

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

<b>STUDENT ENROLLMENT FORM</b> 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

- |                      |                            |                       |                        |                       |                                   |
|----------------------|----------------------------|-----------------------|------------------------|-----------------------|-----------------------------------|
| <b>A</b> – English   | <b>F</b> – Cebuano/Visayan | <b>K</b> – Vietnamese | <b>Q</b> – Fijian      | <b>V</b> – Pangasinan | <b>L</b> – Other (Specify): _____ |
| <b>B</b> – Cantonese | <b>G</b> – Hawaiian        | <b>M</b> – Chuukese   | <b>R</b> – Hmong       | <b>W</b> – Portuguese |                                   |
| <b>C</b> – Mandarin  | <b>H</b> – Japanese        | <b>N</b> – Pohnpeian  | <b>S</b> – Lao         | <b>X</b> – Spanish    |                                   |
| <b>D</b> – Ilocano   | <b>I</b> – Korean          | <b>O</b> – Cambodian  | <b>T</b> – Marshallese | <b>Y</b> – Thai       |                                   |
| <b>E</b> – Tagalog   | <b>J</b> – Samoan          | <b>P</b> – Chamorro   | <b>U</b> – Pampango    | <b>Z</b> – Tongan     |                                   |

- |                        |                   |                         |                        |                  |
|------------------------|-------------------|-------------------------|------------------------|------------------|
| ____ B/C Visa/Passport | ____ T/B          | ____ Dr. Appt.          | ____ G.E.              | ____ T-Shirt     |
| ____ Photo ID          | ____ F14          | ____ Proof of Residence | ____ Kinder. Packet    | ____ Meal Info.  |
| ____ Release Packet    | ____ Immunization | ____ Notarized Form     | ____ Portfolio/Planner | ____ 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"/> <b>A</b> – American Indian or Alaska Native | <input type="checkbox"/> <b>E</b> – Native Hawaiian | <input type="checkbox"/> <b>K</b> – Samoan   | <input type="checkbox"/> <b>P</b> – Tongan                 |
| <input type="checkbox"/> <b>B</b> – Black                            | <input type="checkbox"/> <b>G</b> – Japanese        | <input type="checkbox"/> <b>L</b> – White  | <input type="checkbox"/> <b>Q</b> – Guamanian/Chamorro     |
| <input type="checkbox"/> <b>C</b> – Chinese                          | <input type="checkbox"/> <b>H</b> – Korean          | <input type="checkbox"/> <b>N</b> – Indo-Chinese (Ex. Cambodian, Laotian, Vietnamese)  | <input type="checkbox"/> <b>R</b> – Other Asian            |
| <input type="checkbox"/> <b>D</b> – Filipino                         | <input type="checkbox"/> <b>I</b> – Portuguese      | <input type="checkbox"/> <b>O</b> – Micronesian (Ex. Chuukese, Marshallese Pohnpeian,) | <input type="checkbox"/> <b>S</b> – 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

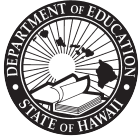
S E C O N D	(Person To Notify In Case Of Emergency Other than First or Second Parent/Guardian Contact)
	Check one: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other (specify): _____    Relation: _____
	_____    _____    _____ Last Name                      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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	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: Maemae Elementary 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"/>	<b>Unsheltered</b> <i>Campground, car, beach/park, abandoned building, street or any other inadequate living space</i>	06
<input type="checkbox"/>	<b>Shelter</b> <i>Emergency, transitional or domestic violence shelter, name of shelter: _____</i>	04
<input type="checkbox"/>	<b>Hotel/Motel</b> <i>Due to lack of other suitable housing, <b>excludes</b> temporary lodging for military persons awaiting housing</i>	02
<input type="checkbox"/>	<b>Doubled Up</b> <i>Temporarily with family or other person due to loss of housing or as a result of economic hardship</i>	03
<input type="checkbox"/>	<b>Permanent Housing</b> <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"/>	<b>Unaccompanied Youth</b>	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

