



91-750 Fort Weaver Road
Ewa Beach, Hawaii 96706
Ph: 808-307-2000 Fax: 808-689-1293

STUDENT WITHDRAWAL FORM

STUDENT'S NAME: _____ BIRTHDATE: _____ GRADE/ROOM: _____

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STUDENT'S NAME: _____ BIRTHDATE: _____ GRADE/ROOM: _____

LAST DAY OF ATTENDANCE: _____

Parent/Guardian Name: _____ Telephone: _____

Reason for Withdrawal:

- Transfer to Another Hawaii DOE School- Name of New School: _____
- Transfer to Private School- Name of Private School: _____
- Transfer Out of State – Name of State/ New School: _____

- Transfer Out of the United States- Name of Country/ New School: _____
- Homeschool
- Other: _____

New Home Address (If applicable):

City, State, Zip Code: _____

- This student has an active IEP, and is receiving Special Education services.
- This student has a 504 Plan.

Student Educational records will be forwarded upon written request by receiving school.

Parent/Guardian Signature _____ Date _____



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

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

- Unsheltered**
Campground, car, beach/park, abandoned building, street or any other inadequate living space 06
- Shelter**
Emergency, transitional or domestic violence shelter, name of shelter: _____ 04
- Hotel/Motel**
Due to lack of other suitable housing, excludes temporary lodging for military persons awaiting housing 02
- Doubled Up**
Temporarily with family or other person due to loss of housing or as a result of economic hardship 03
- Permanent Housing**
Student who is living in a fixed, regular, and adequate housing situation **If this box is checked, stop here and sign below; form is complete** 07

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 _____

