

School Name: KEALAKEHE ELEMENTARY SCHOOL		Complex Area: KEALAKEHE			
STUDENT ENROLLMENT FORM SIS-10W (Revised) School Year 2020 - 2021		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: <input type="checkbox"/> M <input type="checkbox"/> F		Grade Level: _____	
Legal First Name: _____		Birth Date: _____			
Middle Initial: _____		Suffix: (Jr, II, III, etc): _____		Verification of DOB: _____	
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> Not Homeless <input type="checkbox"/> Homeless* <input type="checkbox"/> Completed MVA Packet </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> _____ DOE Representative Signature </div> <div style="width: 45%;"> _____ Parent/Legal Guardian Signature </div> </div> <p style="margin-top: 10px;">**"Homeless" means individuals who lack a fixed, regular and adequate nighttime residence (within the meaning of section 42 USCS §11302(a)(1)) and includes:</p> <ul style="list-style-type: none"> (i) children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement. (ii) children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of 42 USCS §11302(a)(2)(C)); (iii) children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings; and (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle. <p style="text-align: center; margin-top: 10px;">If you have any questions regarding the above, please call 1-866-927-7095</p>					
PRESCHOOL EXPERIENCE			LAST HAWAII PUBLIC SCHOOL ATTENDED		
Preschool Experience <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" – attended: <input type="checkbox"/> less than 6 months Pre-School Program: (if applicable) <input type="checkbox"/> between 6 and 12 months <input type="checkbox"/> EOEL <input type="checkbox"/> more than 1 year <input type="checkbox"/> KALO <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No If not US Citizen, indicate status: Refugee _____ Immigrant _____ Non-Immigrant _____					
LANGUAGE INFORMATION					
Language Codes: (Select a letter from the list and fill in the blanks below)					
_____ Language (Spoken) at Home		_____ First (Acquired) Language		_____ Language Most Used	
A – English	F – Cebuano/Visayan	K – Vietnamese	Q – Fijian	V – Pangasinan	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

F
I
R
S
T

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

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

Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Single Custody of Child: ☐ Yes ☐ No

Custody Documentation Submitted: ☐ Yes ☐ No Custody Type: ☐ Sole Custody ☐ Physical Custody ☐ Joint Legal

Legal Last Name _____

Legal First Name _____

Home Address: _____ APT# _____ City _____ Zip _____

Mailing Address (if different from Home Address): _____

Home Phone # _____

Cellular Phone # _____

Pager # _____

Work Phone # (include ext.) _____

Email Address: _____

Allow this person access to: (circle all that apply) mailing / portal (if applicable) / messenger

EMERGENCY CONTACT: (circle one) Call Sequence 1 2

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

Military Status (check one): ☐ Traditional Reservist / M-Day ☐ Active Duty (Title 10) ☐ Federal Technician (Title 32)

Deployed? ☐ Yes ☐ No

Branch of Service (check one):

- | | | | |
|------------------------------------|--|---|---|
| <input type="checkbox"/> Army | <input type="checkbox"/> Marine | <input type="checkbox"/> Air National Guard | <input type="checkbox"/> Navy Reserves |
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Coast Guard | <input type="checkbox"/> Army Reserves | <input type="checkbox"/> Marine Reserves |
| <input type="checkbox"/> Navy | <input type="checkbox"/> Army National Guard | <input type="checkbox"/> Air Force Reserves | <input type="checkbox"/> Coast Guard Reserves |

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

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

S
E
C
O
N
D

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

Check one: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other (specify): _____ Relation: _____
Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Single Custody of Child: ☐ Yes ☐ No
Custody Documentation Submitted: ☐ Yes ☐ No Custody Type: ☐ Sole Custody ☐ Physical Custody ☐ Joint Legal

Legal Last Name _____ Legal First Name _____
Home Address: _____ APT# _____ City _____ Zip _____

Mailing Address (if different from Home Address): _____

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

Email Address: _____

Allow this person access to: *(circle all that apply)* mailing / portal (if applicable) / messenger

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

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

Military Status (check one): ☐ Traditional Reservist / M-Day ☐ Active Duty (Title 10) ☐ Federal Technician (Title 32)

Deployed? ☐ Yes ☐ No

Branch of Service (check one):

<input type="checkbox"/> Army	<input type="checkbox"/> Marine	<input type="checkbox"/> Air National Guard	<input type="checkbox"/> Navy Reserves
<input type="checkbox"/> Air Force	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Army Reserves	<input type="checkbox"/> Marine Reserves
<input type="checkbox"/> Navy	<input type="checkbox"/> Army National Guard	<input type="checkbox"/> Air Force Reserves	<input type="checkbox"/> Coast Guard Reserves

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

PARENT/GUARDIAN **NOT LIVING WITH STUDENT**

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

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

Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Single Custody of Child: ☐ Yes ☐ No

Legal Last Name _____ Legal First Name _____
Home Address: _____ APT# _____ City _____ Zip _____

Mailing Address (if different from Home Address): _____

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

Email Address: _____

Allow this person access to: *(circle all that apply)* mailing / portal (if applicable) / messenger

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

LEGAL PARENT/GUARDIAN NOT LIVING WITH STUDENT (cont.)**G
U
A
R
D
I
A
N**Is this parent/guardian a member of the Armed Services, National Guard or Reserves? ☐ Yes ☐ NoMilitary Status (check one): ☐ Traditional Reservist / M-Day ☐ Active Duty (Title 10) ☐ Federal Technician (Title 32)Deployed? ☐ Yes ☐ No

Branch of Service (check one):

☐ Army☐ Marine☐ Air National Guard☐ Navy Reserves☐ Air Force☐ Coast Guard☐ Army Reserves☐ Marine Reserves☐ Navy☐ Army National Guard☐ Air Force Reserves☐ Coast Guard ReservesDoes this person work for the Federal Government or work on Federal Property? ☐ Yes ☐ No**EMERGENCY CONTACT INFORMATION****F
I
R
S
T**

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

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

Last Name _____ First Name _____ Email Address _____

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

EMERGENCY CONTACT: (*circle one*) Call Sequence 1 2 3 4 5**S
E
C
O
N
D**

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

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

Last Name _____ First Name _____ Email Address _____

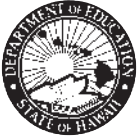
Home Phone # _____ Cellular Phone # _____ Pager # _____ Work Phone # (include ext.) _____

EMERGENCY CONTACT: (*circle one*) Call Sequence 1 2 3 4 5**SCHOOL SUPPLEMENTARY INFORMATION**Other
Children
In
HIDOE
Schools:

Legal First, Middle Initial & Last Name	HIDOE School Attending	DOB	Grade	Relationship
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Parent/Legal Guardian Signature: _____ Date: _____

FOR SCHOOL USE:



QUESTIONNAIRE TO DETERMINE ELIGIBILITY MV1

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: _____ 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, <u>excludes</u> 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
--------------------------	----------------------------	----

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

Note: Please forward a copy of this form to your Homeless Concerns Liaison within 3 business days.



STATE OF HAWAII
DEPARTMENT OF EDUCATION
P.O. BOX 2360
HONOLULU, HAWAII 96804

Before Registration/Enrollment Form (SIS-10) is given to parent/guardian to complete, the following documents are REQUIRED:

1) Original Birth Certificate

2) Proof of Address:

- Current Rental Agreement with legal parent/guardian name and signed by all parties or
- Current Mortgage Statement with legal parent/guardian name or
- Current Utility Bill (cable, electric, water, gas, landline phone – top portion that shows customer name and service address, not mailing address) with legal parent/guardian name

****Note:** If legal parent/guardian currently lives with family or friends a notarized statement will be required from the family member they are residing with. Their (family member you are residing with) current proof of address (see above) will need to be attached to the notarized statement.

3) Physical, Current Immunizations, & Current TB within the last 12 months

4) Legal Document, if applicable

Hawaii Educational
RESIDENCY VERIFICATION FORM

According to state law, Hawaii Revised Statutes §302A-1143 and Hawaii Administrative Rule chapter 8-13, school aged children are required to attend the school in the area in which they reside, unless permitted to attend another school through a geographic exception.

This is to certify that the following are residing with me: _____
(PRINT names) _____

They have been residing with me since _____, _____ and will continue
Month Day Year
to reside with me until _____.
Month Day Year

PRINT Name

Signature

Residential Address

Phone Number(s)

City

State

Zip Code

***Attach Proof of Residency (see *Verification of Residency* on back of form)

Child's Parent/Legal Guardian

I certify that the above information is true.

PRINT Name

Signature

Notarized Statement

Subscribe and sworn to before me:

This _____ day of _____, _____.

Notary Public: _____
State of Hawaii

My commission expires: _____

SEAL

Proof of Residence, VERIFICATION

- ▶ *Verification of Identity* of parent, licensed foster parent, or Court–appointed legal guardian
 - A Driver’s License (any photo drivers license is permitted), passport with photo ID, or State Identification card.

- ▶ *Verification of Residency* preferred documentation:
 1. Rental/lease agreement, mortgage document or current real property assessment document in the parent/guardian’s name.
 2. Utility bill for water, electric, gas or telephone that indicates that the billing is in the parent/guardian’s name and is being sent to the house.
 3. Notarized statement by the relative/friend can be accepted by the school with the following stipulation:
 - Notarized statement must state that the parent/legal guardian and child are living with the relative/friend;
 - Notarized statement must state the name of relative/friend that is on the relative/friend’s proof of legal residence;
 - Notarized statement must state the same address of relative/friend that is on the relative/friend’s proof of legal residence;
 - A copy of the relative/friend’s proof of legal residence must be attached to the notarized statement; and
 - Notarized statement must be signed by same name of relative/friend that is on the relative/friend’s proof of legal residence.
 4. Depending on a school’s past experiences, a school can request that one or more of the above be provided.
 5. If none of the above is available, then the school may use other documentation to verify residence. A home visit can be made by school staff should there be questionable documentation.
 6. Falsification on documents submitted is subject to penalty under HRS 710-1063. When such a violation is found, the child will be sent back to the school where he/she should properly be attending. The DOE may pursue prosecution at its discretion.
 7. For a homeless child, please refer to the school selection and enrollment guidelines that are provided by the McKinney-Vento Education for Homeless Children & Youth Program (as reauthorized by the NCLB Act of 2001).