

School Name: _____ Complex Area: _____

STUDENT ENROLLMENT FORM SIS-10W (Rev. 4/2023)	Student ID No.	Entry Date	Entry Code	Room
	For school use only			

INSTRUCTIONS: PRINT YOUR ENTRIES LEGIBLY

Ethnicity/Race Observed: _____ Initial _____ Date _____
Verification of DOB: _____

STUDENT PERSONAL DATA

Legal Last Name: _____ Legal First Name: _____ Middle Initial: _____
Suffix: (Jr, II, III, etc): _____ Gender: M F Grade Level: _____ Birth Date (MM/DD/YYYY): _____

Not Homeless Homeless* Completed MVA Packet

Parent/Legal Guardian Signature DOE Representative 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; 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 Yes No

If "Yes" – attended: Preschool Program: (if applicable)

less than 6 months EOEL
 between 6 and 12 months Charter Pre-K
 more than 1 year

*Incoming Kindergarten students must complete the Supplemental Kindergarten Enrollment Form

LAST HAWAII PUBLIC SCHOOL ATTENDED

Name: _____
Last Grade Attended: _____ Year: _____

PRIOR SCHOOL ATTENDED (If not Hawaii Public School)

Name: _____ Phone: _____
Address: _____ Fax: _____

ADDITIONAL INFORMATION *

Country of Birth: _____ Date First Entered U.S. School: _____
(MM/DD/YYYY)

* Providing this information is not required and will only be used to determine whether the child may be eligible for programs offered in the district that provide enhanced instructional opportunities for immigrant children and youth.

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

ETHNICITY INFORMATION

Are you 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 RACE INFORMATION

What 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 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 _____ Middle Initial _____

Birth Date (MM/DD/YYYY) _____

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: *(check all that apply)* mailing portal (if applicable) messenger

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

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

Branch of Service (check one):

- | | | | |
|------------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Army | <input type="checkbox"/> Coast Guard | <input type="checkbox"/> Marine Corps |
| <input type="checkbox"/> Navy | <input type="checkbox"/> Space Force | <input type="checkbox"/> NOAA | <input type="checkbox"/> USPHS |

Military Status (check one):

- | | |
|---|--|
| <input type="checkbox"/> Active Duty | <input type="checkbox"/> Title 10 Orders |
| <input type="checkbox"/> National Guard | <input type="checkbox"/> Reserve |

Deployed?

- Yes
 No

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

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

SECOND 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 _____ Middle Initial _____

Birth Date (MM/DD/YYYY) _____

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: *(check all that apply)* mailing portal (if applicable) messenger

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

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

Branch of Service (check one): <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Space Force <input type="checkbox"/> NOAA <input type="checkbox"/> USPHS	Military Status (check one): <input type="checkbox"/> Active Duty <input type="checkbox"/> Title 10 Orders <input type="checkbox"/> National Guard <input type="checkbox"/> Reserve	Deployed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Does this person work for the Federal Government or work on Federal Property? Yes No

PARENT/GUARDIAN **NOT LIVING WITH STUDENT**

PARENT / GUARDIAN

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 _____ Middle Initial _____

Birth Date (MM/DD/YYYY): _____

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: *(check all that apply)* mailing portal (if applicable) messenger

EMERGENCY CONTACT: *(check 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

Branch of Service (check one):

- Air Force Army Coast Guard Marine Corps
 Navy Space Force NOAA USPHS

Military Status (check one):

- Active Duty Title 10 Orders
 National Guard Reserve

Deployed?

- Yes
 No

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

EMERGENCY CONTACT INFORMATION

**F
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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: *(check 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: *(check 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. _____	_____	_____	_____	_____

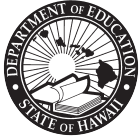
Parent/Legal Guardian Signature: _____ **Date:** _____

FOR SCHOOL USE:

The Hawaii State Department of Education (HIDOE) and its schools do not discriminate on the basis of race, color, national origin, ancestry, sex, gender identity, gender expression, sexual orientation, age, disability, religion

Please direct inquiries regarding HIDOE nondiscrimination policies as follows:

Beth Schimmelfennig, Director	Civil Rights Compliance Branch
Rhonda Wong, Compliance	Hawaii State Department of Education
Aaron Oandasan, Title IX	P.O. Box 2360
Nicole Isa-Iijima, Title IX	Honolulu, Hawaii 96804
Krysti Sukita, ADA/504	(808) 586-3322 or relay
	info@crco.k12.hi.us



475 22nd 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: _____ 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, excludes temporary lodging for military persons awaiting housing</i>	02
<input type="checkbox"/>	Doubled Up <i>Temporarily with family or other persons 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 including youth in foster care</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
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List all siblings living in the same arrangement, including children 0-5 years of age:

Name	Date of Birth	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 service providers, shelter, and school personnel to support immediate school enrollment and full participation.

Parent/Legal Guardian/Unaccompanied Youth Signature

Print Name

Date

