is transferring from another state or territory of the U.S.?

You will need to show proof that the health requirements have been met prior to childcare facility or school entry. The childcare facility or school will accept out-of-state records that meet the State of Hawai‘i requirements for physical examination, immunizations, and tuberculosis clearance.

Which immunizations are required?

Immunizations are required for all students entering childcare or preschool, kindergarten, and seventh grade, and for those students entering school in Hawai‘i for the first time, regardless of age.

Childcare or Preschool

- Diphtheria-Tetanus-Pertussis (DTaP)
- *Haemophilus influenzae* type b (Hib)
- Hepatitis A (Hep A)
- Hepatitis B (Hep B)
- Measles-Mumps-Rubella (MMR)
- Pneumococcal Conjugate Vaccine (PCV)
- Polio (IPV)
- Varicella (chickenpox)

Kindergarten – 12th Grade

- DTaP
- Hep A
- Hep B
- Human Papillomavirus (HPV)*
- Meningococcal Conjugate (MCV)*
- MMR
- IPV
- Tetanus-diphtheria-pertussis (Tdap)*
- Varicella

7th Grade

- HPV
- MCV
- Tdap

**All students entering school in Hawai‘i for the first time in 7th grade or higher must show evidence of receiving these immunizations prior to school attendance.*

Questions?

Hawai‘i Department of Health Immunization Branch



Web: health.hawaii.gov/docd/vaccines-immunizations/school-health-requirements/
Email: immunization@doh.hawaii.gov
Call: (808) 586-8332 or 1 (800) 933-4832

Hawai‘i Department of Health Tuberculosis Control Branch



Web: health.hawaii.gov/tb
Call: (808) 832-5731

Nondiscrimination in Services. We provide access to our activities without regard to race, color, national origin (including language), age, sex, religion, or disability. Write or call the Hawai‘i Department of Health Immunization Branch or our departmental Affirmative Action Officer at P.O. Box 3378, Honolulu, Hawai‘i 96801-3378 or at (808) 586-4616 (voice/tty) within 180 days of a problem.



**Department of Education
Student's Health Record**

Student Information			
Name: _____ <small>(Last) (First) (Middle Initial)</small>	Sex: <input type="checkbox"/> M <input type="checkbox"/> F DOB: ____/____/____	Entry dates Pre-K: ____/____/____ Elem.: ____/____/____ Int./Middle: ____/____/____ High: ____/____/____	Student Address Label
Parent/Legal Guardian Names: 1. _____ 2. _____			

Medical Conditions						
<input type="checkbox"/> Allergies	<input type="checkbox"/> Asthma	<input type="checkbox"/> Chronic Cough/Wheezing	<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Seizures	Other _____	
<input type="checkbox"/> Bees	<input type="checkbox"/> Blood Disorders	<input type="checkbox"/> Diabetes Type I	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Skin Problems		
<input type="checkbox"/> Food	<input type="checkbox"/> Bone/Joint Disorders	<input type="checkbox"/> Diabetes Type II	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Vision Problems		
<input type="checkbox"/> Medication	<input type="checkbox"/> Cancer/Leukemia	<input type="checkbox"/> Genetic Condition	<input type="checkbox"/> Metabolic Disorder			

Physical Examination (N - Normal, A - Abnormal, R - Receiving Care)															Provider's Signature	Printed Name				
Date	Height	Weight	BMI	*Blood Lead	Blood Pressure	Eyes	Ears	Nose	Throat	Teeth	Heart	Lungs	Abdomen	Nervous System			Skin	Scoliosis	Extremities	Nutrition
____/____/____																				
____/____/____																				

Tuberculosis Evaluation	
Check appropriate box	Date
<input type="checkbox"/> Negative TB Risk Assessment	____/____/____
<input type="checkbox"/> Negative test for TB infection	____/____/____
<input type="checkbox"/> Positive test & negative chest x-ray	____/____/____
Dental Examination	
Dental Check-Up	____/____/____
Dental Check-Up	____/____/____
Vision and Hearing	
Visual Acuity <input type="checkbox"/> Color Vision Deficient	
R <u>20</u> / _____ L <u>20</u> / _____	
<input type="checkbox"/> Corrected <input type="checkbox"/> Corrected	____/____/____
Hearing Thresholds	
500 1000 2000 4000	
R _____	
L _____	____/____/____

Immunizations						
DTaP, DTP, DT or Td	Type					
	Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Polio (IPV or OPV)	Type					
	Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Hib (Haemophilus influenzae tybe b)	Type					
	Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Pneumococcal Conjugate	Type					
	Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Hepatitis B	Type					
	Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Hepatitis A	Type					
	Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
MMR	Type					
	Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
HPV	Type					
	Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Other	Type					
	Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____

Signature or Stamp of Healthcare Provider or Clinic: _____

