

School Name: Honoka'a High & Intermediate Complex Area: West Hawaii District

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

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

LAST HAWAII PUBLIC SCHOOL ATTENDED

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

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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

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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

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

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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

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 ☐ 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
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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
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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**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:

HONOKA'A HIGH & INTERMEDIATE SCHOOL

45-527 PAKALANA STREET
HONOKA'A, HAWAII 96727
PH (808) 775-0301 FAX (808) 775-8803

VERIFICATION OF RESIDENCY

STUDENT _____ GRADE _____ DATE _____

Student is living with:

_____ Parent
Parent's Residence Address: _____

_____ Legal Guardian (as established through Family Court)
Legal Guardian's Residence Address: _____

_____ Foster Parent
Foster Parent's Residence Address: _____

_____ Other _____
Residence Address: _____

Documentation of Residency (one of the following documents must be attached to this verification):

_____ Rental/lease agreement, mortgage document or current real property assessment document in the parent/legal guardian's name.

_____ Utility bill for water, electric, gas or telephone that indicates that the billing is in the parent/legal guardian's name and is being sent to the house.

_____ Notarized statement by the relative/friend with which the parent/legal guardian is living. The statement must specify:

- That parent/legal guardian and child are living with the relative/friend.
- Name of the relative/friend.
- Same address of relative/friend that is on the relative/friend's proof of residency (a proof of residency must be attached to the notarized statement).


The same person whose name appears on the proof of residency must sign the notarized statement.

Acknowledgement:

I understand that falsification on a government agency application is a misdemeanor (**H.R.S. Sec. 710-1063**) and that when such violation is found, the child will be sent to the school where he/she should legally be attending.

Print Name: _____ Date: _____

Signed: _____

MV1 	State of Hawaii Department of Education HOMELESS CONCERNS OFFICE 475 22 nd Avenue, Room 126 Honolulu, Hawaii 96816 Telephone: 808-203-5521 Toll Free: 1-866-927-7095 FAX: 808-735-8229	QUESTIONNAIRE TO DETERMINE ELIGIBILITY McKinney-Vento Homeless Assistance Improvements Act ("MVA")	Schools are required to keep a chronological file of completed Questionnaires for each school year.
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STUDENT'S NAME: _____ **SCHOOL:** _____

Section 1. Action Requested: *(A copy of this form must be attached to each of the following forms.)*

- ☐ Enrollment
 ☐ Geographical Exception*
 ☐ Exit, Release or Transfer
 ☐ Transportation (ONLY when a box in Section 3 is checked)

Section 2. ☐ **Student / Parent / Guardian IS NOT in a homeless situation.**

If Section 2 is checked, stop and complete Parent/Guardian signature below; form is complete.

Section 3. Does The Student / Parent / Guardian: *(Check the box that applies – you may be eligible for services)*

- ☐ Live with friends or family due to economic hardship such as loss of housing or income;
☐ Live on the beach, at a campground, in a park, or in a hotel;
☐ Live in a tent, car, bus, or other non-permanent structure;
☐ Live in a domestic violence shelter;
☐ Live in an emergency or transitional shelter: *(Please circle or if your shelter is not listed, please write in the name.)*
- ☐ **Kaua'i:** Manaolana, Kuapo, Other _____;
 - ☐ **Hawai'i:** Kihei Pua, Beyond Shelter, Kaloko Transitional, Other _____;
 - ☐ **Maui:** Ho`olanani, Ka Hale A Ke Ola, Ka Hale A Ke Ola - Westside, Other _____;
 - ☐ **O`ahu:** Family Promise, Institute for Human Service (IHS), Loliana, Ohana Ola O Kahumana, Maililand, Next Step, Vancouver House, Onemalu, Onelauena (Hope for a New Beginning), Pai`olu Kaiaulu (Waianae Civic Center), Weinberg Village Waimanalo, Ulu Ke Kukui (Villages of Maili), Ka Ohu Hou o Manoa, Lighthouse Shelter, Kahi Koulu Ohana Hale O Wai`anae, Other _____
- ☐ Have no regular place to stay at night.
☐ The student is awaiting foster care.
☐ The student is an unaccompanied youth.

_____ Parent / Guardian Signature	_____ Print Name	_____ Date
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When any box in **Section 3. "Does The Student / Parent / Guardian:"** is checked, the student may be eligible to receive MVA services. School personnel are to assist the parent, guardian or unaccompanied youth with the completion of the reverse side of this form and the McKinney-Vento Act (MVA) School Packet.

_____ DOE Representative's Signature	_____ Print Name	_____ Date
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** Geographical exceptions apply to MVA eligible students ONLY WHEN there is a request to have the student attend a school other than the student's school of origin or home school.*

This questionnaire is intended to address the McKinney-Vento Act (42 U.S.C. 11434a(2)).
 The answers provided help determine appropriate and comparable MVA services.

All collected information will only be used for the purposes of providing educational services pursuant to the McKinney-Vento Act and is protected by federal and state laws.

Section 4. Name of School: _____ Student Name: _____ Male _____ Female Date of Birth _____ / _____ / _____ Grade _____ Student ID# _____
Section 5. Is current residence a temporary living arrangement? _____ NO _____ YES, for _____ Months _____ Years <p style="text-align: center;">If the answer is NO, you may stop here. If the answer is YES, please complete the remainder of this form.</p>
Section 6. Student is living with family or friends due to economic hardship such as: _____ Loss of Housing _____ Loss of Income _____ Other: _____ Address: _____ City: _____ Telephone: _____
Section 7. Student is applying for the following: _____ Free/Reduced-Price Meals _____ Transportation to and from school (when feasible) _____ Other: _____ NOTE: Services provided will be comparable to services provided to all other students attending this school.
Section 8. Parent or Guardian, please initial agreement to the following: _____ YES. I understand and agree that the Homeless Concerns Liaison may contact me. _____ I will immediately inform the school administrator in writing if any changes occur to this information. Signature of Parent or Guardian: _____ Telephone: _____ Date: _____
Section 9. For School Use Only _____ Home School (school within the geographic area of student's current residence) _____ School of Origin (school attended when permanently housed / last school attended) _____ GE _____ Other _____ PRINT Name of School Representative: _____ Title: _____ Signature of School Representative: _____ Date: _____ By signing above, the school representative acknowledges that the parent or guardian has been provided with MVA information and a copy of this form.

HONOKA'A HIGH & INTERMEDIATE SCHOOL

45-527 PAKALANA STREET
HONOKA'A, HAWAII 96727
PH (808) 775-8800 FAX (808) 775-8803

SPECIAL SERVICES QUESTIONNAIRE**Today's Date:** _____**Student's Legal Name:** _____**Grade:** _____**Previous School:** _____Has your child received any **Counseling Services**? _____ **NO** _____ **YES**

If "Yes", who provided the services for your child? _____

Has your child been identified as a **Gifted and Talented** student? _____ **NO** _____ **YES**

If "Yes", in what content area? _____

Has your child **repeated a grade**? _____ **NO** _____ **YES**

If "Yes", which grade? _____ 9 _____ 10 _____ 11 _____ 12

Does your child have a **Behavior Modification Plan**? _____ **NO** _____ **YES**If "Yes", have you provided us with a copy? _____ **NO** _____ **YES**Does your child participate in the **ESLL** (English as a Second Language Learner) program?_____ **NO** _____ **YES**Is your child eligible for **Special Education** services?_____ **NO** _____ **YES**

If "Yes", indicate the identified area of need:

_____ **Autism**
_____ **Deaf-Blindness**
_____ **Deafness**
_____ **Developmental Delay**
_____ **Emotional Disturbance**
_____ **Hearing Impairment**
_____ **Mental Retardation**

_____ **Multiple Disability**
_____ **Orthopedic Impairment**
_____ **Other Health Impairment**
_____ **Specific Learning Disability**
_____ **Speech/Language Impairment**
_____ **Traumatic Brain Injury**
_____ **Visual Imp. Including Blindness**

Do you have a copy of your child's current **IEP**? _____ **NO** _____ **YES**Does your child have **special physical needs**?_____ **NO** _____ **YES**

If "Yes", indicate the appropriate need:

_____ **Medical Restrictions** _____
_____ **Medications** _____
_____ **Other** _____

This form was completed by: _____

Relationship to student: _____ **Mother** _____ **Father** _____ **Guardian (Document on file)****FOR OFFICE USE ONLY:** _____ **SSC** _____ **SPED HI** _____ **HLTH AIDE** _____ **GT**