

School Name: \_\_\_\_\_ Complex Area: \_\_\_\_\_

<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**

Last Name: \_\_\_\_\_ Gender:  M  F Grade Level: \_\_\_\_\_  
First Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Middle Initial: \_\_\_\_\_ Lineage: (Jr, II, III, etc): \_\_\_\_\_ Verification of DOB: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Unlisted:  Yes  No

Residence (Identifiable location required)	Mailing Address (if different from home address)
Number _____ Street _____ Apt. # _____	Number/P.O. Box # _____ Street _____ Apt. # _____
City _____ State _____ Zip code _____	City _____ State _____ Zip code _____

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

<b>PRESCHOOL EXPERIENCE</b>	<b>LAST HAWAII PUBLIC SCHOOL ATTENDED</b>
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Preschool Experience <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" – attended: <input type="checkbox"/> less than 6 months <input type="checkbox"/> between 6 and 12 months <input type="checkbox"/> more than 1 year	Name: _____ Last Grade Attended: _____ Year: _____
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**PRIOR SCHOOL ATTENDED (If not Hawaii Public School)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

**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)

_____ Student's First Acquired Language	_____ Language Most Often Spoken at Home	_____ Language Most Often Used by Student
<b>A</b> – English	<b>F</b> – Cebuano/Visayan	<b>K</b> – Vietnamese
<b>B</b> – Cantonese	<b>G</b> – Hawaiian	<b>M</b> – Chuukese
<b>C</b> – Mandarin	<b>H</b> – Japanese	<b>N</b> – Pohnpeian
<b>D</b> – Ilocano	<b>I</b> – Korean	<b>O</b> – Cambodian
<b>E</b> – Tagalog	<b>J</b> – Samoan	<b>P</b> – Chamorro
		<b>Q</b> – Fijian
		<b>R</b> – Hmong
		<b>S</b> – Lao
		<b>T</b> – Marshallese
		<b>U</b> – Pampango
		<b>V</b> – Pangasinan
		<b>W</b> – Portuguese
		<b>X</b> – Spanish
		<b>Y</b> – Thai
		<b>Z</b> – Tongan
		<b>L</b> – Other (Specify): _____
		Refer to long list of languages

**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.

**PARENT/GUARDIAN CONTACT INFORMATION**

<b>F I R S T  P A R E N T  /  G U A R D I A N</b>	Check one: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other (specify): _____	Relation: _____
	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single	
	_____ Last Name	_____ First Name
	_____ Home Phone #	_____ Cellular Phone #
	_____ Pager #	_____ Work Phone # (include ext.)
	_____ Address (if different from student's)	_____ Email Address
	Custody of Child: <input type="checkbox"/> Yes <input type="checkbox"/> No	Child lives with this contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
	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 Force	<input type="checkbox"/> Coast Guard	
<input type="checkbox"/> Navy	<input type="checkbox"/> Army National Guard	
<input type="checkbox"/> Air National Guard	<input type="checkbox"/> Air Force Reserves	
<input type="checkbox"/> Navy Reserves	<input type="checkbox"/> Coast Guard Reserves	
<input type="checkbox"/> Army Reserves	<input type="checkbox"/> Marine Reserves	

**PARENT/GUARDIAN CONTACT INFORMATION**

**S  
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N**

Check one:  Mr.  Mrs.  Ms.  Other (specify): \_\_\_\_\_ Relation: \_\_\_\_\_

Marital Status:  Married  Divorced  Separated  Single

\_\_\_\_\_  
Last Name First Name Employer's Name

\_\_\_\_\_  
Home Phone # Cellular Phone # Pager # Work Phone # (include ext.)

\_\_\_\_\_  
Address (if different from student's) Email Address

Custody of Child:  Yes  No Child lives with this contact:  Yes  No

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 |

**MISCELLANEOUS INFORMATION**

Does student's father, mother, or guardian work for the Federal Government or work on Federal Property?  Yes  No

**EMERGENCY CONTACT INFORMATION**

(Person To Notify In Case Of Emergency Other than First or Second Parent/Guardian Contact)

**F  
I  
R  
S  
T**

Check one:  Mr.  Mrs.  Ms.  Other (specify): \_\_\_\_\_ Relation: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Employer's Name

\_\_\_\_\_  
Home Phone # Cellular Phone # Pager # Work Phone # (include ext.)

(Person To Notify In Case Of Emergency Other than First or Second Parent/Guardian Contact)

**S  
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D**

Check one:  Mr.  Mrs.  Ms.  Other (specify): \_\_\_\_\_ Relation: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Employer's Name

\_\_\_\_\_  
Home Phone # Cellular Phone # Pager # Work Phone # (include ext.)


\_\_\_\_\_  
Doctor's Name or Clinic Name Office Phone #

**SCHOOL SUPPLEMENTARY INFORMATION**

	Name	Age	Name	Age
Other Children In The Family:	1. _____	_____	4. _____	_____
	2. _____	_____	5. _____	_____
	3. _____	_____	6. _____	_____

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

	<p><b>State of Hawaii</b>  <b>Department of Education</b>          HOMELESS CONCERNS OFFICE          475 22<sup>nd</sup> Avenue, Room 126          Honolulu, Hawaii 96816          Telephone: 808-203-5521          Toll Free: 1-866-927-7095          FAX: 808-735-8229</p>	<p align="center"><b>QUESTIONNAIRE          TO DETERMINE ELIGIBILITY</b></p> <p align="center">McKinney-Vento Homeless Assistance Improvements Act          ("MVA")</p>	<p>Schools are required to keep a chronological file of completed Questionnaires for each school year.</p>
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**STUDENT'S NAME:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

**Section 1. Action Requested:** *(A copy of this form must be attached to each of the following forms.)*

- Enrollment     Geographical Exception\*     Exit, Release or Transfer     Transportation (ONLY when a box in Section 3 is checked)

**Section 2.**  **Student / Parent / Guardian IS NOT in a homeless situation.**

**If Section 2 is checked, stop and complete Parent/Guardian signature below; form is complete.**

**Section 3. Does The Student / Parent / Guardian:** *(Check the box that applies – you may be eligible for services)*

- Live with friends or family due to economic hardship such as loss of housing or income;
- Live on the beach, at a campground, in a park, or in a hotel;
- Live in a tent, car, bus, or other non-permanent structure;
- Live in a domestic violence shelter;
- Live in an emergency or transitional shelter: *(Please circle or if your shelter is not listed, please write in the name.)*
  - Kaua`i:**    Manaolana, Kuapo, Other \_\_\_\_\_;
  - Hawai`i:**    Kihei Pua, Beyond Shelter, Kaloko Transitional, Other \_\_\_\_\_;
  - Maui:**    Ho`olanani, Ka Hale A Ke Ola, Ka Hale A Ke Ola - Westside, Other \_\_\_\_\_;
  - O`ahu:**    Family Promise, Institute for Human Service (IHS), Loliana, Ohana Ola O Kahumana, Maililand, Next Step, Vancouver House, Onemalu, Onelauena (Hope for a New Beginning), Pai`olu Kaiaulu (Waianae Civic Center), Weinberg Village Waimanalo, Ulu Ke Kukui (Villages of Maili), Ka Ohu Hou o Manoa, Lighthouse Shelter, Kahi Koulu Ohana Hale O Wai`anae, Other \_\_\_\_\_
- Have no regular place to stay at night.
- The student is awaiting foster care.
- The student is an unaccompanied youth.

Parent / Guardian Signature	Print Name	Date
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When any box in **Section 3. "Does The Student / Parent / Guardian:"** is checked, the student may be eligible to receive MVA services. School personnel are to assist the parent, guardian or unaccompanied youth with the completion of the reverse side of this form and the McKinney-Vento Act (MVA) School Packet.

DOE Representative's Signature	Print Name	Date
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*\* Geographical exceptions apply to MVA eligible students ONLY WHEN there is a request to have the student attend a school other than the student's school of origin or home school.*

This questionnaire is intended to address the McKinney-Vento Act (42 U.S.C. 11434a(2)).  
 The answers provided help determine appropriate and comparable MVA services.

**All collected information will only be used for the purposes of providing educational services pursuant to the McKinney-Vento Act and is protected by federal and state laws.**

**Section 4.** Name of School: \_\_\_\_\_

Student Name: \_\_\_\_\_ Male \_\_\_\_\_ Female

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade \_\_\_\_\_ Student ID# \_\_\_\_\_

**Section 5.** Is current residence a temporary living arrangement? \_\_\_\_\_ NO \_\_\_\_\_ YES, for \_\_\_\_\_ Months \_\_\_\_\_ Years

**If the answer is NO, you may stop here. If the answer is YES, please complete the remainder of this form.**

**Section 6.** Student is living with family or friends due to economic hardship such as:

\_\_\_\_\_ Loss of Housing \_\_\_\_\_ Loss of Income \_\_\_\_\_ Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Section 7.** Student is applying for the following:

\_\_\_\_\_ Free/Reduced-Price Meals \_\_\_\_\_ Transportation to and from school (when feasible) \_\_\_\_\_ Other: \_\_\_\_\_

NOTE: Services provided will be comparable to services provided to all other students attending this school.

**Section 8. Parent or Guardian, please initial agreement to the following:**

\_\_\_\_\_ YES. I understand and agree that the Homeless Concerns Liaison may contact me.

\_\_\_\_\_ I will immediately inform the school administrator in writing if any changes occur to this information.

Signature of Parent or Guardian: \_\_\_\_\_ Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 9. For School Use Only**

\_\_\_\_\_ Home School (school within the geographic area of student's current residence)

\_\_\_\_\_ School of Origin (school attended when permanently housed / last school attended)

\_\_\_\_\_ GE

\_\_\_\_\_ Other \_\_\_\_\_

PRINT Name of School Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of School Representative: \_\_\_\_\_ Date: \_\_\_\_\_

By signing above, the school representative acknowledges that the parent or guardian has been provided with MVA information and a copy of this form.