

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

FIRST 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?

- 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): | Military Status (check one): | Deployed? |
|--|---|---|
| <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 | <input type="checkbox"/> Active Duty <input type="checkbox"/> Title 10 Orders <input type="checkbox"/> National Guard <input type="checkbox"/> Reserve | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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



475 22nd Avenue
Honolulu, Hawaii 96816
bit.ly/HLLiaisons

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 Elementary School Grade: _____

Address: _____

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 | Campground, car, beach/park, abandoned building, street or any other inadequate living space | 06 |
| <input type="checkbox"/> | Shelter | Emergency, transitional or domestic violence shelter, name of shelter: _____ | 04 |
| <input type="checkbox"/> | Hotel/Motel | Due to lack of other suitable housing, excludes temporary lodging for military persons awaiting housing | 02 |
| <input type="checkbox"/> | Doubled Up | Temporarily with family or other persons due to loss of housing or as a result of economic hardship | 03 |
| <input type="checkbox"/> | 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:

| | | | |
|--------------------------|----------------------------|--|----|
| <input type="checkbox"/> | Unaccompanied Youth | | 05 |
|--------------------------|----------------------------|--|----|

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 _____

