School Name:		Complex Area:			
STUDENT ENROLLMENT FOR	M SIS-10W (Rev. 4/2023)	Student ID No.	Entry Date For school	Entry Code	Room
INSTRUCTIONS: PRINT YOUR	ENTRIES LEGIBLY	Ethnicity/Race Observe			_ Date
	STUDENT PE	RSONAL DATA			
Legal Last Name:	Legal First Na	nme:		Middle Initial: _	
Suffix: (Jr, II, III, etc):	Gender: ☐M ☐ F (Grade Level:	Birth Date (MM/	DD/YYY):	
☐ Not Homeless	☐ Homeless*		Completed MVA Pa	cket	
	Parent/Legal Guardian Signature	DO	E Representative Si	gnature	
*"Homeless" means individuals who lac includes:	ck a fixed, regular and adequate nig	httime residence (within th	e meaning of sectio	n 42 USCS §1130	2(a)(1)) and
	g the housing of other persons due nping grounds due to the lack of alt pitals;				
(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));				ular	
(iii) children and youth who are living settings; and	in cars, parks, public spaces, abanc	loned buildings, substanda	ard housing, bus or t	rain stations or sim	ilar
(iv) migratory children (as such term is the purposes of this subtitle.	s defined in section 1309 of the Eler	mentary and Secondary Ed	ducation Act of 1965) who qualify as ho	omeless for
Please contact the Community I	Homeless Concerns Liaison (CHCL) in your area with questio	ns: bit.ly/HILiaisons	or call (808) 305-9	9868.
	PRESCHOOL E	EXPERIENCE			
Preschool Experience	es 🗌 No				
If "Yes" – attended:		Preschool Program:	(if applicable)		
☐ less than 6 months☐ between 6 and 12 months		☐ EOEL			
more than 1 year		☐ Charter Pre-K			
*Incoming Kindergarten students must	complete the Supplemental Kinder	garten Enrollment Form			
	LAST HAWAII PUBLIC S	SCHOOL ATTENDED	D		
Name:					
Last Grade Attended:	Year:				
P	PRIOR SCHOOL ATTENDED	D (If not Hawaii Publ	lic School)		
Name:			Phone:		
			Fax:		
	ADDITIONAL INF				
Country of Birth:					
	Date F	irst Entered U.S. School: _	(MM/DD/YYYY)		

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

	ETHNICIT	YINFORMATION		
Are you Hispanic (Ex. Cuban, I	Mexican, Puerto Rican, Spanish	, Other Hispanic)?	Yes 🗌 No	
	RACE II	NFORMATION		
Check all that apply: A – American Indian or Alaska Nati B – Black C – Chinese D – Filipino	ve	 K - Samoan L - White N - Indo-Chinese (Ex. Cam Laotian, Vietnamese) O - Micronesian (Ex. Chuul Marshallese Pohnpeian) 	bodian, □ R − C □ S − C kese,	ongan Guamanian/Chamorro Other Asian Other Pacific Islander
	PRIMARY RACE	INFORMATION		
What is the student's primary r	ace? (Select only ONE letter	from the Race Information	section and fill in the	e blank)
☐ I decline to provide ethnicity and the ethnicity and race categories for		f I do not provide this information,	a school representative	will designate
		IN THE HOUSEHOLD	WITH OTHER	-
LEGAL PAR	RENT/GUARDIAN LIVING	IN THE HOUSEHOLD	WITH STUDEN	l I
Check one:	□Divorced □Separated	y): Single stody Type: Sole Custody	Relation: Custody of Child: Physical Custody	∐Yes
F I Legal Last Name	Legal	First Name	Middle Initi	ial
S T Birth Date (MM/DD/YYYY)				
P Home Address:		APT# C	ity	Zip
R E Mailing Address (if different from T	Home Address):			
Home Phone #	Cellular Phone #	Pager #	Work Phone # (incl	lude ext.)
U				_
D Allow this person access to: (che	ck all that apply) ☐ mailing ☐] portal (if applicable) ☐ mess	enger	
N EMERGENCY CONTACT: (chec	k one) Call Sequence 1 2			
Is this parent/guardian a member	of the Armed Services, National Gu	ard or Reserves? ☐ Yes	□ No	
Branch of Service (check one):		Military Status (chec	ck one):	Deployed?
☐ Air Force ☐ Army	☐ Coast Guard ☐ Marine 0	Corps	☐ Title 10 Orders	☐ Yes
☐ Navy ☐ Space Force	e 🗆 NOAA 🗎 USPHS	☐ National Guard	Reserve	□ No
Does this person work for the Fe	ederal Government or work on Fede	ral Property?		

	LEGAL PARENT/GUARDIAN LIVING IN T	HE HOUSEHOLD WITH ST	UDENT
	Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ S	Relation: ingle Custody of Child: Type: Sole Custody Physical Custody	☐ Yes ☐ No
S E C	Legal Last Name Legal First I	Name Middle Ini	tial
OND	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: (check all that apply)		
R D	EMERGENCY CONTACT: (check one) Call Sequence [1] [2]		
A N	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	
	Does this person work for the Federal Government or work on Federal Pr	operty?	
	PARENT/GUARDIAN NOT L	VING WITH STUDENT	
	Check one: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other (specify):	Relation:	
P	Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ S	ngle Custody of Child:	☐ Yes ☐ No
A R	Legal Last Name Legal F	irst Name Middle	e Initial
E N T	Birth Date (MM/DD/YYYY):		
/ G U	Home Address:	APT# City	Zip
A R	Mailing Address (if different from Home Address):		
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:	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 that	an First or Second Parent/Guardian Contact)
SE	Check one: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other (specify):	Relation:
002	Last Name First Name	Email Address
N D	Home Phone # Cellular Phone # Page	r# Work Phone # (include ext.)
	EMERGENCY CONTACT: (check one) Call Sequence 1 2 3 4 5	
	SCHOOL SUPPLEMENTA	ARY INFORMATION
Ot	Legal First, Middle Initial & Last Name HIDOE Sch	ool Attending DOB Grade Relationship
In	2	
	DOE	
Pá	arent/Legal Guardian Signature:	
FOI	R SCHOOL USE:	
its col ge	Please direct inquiries schools do not discriminate on the basis of race, lor, national origin, ancestry, sex, gender identity, nder expression, sexual orientation, age, disability, igion Please direct inquiries Beth Schimmelfennig Rhonda Wong, Comp Aaron Oandasan, Title Nicole Isa-Iijima, Title Krysti Sukita, ADA/50	liance Hawaii State Department of Education E IX P.O. Box 2360 IX Honolulu, Hawaii 96804

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



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:	Maemae Ele	ementary School		Grade:	
Address:					
Student's	current residence such	as address, cross streets, landr	narks, etc.		
Primary Co	ntact Name:		Relationship:	Phone:	
Alternate (Contact Name:		Relationship:	Phone:	
CHECK ONE BOX	t.	STUDENT'S CURRENT	LIVING ARRANGEN	MENT	MVA CODE
	Unsheltered Campground, car, bed	nch/park, abandoned building,	street or any other inadequ	uate living space	06
	,,	al or domestic violence shelter	, name of shelter:		04
		uitable housing, <u>excludes</u> temp	orary lodging for military p	ersons awaiting housing	02
	Doubled Up Temporarily with fam	ily or other persons due to los	s of housing or as a result	of economic hardship	03
If the stu	including youth in fos	n a fixed, regular, and adequa ter care sical custody of a parent or leg	te housing situation	this box is checked, stop here nd sign below; form is complete	07
	Unaccompanied Yout				05
List all si	blings living in the san	ne arrangement, including cl	nildren 0-5 years of age:		
	Name	Date of Birth		ool =	Grade
Vento Ho in school Concerns	meless Assistance Act - 4 and free school meals. T Liaison to contact you fo	ve will determine what service: 12 U.S.C. §11434a(2). If eligible is ransportation may be provided an additional support. By signing, tool personnel to support imme	under the Act, you or your ch to and from school of origin you grant permission to sha	ild are entitled to immediate enn. This questionnaire allows a l re/release pertinent information	nrollment Homeless
Parent/I	egal Guardian/Unaccompa	anied Youth Signature	Print Name		ate

	e housing.
NOTE: The McKinney-Vento Act requires immediate enrollment for students living in unstable housing, evis unable to provide documents, such as school records, immunization records and other health reresidency, 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)	
☐ 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 under the McKinney-Vento Homeless Assistance Act. The school principal determines the student as:	's responsibility
☐ Eligible under McKinney-Vento Act	
☐ Eligible under McKinney-Vento Act☐ Not eligible under McKinney-Vento ActReason:	
□ Not eligible under McKinney-Vento Act Reason:	Date
 □ Not eligible under McKinney-Vento Act Reason: MV2 Initiated: □ Yes □ No □ Date MV2 Initiated: □ ///	Date
□ Not eligible under McKinney-Vento Act Reason: MV2 Initiated: □ Yes □ No Date MV2 Initiated:// Principal Signature Print Name	Date
□ Not eligible under McKinney-Vento Act Reason: MV2 Initiated: □ Yes □ No Date MV2 Initiated:// Principal Signature Print Name Notes/Updates:	
□ Not eligible under McKinney-Vento Act Reason: MV2 Initiated: □ Yes □ No Date MV2 Initiated:// Principal Signature Print Name Notes/Updates:	
□ Not eligible under McKinney-Vento Act Reason: MV2 Initiated: □ Yes □ No Date MV2 Initiated://	
□ Not eligible under McKinney-Vento Act Reason: MV2 Initiated: □ Yes □ No Date MV2 Initiated://	
□ Not eligible under McKinney-Vento Act Reason: MV2 Initiated: □ Yes □ No Date MV2 Initiated://	

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