STUDENT ENROLLMENT FORM SIS-10W (Rev. 4/2023) Student ID No. Entry Date For school use only  INSTRUCTIONS: PRINT YOUR ENTRIES LEGIBLY  Ethnicity/Race Observed: Initial	School Name:		Complex Area:			
Verification of DOB	STUDENT ENROLLMENT FORI	M SIS-10W (Rev. 4/2023)	Student ID No.	·		Room
Legal Last Name:	INSTRUCTIONS: PRINT YOUR	ENTRIES LEGIBLY				_ Date
Suffix: (Li, II, III, etc):  Gender: M F Grade Level: Birth Date (MM/DD/YYY):  Parent/Legal Guardian Signature DOE Representative Signature "Homeless" means individuals who lack a fixed, regular and adequate nightitine 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 models, holes, trailer pasts, 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 nightlime 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 subtitie.  Preschool Experience Yes No  PRESCHOOL EXPERIENCE  Preschool Experience Yes No  If Yes' – attended:  Preschool Program: (if applicable)  Set than 8 months  Charter Pre-X  *Incoming Kindergarten students must complete the Supplemental Kindergarten Enrollment Form  LAST HAWAII PUBLIC SCHOOL ATTENDED  Name:  Last Grade Altended:  Year:  Last Grade Altended:  Year:  Address:  Prione:  Address:  Prione:  Address:  Date First Entered U.S. School:  (MMDD)  (MM		STUDENT PE	RSONAL DATA			
Not Homeless	Legal Last Name:	Legal First Na	ime:		Middle Initial: _	
Parent/Legal Guardian Signature	Suffix: (Jr, II, III, etc):	Gender: ☐M ☐ F (	Grade Level:	Birth Date (MM/	DD/YYY):	
"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 meles, 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) migretory 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 his subtitle.  Please contact the Community Homeless Concerns Liaison (CHCL) in your area with questions: bit.ly/HILaisons or call (808) 305-9868.  PRESCHOOL EXPERIENCE  Preschool Experience   Yes   No	☐ Not Homeless	☐ Homeless*		Completed MVA Pa	cket	
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  Preschool Experience  Preschool Program: (if applicable)    Preschool Experience   Yes   No		Parent/Legal Guardian Signature		E Representative Si	gnature	<del></del>
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		k a fixed, regular and adequate nig	httime residence (within th	e meaning of sectio	n 42 USCS §1130	02(a)(1)) and
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: bitLly/HILiaisons or call (808) 305-9868.  PRESCHOOL EXPERIENCE  Preschool Experience	motels, hotels, trailer parks, or can	nping grounds due to the lack of alt				
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PRESCHOOL EXPERIENCE  Preschool Experience   Yes   No   If "Yes" – attended:   Preschool Program: (if applicable)						
Preschool Experience   Yes   No    If "Yes" – attended:   Preschool Program: (if applicable)     less than 6 months   EOEL     between 6 and 12 months   Charter Pre-K  *Incoming Kindergarten students must complete the Supplemental Kindergarten Enrollment Form    LAST HAWAII PUBLIC SCHOOL ATTENDED     Name:   Year:     Last Grade Attended:   Year:     PRIOR SCHOOL ATTENDED (If not Hawaii Public School)    Name:   Phone:     Address:   Fax:     Country of Birth:   Date First Entered U.S. School:     (MM/DD/YYYY)	Please contact the Community F	Homeless Concerns Liaison (CHCL	) in your area with questio	ns: bit.ly/HILiaisons	or call (808) 305-	9868.
If "Yes" – attended: Preschool Program: (if applicable)   EOEL   Charter Pre-K		PRESCHOOL E	XPERIENCE			
less than 6 months   BOEL   Charter Pre-K     Incoming Kindergarten students must complete the Supplemental Kindergarten Enrollment Form    LAST HAWAII PUBLIC SCHOOL ATTENDED     Name:	Preschool Experience Ye	es 🗌 No				
between 6 and 12 months   Charter Pre-K	If "Yes" – attended:		Preschool Program:	(if applicable)		
more than 1 year  *Incoming Kindergarten students must complete the Supplemental Kindergarten Enrollment Form  LAST HAWAII PUBLIC SCHOOL ATTENDED  Name: Last Grade Attended: Year:			☐ EOEL			
LAST HAWAII PUBLIC SCHOOL ATTENDED  Name: Last Grade Attended: Year:  PRIOR SCHOOL ATTENDED (If not Hawaii Public School)  Name: Phone: Fax:  Address: Fax:  ADDITIONAL INFORMATION *  Country of Birth: Date First Entered U.S. School:	. =		☐ Charter Pre-K			
Name:	*Incoming Kindergarten students must	complete the Supplemental Kinder	garten Enrollment Form			
Last Grade Attended: Year:		LAST HAWAII PUBLIC S	SCHOOL ATTENDE	ס		
PRIOR SCHOOL ATTENDED (If not Hawaii Public School)  Name: Phone: Fax:  Address: Fax:	Name:					
Name:         Phone:           Address:         Fax:     Country of Birth: Date First Entered U.S. School:	Last Grade Attended:	Year:				
Address: Fax:   ADDITIONAL INFORMATION *  Country of Birth: Date First Entered U.S. School: (MM/DD/YYYY)	Р	RIOR SCHOOL ATTENDED	O (If not Hawaii Publ	lic School)		
Address: Fax: ADDITIONAL INFORMATION *  Country of Birth: Date First Entered U.S. School: (MM/DD/YYYY)	Name:			Phone:		
ADDITIONAL INFORMATION *  Country of Birth: Date First Entered U.S. School:  (MM/DD/YYYY)				Fax:		
(MM/DD/YYYY)						
	Country of Birth:	Date F	irst Entered U.S. School: _			
provide enhanced instructional opportunities for immigrant children and youth				,	ns offered in the d	istrict that

## Please complete ETHNICITY INFORMATION, RACE INFORMATION, and PRIMARY RACE INFORMATION

	ETHNICITY INFORMATION
	Are you Hispanic (Ex. Cuban, Mexican, Puerto Rican, Spanish, Other Hispanic)?
	RACE INFORMATION
	eck all that apply:  A – American Indian or Alaska Native
	PRIMARY RACE INFORMATION
W	hat 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 PARENTIQUARRIAN LIVING IN THE HOUSEHOLD WITH STUDENT
	LEGAL PARENT/GUARDIAN LIVING IN THE HOUSEHOLD WITH STUDENT
	Check one:  Mr. Mrs. Ms. Other (specify): Relation: Custody of Child: Yes No Custody Documentation Submitted: Yes No Custody Type: Sole Custody Physical Custody Joint Legal
FIR	Legal Last Name Legal First Name Middle Initial
S	Birth Date (MM/DD/YYYY)
P A	Home Address: APT# City Zip
R E N	Mailing Address (if different from Home Address):
T / G ::	Home Phone # Cellular Phone # Pager # Work Phone # (include ext.)
U A R	Email Address:
N D I A	Allow this person access to: <i>(check all that apply)</i>
N	EMERGENCY CONTACT: (check one) Call Sequence 1 2
	Is this parent/guardian a member of the Armed Services, National Guard or Reserves?
	Branch of Service (check one):  Military Status (check one):  Deployed?
	☐ Air Force ☐ Army ☐ Coast Guard ☐ Marine Corps ☐ Active Duty ☐ Title 10 Orders ☐ Yes
	□ Navy □ Space Force □ NOAA □ USPHS □ National Guard □ Reserve □ No
	Does this person work for the Federal Government or work on Federal Property?

	LEGAL PARENT/GUARDIAN LIVING IN TH	HE HOUSEHOLD WITH ST	UDENT
	Check one:		☐ Yes ☐ No
SEC	Legal Last Name Legal First N	ame Middle Init	tial
0 2 0 0	Birth Date (MM/DD/YYYY)  Home Address:	APT# City	Zip
P A R	Mailing Address (if different from Home Address):		
E N T /	Home Phone # Cellular Phone #  Email Address:	-	e # (include ext.)
G U A	Allow this person access to: <i>(check all that apply)</i> mailing portal		
RD	EMERGENCY CONTACT: (check one) Call Sequence 1 2		
A N	Is this parent/guardian a member of the Armed Services, National Guard or F	leserves?	
	Branch of Service (check one):	Military Status (check one):	Deployed?
	☐ Air Force ☐ Army ☐ Coast Guard ☐ Marine Corps	☐ Active Duty ☐ Title 10 Orders	☐ Yes
	☐ Navy ☐ Space Force ☐ NOAA ☐ USPHS	☐ National Guard ☐ Reserve	□ No
	Does this person work for the Federal Government or work on Federal Pro	perty?	
	PARENT/GUARDIAN NOT LI	VING WITH STUDENT	
	Check one: Mr. Mrs. Ms. Other (specify):	Relation:	
P	Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Si	ngle Custody of Child:	☐ Yes ☐ No
A R E	Legal Last Name Legal Fi	rst Name Middle	e Initial
N T	Birth Date (MM/DD/YYYY):		
G U	Home Address:	APT# City	Zip
A R	Mailing Address (if different from Home Address):		
D I A	Home Phone # Cellular Phone # Pager #	Work Phone # (inclu	ude ext.)
N	Email Address:		
	Allow this person access to: <i>(check all that apply)</i> mailing portal EMERGENCY CONTACT: <i>(check one)</i> Sequence 1 2 3	if applicable)	

	LEGAL PARENT/GUARDIAN NOT LI	VING WITH STUDENT (cont.)
G	Is this parent/guardian a member of the Armed Services, National Guard	or Reserves?
U	Branch of Service (check one):	Military Status (check one): Deployed?
R	☐ Air Force ☐ Army ☐ Coast Guard ☐ Marine Corps	☐ Active Duty ☐ Title 10 Orders ☐ Yes
I A N	☐ Navy ☐ Space Force ☐ NOAA ☐ USPHS	☐ National Guard ☐ Reserve
	Does this person work for the Federal Government or work on Federal Pro	perty?
	EMERGENCY CONTAC	T INFORMATION
	(Person To Notify In Case Of Emergency Other tha	an First or Second Parent/Guardian Contact)
F I R	Check one: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other (specify):	Relation:
S T	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	
	(Person To Notify In Case Of Emergency Other tha	an First or Second Parent/Guardian Contact)
S	Check one: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other (specify):	Relation:
0	Last Name First Name	Email Address
N D	Home Phone # Cellular Phone # Pager	r# Work Phone # (include ext.)
	EMERGENCY CONTACT: (check one) Call Sequence 1 2 3 4 5	
	SCHOOL SUPPLEMENTA	ARY INFORMATION
	Legal First, Middle Initial & Last Name HIDOE Scho	ool Attending DOB Grade Relationship
In	10 2	
Pa	arent/Legal Guardian Signature:	
FOF	R SCHOOL USE:	
its col ge	e Hawaii State Department of Education (HIDOE) and schools do not discriminate on the basis of race, lor, national origin, ancestry, sex, gender identity, nder expression, sexual orientation, age, disability, ligion  Please direct inquiries Beth Schimmelfennig, Rhonda Wong, Comp Aaron Oandasan, Title Nicole Isa-lijima, Title Krysti Sukita, ADA/50	liance Hawaii State Department of Education  IX P.O. Box 2360  IX Honolulu, Hawaii 96804

## State of Hawaii • Department of Education OFFICE OF STUDENT SUPPORT SERVICES



475 22<sup>nd</sup> Avenue Honolulu, Hawaii 96816 bit.ly/HILiaisons

## 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:	Maemae Elemer	ntary School		Grade:	
Address:					
Student's	current residence such as add	ress, cross streets, landm	arks, etc.		
Primary Co	ontact Name:		Relationship:	Phone:	
Alternate	Contact Name:	÷	Relationship:	Phone:	
CHECK	SIU	JDENT'S CURRENT	LIVING ARRANG	EMENT	MVA CODE
	Unsheltered Campground, car, beach/pag	rk, abandoned building, s	treet or any other inac	lequate living space	06
	Shelter Emergency, transitional or d	omestic violence shelter,	name of shelter:		04
	Hotel/Motel Due to lack of other suitable	housing, excludes tempo	rary lodging for milita	ry persons awaiting housing	02
	<b>Doubled Up</b> Temporarily with family or o	other persons due to loss	of housing or as a res	ult of economic hardship	03
	Permanent Housing Student who is living in a fixe including youth in foster care	e			07
If the Stu	Unaccompanied Youth	istody of a parent or lega	I guardian, also check	s below:	05
LIST All S	iblings living in the same arra	Date of Birth		e: School	Grade
The infer					la Mina a su
Vento Ho in school Concerns	omeless Assistance Act - 42 U.S. and free school meals. Transpo	C. §11434a(2). If eligible ur ortation may be provided to ional support. By signing, y	der the Act, you or you o and from school of o ou grant permission to	be eligible to receive under the <b>W</b> or child are entitled to immediate e origin. This questionnaire allows a share/release pertinent information and full participation.	nrollment Homeless
Parent/	Legal Guardian/Unaccompanied Yo	outh Signature	Print Nan	ne E	Date

For School Use Only: School designee to complete this page if the student is identified as living in unstable	e housing.
<b>NOTE:</b> The McKinney-Vento Act requires immediate enrollment for students living in unstable housing, every is unable to provide documents, such as school records, immunization records and other health records, 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)	
$\square$ 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 guar unaccompanied youth has been provided MVA information and a copy of this form.	dian/
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:	3 (
	3 ( )
The school principal determines the student as:	3 (
The school principal determines the student as:   Eligible under McKinney-Vento Act	
The school principal determines the student as:  □ Eligible under McKinney-Vento Act □ Not eligible under McKinney-Vento Act Reason:	Date
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://	
The school principal determines the student as:    Eligible under McKinney-Vento Act	
The school principal determines the student as:    Eligible under McKinney-Vento Act	Date
The school principal determines the student as:    Eligible under McKinney-Vento Act	Date
The school principal determines the student as:    Eligible under McKinney-Vento Act	Date
The school principal determines the student as:    Eligible under McKinney-Vento Act	Date
The school principal determines the student as:    Eligible under McKinney-Vento Act	Date

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