

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: _____		Complex Area: _____		
STUDENT ENROLLMENT FORM SIS-10W (Rev. 4/2023)		Student ID No. _____	Entry Date _____	Entry Code _____
			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/HILiaisons or call (808) 305-9868.				
PRESCHOOL EXPERIENCE				
Preschool Experience ☐ Yes ☐ No				
If "Yes" – attended:		Preschool Program: (if applicable)		
☐ less than 6 months ☐ between 6 and 12 months ☐ more than 1 year		☐ 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:

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

- | | | | |
|------------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|
| ☐ 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

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):

☐ 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**

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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 _____ 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

Continue on next page

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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 ☐ 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
☐ NoDoes 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: (check 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 _____

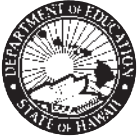
Home Phone # _____ Cellular Phone # _____ Pager # _____ Work Phone # (include ext.) _____

EMERGENCY CONTACT: (check 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

☐	Unsheltered <i>Campground, car, beach/park, abandoned building, street or any other inadequate living space</i>	06
☐	Shelter <i>Emergency, transitional or domestic violence shelter, name of shelter: _____</i>	04
☐	Hotel/Motel <i>Due to lack of other suitable housing, <u>excludes</u> temporary lodging for military persons awaiting housing</i>	02
☐	Doubled Up <i>Temporarily with family or other person due to loss of housing or as a result of economic hardship</i>	03
☐	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:

☐	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.



**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 pworasan.

(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 Igilisi, 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 karagdagang 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 kontaka 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 Majôl) Elaññe ejabwe am melele kajin Pälle, ewōr am jimwe ñan jibañ ko ikijien ukok ilo ejelok wōnen. Jouj im kõjjeläik lok principle eo an jikuul eo am ñan melele ko rellap lok.

(Thai / ไทย) หากคุณมีปัญหาในการเข้าใจภาษาอังกฤษ คุณมีสิทธิได้รับความช่วยเหลือด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดติดต่อ ผู้อำนวยการโรงเรียนของคุณเพื่อขอข้อมูลเพิ่มเติม

Language List

This language list may be presented to newly enrolling families in the Hawai'i Department of Education to assist their completion of the required Home Language Survey (HLS). Families are asked to write the English name of their language on the HLS. Where available, a native language autonym (the name of a language in that language) has been provided for reference and support.

English name	Autonym
Afrikaans	Afrikaans ¹
Albanian	shqip ² , gjuha shqipe ²
American Sign Language	
Arabic	العربية ¹
Armenian	հայերեն ¹
Bengali	বাংলা ¹
Bikol	Bikol ² , Bicol ²
Burmese	မြန်မာ ¹ , မြန်မာစကား ¹
Cambodian	ខ្មែរ ¹ , ភាសាខ្មែរ ²
Cantonese	广州话 [廣州話] ² 广东话 [廣東話] ² 粤语 [粵語] ²
Carolinian	Refalúwasch ¹
Cayuga	Gayogóhó:nq' ¹
Cebuano/Visayan	Binisaya ¹
Chamorro	Chamorro ¹ , Fino' CHamoru ² Finu' Chamoru ²
Chavacano	Chavacano ¹
Chuukese	Chuuk ¹
Cree	ᐃᓴᓴᓴ ᐃᓴᓴᓴ ² , ᐃᓴᓴᓴ ᐃᓴᓴᓴ ² ᐃᓴᓴᓴ ᐃᓴᓴᓴ ² , ᐃᓴᓴᓴ ᐃᓴᓴᓴ ² ᐃᓴᓴᓴ ᐃᓴᓴᓴ ² , ᐃᓴᓴᓴ ᐃᓴᓴᓴ ² ᐃᓴᓴᓴ ᐃᓴᓴᓴ ² , ᐃᓴᓴᓴ ᐃᓴᓴᓴ ² ᐃᓴᓴᓴ ᐃᓴᓴᓴ ² , ᐃᓴᓴᓴ ᐃᓴᓴᓴ ²
Croatian	hrvatski ¹
Czech	Český jazyk ¹ , Čeština ¹
Danish	Dansk ¹
Dutch	Nederlands ¹
English	English

Estonian	eesti keel ²
Fijian	Na Vosa Vakaviti ¹
Finnish	Suomi ¹
French	Français ¹
Gaelic	Gàidhlig ¹
German	Deutsch ¹
Gilbertese	I-Kiribati ¹ , Taetae ni Kiribatii ²
Greek	ελληνικά ¹
Gujarati	ગુજરાતી ²
Hakka Chinese	客家话 [客家話] ²
Halang	
Hawaiian	ʻŌlelo Hawaiʻi
Hebrew	עברית ¹
Hiligaynon (Ilonggo)	Hiligaynon ¹ , Ilonggo ¹
Hindi	हिन्दी ¹
Hmong	Ius Hmoob ² , Iug Moob ² , Iol Hmongb ²
Hungarian	Magyar ¹
Icelandic	Íslenska ¹
Ilocano	Ilokano ¹
Indonesian	Bahasa Indonesia ¹
Italian	Italiano ¹
Japanese	日本語 ¹
Korean	한국어 ¹
Kosraean	Kosrae ¹
Lao	ລາວ ¹
Lithuanian	Lietuvių kalba ¹
Macedonian	македонски јазик ¹
Malay	Bahasa Melayu ¹ , بهاس ملايو ¹
Maltese	Malti ¹
Mandarin	普通话 ¹
Maori	Te reo Māori ¹
Marshallese	Kajin M̧ajeļ
Min Bei	闽北话 [閩北話] ²
Min Nan Chinese	闽南语 [閩南語] ²
Mohawk	Kanien'kéha ¹
Mokilese	Mokil ¹ , Mwoakilloa ¹

Continued on the next page.

Mongolian	 ² монгол ²
Mortlockese	Kapsen Mwoshulók ²
Nauru	Dorerin Naoero ¹ , Ekaiairū Naoero ²
Nepali	नेपाली ²
Norwegian	Norsk ¹
Ojibway	Anishinaabemowin ² , ᐱᓂᓴᓂᐱᓄᓂᐱᓄᓂᐱᓄᓂ ²
Other (any language not on this list)	
Palauan	Tekoi ra Belau ¹
Paluan	
Pampango	Kapampangan ¹
Pangasinan	Pangasinan ¹
Persian	فارسی ²
Pingelapese	Pingelap ¹
Pohnpeian	Pohnpei ¹ , Lokaiahn Pohnpei ²
Polish	Język polski ¹
Portuguese	Português ¹
Punjabi	ਪੰਜਾਬੀ ¹ , ² پنجابی
Romanian	Limba română ¹ , Românește ¹
Russian	русский язык ¹
Samoan	Gagana Sāmoa ¹
Satawalese	Satawal ¹
Serbian	српски ¹ , srpski ²
Serbo-Croatian	hrvatskosrpski ³ , srpskohrvatski ³ , хрватскосрпски ³ , српскохрватски ³
Singhalese	සිංහල ¹
Slovak	Slovenský Jazyk ¹ , Slovenčina ¹
Slovanian	Slovenski jezik ¹ , Slovenščina ¹
Spanish	Español ¹
Sri Lankan Creole Malay	Melayu ⁴ , Sri Lanka pe Melayu ⁴ , Java ⁴
Swahili (Macrolanguage)	Kiswahili ² , ² كِسْوَاهِيلِي
Swedish	Svenska ¹
Tagalog	Tagalog ¹

Tahitian	Reo Tahiti ¹
Tamil	தமிழ் ¹
Telugu	తెలుగు ¹
Thai	ภาษาไทย ¹
Tokelau	Gagana Tokelau ²
Tongan	Faka Tonga ¹ , Lea faka-Tonga ²
Turkish	Türkçe ¹
Twi	Twi ²
Uighur	ئۇيغۇرچە ¹ , ئۇيغۇر تىلى ¹ , Уйғурчә ² , Uyghur tili ²
Ukrainian	українська мова ¹
Ulithian	Yulidiy ²
Urdu	اُردُو ¹
Vietnamese	Tiếng Việt ¹
Woleaian	Woleaian ²
Yapese	Thin nu Wa'ab ¹ , Waab ²
Yogad	Yogad ²

Autonym sources

1. Eberhard, David M., Gary F. Simons, and Charles D. Fennig (eds.). 2022. Ethnologue: Languages of the World. Twenty-fifth edition. Dallas, Texas: SIL International. Online version: <http://www.ethnologue.com>.
2. Ager, Simon. "Language Names." Language Names in Their Own Languages and Scripts, Omniglot, <https://omniglot.com/language/names.htm>
3. "Resources Available in Other Languages | U.S. Department of Education." U.S. Department of Education, 28 Dec. 2022. <https://www2.ed.gov/about/offices/list/ocr/docs/ho-wto-index.html>.
4. Peter Slomanson. 2013. Sri Lankan Malay structure dataset. In: Michaelis, Susanne Maria & Maurer, Philippe & Haspelmath, Martin & Huber, Magnus (eds.) Atlas of Pidgin and Creole Language Structures Online. Leipzig: Max Planck Institute for Evolutionary Anthropology. (Available online at <http://apics-online.info/contributions/66>. Accessed on 2022-11-21.)

IMPORTANT NOTICE TO PARENTS

State of Hawai'i
Department of Health
Immunization Branch



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:

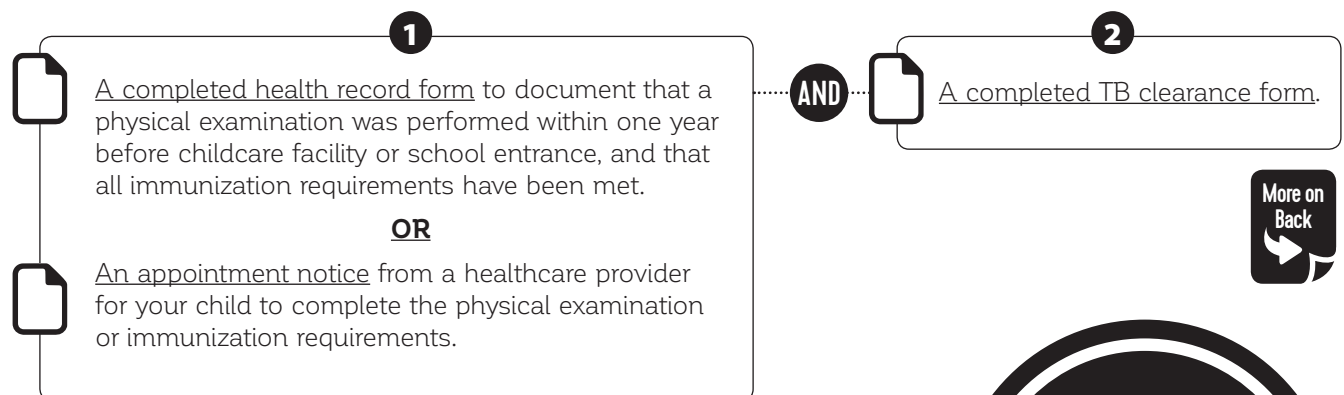
For information regarding TB clearance requirements for school attendance, talk to your child's healthcare provider or contact the Department of Health Tuberculosis Control Branch:

 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.

August 2019



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

Student Information			
Name: _____ (Last) (First) (Middle Initial)		Sex: ☐ M ☐ F DOB: ____/____/____	Entry dates Pre-K: ____/____/____ Elem.: ____/____/____ Int./Middle: ____/____/____ High: ____/____/____
Parent/Legal Guardian Names: 1. _____ 2. _____			
			Student Address Label

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

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

Tuberculosis Evaluation	
Check appropriate box	Date
☐ Negative TB Risk Assessment	____/____/____
☐ Negative test for TB infection	____/____/____
☐ Positive test & negative chest x-ray	____/____/____
Dental Examination	
Dental Check-Up	____/____/____
Dental Check-Up	____/____/____
Vision and Hearing	
Visual Acuity ☐ Color Vision Deficient	
R <u>20</u> / _____ L <u>20</u> / _____	
☐ Corrected ☐ 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				Varicella immunity secondary to disease (date)	
	Date	____/____/____	____/____/____	____/____/____		____/____/____
Hepatitis A	Type			Varicella		
	Date	____/____/____	____/____/____	Date	____/____/____	
MMR	Type				MCV	
	Date	____/____/____	____/____/____		Date	____/____/____
HPV	Type				Tdap	
	Date	____/____/____	____/____/____	____/____/____	Date	____/____/____
Other	Type					
	Date	____/____/____	____/____/____	____/____/____	____/____/____	

Signature or Stamp of Healthcare Provider or Clinic: _____

Health History Comments: Include referrals and reports. Recommendation for significant findings. (Please print)

[illegible][illegible]