

School Name: Eleele Elementary School Complex Area:

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... (i) children and youth who are sharing the housing of other persons... (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... (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... 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 between 6 and 12 months more than 1 year Pre-School Program: (if applicable) EOEL 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 B - Cantonese C - Mandarin D - Ilocano E - Tagalog F - Cebuano/Visayan G - Hawaiian H - Japanese I - Korean J - Samoan K - Vietnamese M - Chuukese N - Pohnpeian O - Cambodian P - Chamorro Q - Fijian R - Hmong S - Lao T - Marshallese U - Pampango V - Pangasinan W - Portuguese X - Spanish Y - Thai 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

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.)

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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):

Army Marine Air National Guard Navy Reserves

Air Force Coast Guard Army Reserves Marine Reserves

Navy Army National Guard Air Force Reserves Coast Guard Reserves

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

EMERGENCY CONTACT INFORMATION

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(Person To Notify In Case Of Emergency Other than First or Second Parent/Guardian Contact)

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

Last Name First Name Email Address

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

EMERGENCY CONTACT: *(circle one)* Call Sequence 1 2 3 4 5

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(Person To Notify In Case Of Emergency Other than First or Second Parent/Guardian Contact)

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

Last Name First Name Email Address

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

EMERGENCY CONTACT: *(circle one)* Call Sequence 1 2 3 4 5

SCHOOL SUPPLEMENTARY INFORMATION

	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: