

School Name: **Maemae Elementary** Complex Area: **Roosevelt Complex**

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: Male Female Grade Level: _____
Legal First Name: _____ Birth Date: _____
Middle Initial: _____ Suffix: (Jr, II, III, etc): _____ Verification of DOB: **Birth Certificate**

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

LAST HAWAII PUBLIC SCHOOL ATTENDED

Preschool Experience Yes No
If "Yes" – attended:
 less than 6 months EOEL
 between 6 and 12 months KALO
 more than 1 year PDG

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 | |

____ B/C Visa/Passport ____ T/B
____ Photo ID ____ F14
____ Release Packet ____ Immunization
____ Dr. Appt.
____ Proof of Residence
____ Notarized Form
____ G.E.
____ Kinder. Packet
____ Portfolio/Planner
____ T-Shirt
____ Meal Info.
____ Supply List

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

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 _____

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

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

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

LEGAL PARENT/GUARDIAN **NOT LIVING WITH STUDENT** (cont.)

G U A R D I A N	Is this parent/guardian a member of the Armed Services, National Guard or Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Military Status (check one): <input type="checkbox"/> Traditional Reservist / M-Day <input type="checkbox"/> Active Duty (Title 10) <input type="checkbox"/> Federal Technician (Title 32)
	Deployed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMERGENCY CONTACT INFORMATION

F I R S T	(Person To Notify In Case Of Emergency Other than First or Second Parent/Guardian Contact)			
	Check one: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other (specify): _____	Relation: _____		
	_____	_____	_____	
	Last Name	First Name	Email Address	
	_____	_____	_____	_____
	Home Phone #	Cellular Phone #	Pager #	Work Phone # (include ext.)
EMERGENCY CONTACT: <i>(circle one)</i> Call Sequence 1 2 3 4 5				

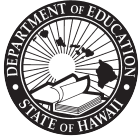
S E C O N D	(Person To Notify In Case Of Emergency Other than First or Second Parent/Guardian Contact)			
	Check one: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other (specify): _____	Relation: _____		
	_____	_____		
	Last Name	First Name	Email Address	
	_____	_____	_____	_____
	Home Phone #	Cellular Phone #	Pager #	Work Phone # (include ext.)
EMERGENCY CONTACT: <i>(circle one)</i> 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:** _____

<p>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.</p>	<p>Please direct inquiries regarding HIDOE nondiscrimination policies as follows:</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Beth Schimmelfennig, Director</td> <td style="width: 50%;">Civil Rights Compliance Branch</td> </tr> <tr> <td>Rhonda Wong, Compliance</td> <td>Hawaii State Department of Education</td> </tr> <tr> <td>Aaron Oandasana, Title VI</td> <td>PO Box 2360</td> </tr> <tr> <td>Nicole Isa-Iijima, Title IX</td> <td>Honolulu, Hawaii 96804</td> </tr> <tr> <td>Krysti Sukita, ADA/504</td> <td>(808) 586-3322 or relay</td> </tr> <tr> <td></td> <td>info@crco.k12.hi.us</td> </tr> </table>	Beth Schimmelfennig, Director	Civil Rights Compliance Branch	Rhonda Wong, Compliance	Hawaii State Department of Education	Aaron Oandasana, Title VI	PO Box 2360	Nicole Isa-Iijima, Title IX	Honolulu, Hawaii 96804	Krysti Sukita, ADA/504	(808) 586-3322 or relay		info@crco.k12.hi.us
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Krysti Sukita, ADA/504	(808) 586-3322 or relay												
	info@crco.k12.hi.us												



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 person 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</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	Age	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 shelter and school personnel, to support school enrollment and full participation.

Parent/Legal Guardian/Unaccompanied Youth Signature

Print Name

Date

For School Use Only: School designee to complete this page if the student is identified as living in unstable housing.

NOTE: The McKinney-Vento Act requires immediate enrollment for students living in unstable housing, even if the student is unable to provide documents, such as school records, immunization records and other health records, proof of residency, 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 guardian/unaccompanied youth has been provided MVA information and a copy of this form.

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:

- Eligible under McKinney-Vento Act
 - Not eligible under McKinney-Vento Act Reason: _____
- MV2 Initiated: Yes No Date MV2 Initiated: ____ / ____ / ____

Principal Signature

Print Name

Date

Notes/Updates:

Date	Action Taken	Remarks	Initials

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