

DAVID IGE  
GOVERNOR



CATHERINE PAYNE  
CHAIRPERSON

STATE OF HAWAII  
**STATE PUBLIC CHARTER SCHOOL COMMISSION**  
**('AHA KULA HO'ĀMANA)**  
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## RECOMMENDATION SHEET

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DATE: January 22, 2015

TO: Catherine Payne, Chairperson  
Performance and Accountability Committee

FROM: Tom Hutton, Executive Director

AGENDA ITEM: Action on Additional Guidelines for Charter Schools' Admission and Enrollment Policies as Relating to Language and Ethnicity

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### I. DESCRIPTION

Recommendation that the Committee recommend that the full Commission adopt additional guidance to charter schools regarding using the Department of Education's ("DOE") enrollment form as their application form, so that the schools remove questions regarding McKinley-Vento eligibility, ethnicity, and language spoken by applicant, unless the school has a language immersion or medium program, as well any other questions unrelated to the school's approved enrollment preference(s), and move those questions to the school's enrollment process after the applicant has been admitted.

### II. AUTHORITY

Pursuant to §302D-34(b), Hawaii Revised Statutes ("HRS") (2014):

"(b) A start-up charter school:

(1) Shall be open to any student residing in the State; who is entitled to attend a department school;

(2) Shall enroll all students who submit an application, unless the number of students who submit an application exceeds the capacity of a program, class, grade level, or building;

(3) Shall select students through a public lottery if, as described in paragraph (2), capacity is insufficient to enroll all students who have submitted a timely application;

(4) May give an enrollment preference to students within a given age group or grade level and may be organized around a special emphasis, theme, or concept as stated in the charter school's application and as approved by the charter school's authorizer;

(5) May give an enrollment preference to students enrolled in the charter school during the previous school year and to siblings of students already enrolled at the charter school; and

(6) May give any other enrollment preference permitted by the charter school's authorizer, on an individual charter school basis, if consistent with law; provided that nothing in this subsection shall preclude the formation of a start-up charter school whose mission is focused on serving students with disabilities, who are of the same gender, who pose such severe disciplinary problems that they warrant a specific educational program, or who are at a risk of academic failure.”

Section 5.2 of the State Public Charter School Contract (“Charter Contract”) provides in pertinent part:

“The School shall comply with its admission policies and procedures as approved by the Commission. If the number of applicants exceeds the School’s capacity of a program, class, grade level, or building, the School shall select students to attend using a random selection process that shall be publically noticed and open to the public; provided that if the School is a conversion charter school serving as the home school for the DOE district, then the School shall follow 302D-349(c), HRS. These policies and procedures shall be readily accessible from the School’s website, as described in Section 11.4.1”

### III. BACKGROUND

Admissions and enrollment are among the key distinguishing features of charter schools in Hawaii. Charter schools are “schools of choice” for public school students in the state. With the exception of conversion schools, students are not automatically assigned to charter schools based on residency, and state law (Section 302D-34, Hawaii Revised Statutes (“HRS”)) requires start-up charter schools to be open to any student residing in the state who is entitled to attend a department school and to enroll all students who submit an application, unless the number of students who submit applications exceeds the capacity of the program.

The Commission, as provided for in the current State Public Charter School (“Charter Contract”), is to review and approve the admission and enrollment policies of the charter schools. At its August 14, 2014 General Business Meeting, the Commission was updated on the process that staff would use in approving the admission and enrollment policies before the start of the 2015-2016 admissions cycle. The submittal that describes the process is available on the Commission’s website at:

[http://sharepoint.spcsc.hawaii.gov/SPCSC/Documents/III\\_C\\_2\\_Schools%20Admissions%20and%20Enrollment%20Policies\\_final2.pdf](http://sharepoint.spcsc.hawaii.gov/SPCSC/Documents/III_C_2_Schools%20Admissions%20and%20Enrollment%20Policies_final2.pdf)

Under Section 302D-34(b)(5), HRS, a charter school may give an enrollment preference to students already enrolled at the school during the previous school year and to siblings of students already enrolled at the school. The charter school law goes on to state that the Commission may allow any other enrollment preference, as long as it is consistent with law.<sup>1</sup>

In addition, at its General Business Meeting on September 11, 2014, the Commission approved in advance for all charter schools an enrollment preference for the children of full-time employees, provided that this preference account for no more than 10% of the total student population. At the same meeting, the Commission determined that admission and enrollment policies or practices that make acceptance of a student contingent on submittal of interviews, tests, essays, past academic performance, and letters of reference will not be approved, consistent with state law.

At its November 13, 2014 General Business Meeting, the Commission added to its advance approval of enrollment preferences for the children of a school's full-time staff members its advance approval of similar enrollment preferences for the school's governing board members. The addition of the children of governing board members did not change the limit of 10% of the total school population.

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<sup>1</sup> Specifically, 302D-34(b), HRS states that:

(b) A start-up charter school:

(1) Shall be open to any student residing in the State;

(2) Shall enroll all students who submit an application, unless the number of students who submit an application exceeds the capacity of a program, class, grade level, or building;

(3) Shall select students through a public lottery if, as described in paragraph (2), capacity is insufficient to enroll all students who have submitted a timely application;

(4) May give an enrollment preference to students within a given age group or grade level and may be organized around a special emphasis, theme, or concept as stated in the charter school's application and as approved by the charter school's authorizer;

(5) May give an enrollment preference to students enrolled in the charter school during the previous school year and to siblings of students already enrolled at the charter school; and

(6) May give any other enrollment preference permitted by the charter school's authorizer, on an individual charter school basis, if consistent with law;

provided that nothing in this subsection shall preclude the formation of a start-up charter school whose mission is focused on serving students with disabilities, who are of the same gender, who pose such severe disciplinary problems that they warrant a specific educational program, or who are at a risk of academic failure.

(Emphasis added).

The Commission also approved the admissions policies of two schools: Halau Ku Mana Public Charter School and Mālama Honua Public Charter School. Two other schools that were on the Commission's agenda, University Laboratory School ("University Lab") and Ke Kula 'o Samuel M. Kamakau, LPCS ("Kamakau"), withdrew their admissions policies from review at the November General Business Meeting because they presented issues that required additional review by the Department of the Attorney General. Both schools contemplated returning to the Commission with a request for approval after this review.

At its January 8, 2014 General Business Meeting, the Commission approved the admission policies of Kua o ka La New Century Public Charter School, which includes the foster care provision as provided for in the school policy, and for Voyager: A Public Charter School.

A list of all Commission actions taken regarding Admissions Policies is attached as **Exhibit A**.

#### IV. REVIEW OF CHARTER SCHOOL ADMISSIONS POLICIES

It is important to distinguish between a charter school's Applications and Admissions policy and practices and the DOE's enrollment process. Review of each of the steps taken by applicants to ultimately gain entrance into a charter school is important: (1) application forms that are filled out by prospective applicants and their families; (2) how the admissions policy is actually applied; and (3) the enrollment process that the school engages in to officially enroll a student in their school.

In addition to the Commission's prohibition of admission and enrollment policies or practices that make acceptance of a student contingent on submittal of interviews, tests, essays, past academic performance, and letters of reference will not be approved, consistent with state law, staff paid particular attention to whether admission applications included questions on special education and the provision of special education services.

Although the staff's understanding is that the information was used by the schools primarily for informational purposes, these questions could be perceived by prospective applicants as a way to "screen out" students with special needs. To eliminate the chance of such misconceptions, staff asked that schools move special education questions from admission applications to enrollment materials so that the special education questions were not part of the information used to make a decision on enrollment. Once accepted for enrollment, the school has a legitimate reason to have this information as soon as possible because it will allow the student to transition smoothly into the charter school and reduce the likelihood of a break in any services.

#### V. ADDITIONAL GUIDANCE REGARDING QUESTIONS UNRELATED TO THE CHARTER SCHOOL'S ADMISSIONS AND ENROLLMENT PREFERENCES

As described above, in reviewing the actual application forms for nearly all charter schools, applications can be generalized and grouped into three different categories: (1) conversion schools

that use the DOE enrollment forms as their application forms (see **Exhibit B**); (2) start-up schools that use the DOE enrollment forms as their application forms; and (3) schools that use adapted or unique application forms.

The DOE Enrollment Form generally can be an acceptable application form, except when the questions elicit information unrelated to the school's enrollment preferences. Examples of these kinds of questions include, but are not limited to: McKinley-Vento Eligibility; Section 504 plans, special education ("SPED") or Individual Education Plan-related ("IEP") related questions; ethnicity; and for those who do not have an immersion or medium language program, questions regarding language spoken at home. Generally, questions not relevant or needed to determine acceptance of an applicant to the school based on an approved enrollment preference should not be asked at the application phase, but they can be asked once the applicant has been accepted in the school's enrollment process. This will prevent any confusion on the part of the applicant and their families as to how they were chosen for acceptance into the respective charter school, as well as prevent the charter school from access to and use of information that could subject the school to claims of illegal discrimination.

Based on the foregoing, staff recommends that the Committee recommend the Commission adopt additional guidance that a charter school utilizing DOE enrollment forms or adapted versions of the DOE enrollment forms remove all questions that are unrelated to the school's enrollment preferences and move those questions to the school's enrollment process after the applicant has been accepted, if they are necessary.

## VI. RECOMMENDATION

Moved to recommend that the Commission adopt additional guidance to schools using the DOE's enrollment form as their application, schools remove questions regarding McKinley-Vento eligibility, ethnicity, and language spoken by applicant, unless the school has an immersion or language medium program, as well any other questions unrelated to the school's approved enrollment preference(s), and move those questions to the school's enrollment process after the applicant has been selected for admission. For those Charter Schools whose admission and enrollment policy and practices have been previously approved -- Halau Ku Mana Public Charter School, Mālama Honua Public Charter School, Kua o ka La New Century Public Charter School, and Voyager: A Public Charter School, they will not have to go through the formal approval process again provided that if their application forms contain questions regarding the foregoing, such questions will be removed and the revised application form resubmitted to Commission staff.

**Exhibit A**

**List of Commission Actions re: Admission Policies**

**Exhibit A: List of Commission Actions re: Admission Policies**

Date Passed	Motion	Type	Category
11/13/14	<p>Approval of Charter School's Admission and Enrollment Policies:</p> <p>1. Moved to approve the admissions policy of Halau Ku Mana Public Charter School, as provided in Exhibit A of this submittal.</p> <p>2. Moved to approve the admissions policy of Malama Honua Public Charter School, as provided in Exhibit C of this submittal.</p> <p>Additional Commission Guidance on Review and Approval of Admissions and Enrollment Policies:</p> <p>"Moved that the Commission categorically allow an enrollment preference for the dependents of a charter school's governing board members, provided that the combined number of students utilizing this preference and any preference for dependents of full-time school employees not exceed ten percent of the school's total student population. Situations in which the combined percentage could exceed ten percent of the total student population shall be reviewed and approved or denied by the Commission on a case-by-case basis."</p>	Organizational Performance	School Policies
09/11/14	Moved that the Commission inform charter schools that admission and enrollment policies that make acceptance of a student contingent on submittal of interviews, tests, essays, past academic performance, and letters of reference will not be approved by the Commission, consistent with state law.	Organizational Performance	School Policies
09/11/14	Moved that the Commission categorically allow an enrollment preference for the children of full-time employees, provided that the number of students utilizing this preference not exceed 10% of the total student population. Situations in which the percentage exceeds 10% of the total student population shall be reviewed and approved or denied by the Commission on a case-by-case basis.	Organizational Performance	School Policies
03/27/14	Motion to approve that Kanuikapono Public Charter School's request for an enrollment preference as provided for in §302D-34, Hawaii Revised Statutes, for residents of the Anahola area of the Island of Kauai be approved as described in the submittal dated March 27, 2014 passed unanimously.	Organizational Performance	School Policies
03/27/14	Motion to approve that Kanuikapono Public Charter School's request for an enrollment preference, provided for in §302D-34, Hawaii Revised Statutes, for students who qualify for the Title I Free and Reduced Lunch Program be rejected as described in the submittal dated March 27, 2014 passed with 5 ayes (Hanohano, Kotner, Payne, Street, and Takabayashi) and 1 nay (Muraoka) passed.	Organizational Performance	School Policies

**Exhibit B**

**HIDOE Enrollment Forms**

**Page 1-13:      Holomua Elementary Enrollment Forms**

**Page 14-20:    Kaiser High School Enrollment Forms**



**ONLY COMPLETED REGISTRATION FORMS WITH  
PROPER DOCUMENTATION WILL BE ACCEPTED  
FOR PROCESSING**  
**\*Transfer from a DOE School\***

**(PARENT/GUARDIAN REGISTERING CHILD MUST HAVE A VALID ID)**

TO REGISTER YOUR CHILD, YOU NEED THE FOLLOWING:

1. Student Enrollment Form (Blue Form)

Form must be completely filled out (front and back).

2. Supplemental Information Sheet

Please provide documentation as needed.

3. Track Preference Form (Yellow Form)

Please read/review the form and mark your selection accordingly.

4. Verification of Residency Statement (White Form)  
***(MUST BE DATED WITHIN IN 2 MONTHS OF ENROLLING)***

Please read/review the form to make sure you understand before signing.  
Only original copy will be accepted.

5. Internet Access Parent/Guardian Permission Form (White Form)

Please read/review the form, complete, sign and date.

6. Birth Certificate

Only original copy will be accepted.

7. Release papers from your previous school

Registration will not be permitted without release papers.

SHOULD THERE BE ANY QUESTION, PLEASE CALL THE OFFICE AT 685-9100.

**ONLY COMPLETED REGISTRATION FORMS WITH  
PROPER DOCUMENTATION WILL BE ACCEPTED FOR  
PROCESSING(private/out of state)**

\*(IF COMING FROM A PRIVATE AND OR OUT OF STATE SCHOOL, LAST REPORT  
CARD NEEDS TO BE PROVIDED TO SEE CHILDS PROMOTION IN GRADE)

**(PARENT/GUARDIAN REGISTERING CHILD MUST HAVE A VALID ID)**

TO REGISTER YOUR CHILD, YOU NEED THE FOLLOWING:

1. Student Enrollment Form (Blue Form)

Form must be completely filled out (front and back).

2. Supplemental Information Sheet

Please provide documentation as needed.

3. Track Preference Form (Yellow Form)

Please read/review the form and mark your selection accordingly.

4. Verification of Residency Statement (White Form)

***(MUST BE DATED WITHIN IN 2 MONTHS OF ENROLLING)***

Please read/review the form to make sure you understand before signing.

Only original copy will be accepted.

5. Internet Access Parent/Guardian Permission Form (White Form)

Please read/review the form. complete, sign and date.

6. Birth Certificate

Only original copy will be accepted.

7. **Physical Examination and Immunization Record (Form 14)**  
**If no current physical, an appointment card pending physical  
is required at time of registration.**

8. Tuberculosis Clearance (PPD)

The following information must be provided:

Date PPD given and read

Results in millimeter

Physician's or Nurse's signature

Date of PPD reading may not be older than a year unless previously enrolled in  
a Hawaii school.

SHOULD THERE BE ANY QUESTIONS, PLEASE CALL THE OFFICE AT 685-9100.

School Name: HOLOMUA ELEMENTARY SCHOOL		Complex Area: CAMPBELL COMPLEX		
<b>STUDENT ENROLLMENT FORM</b> SIS-10W (Revised)		Student ID No.	Entry Date	Entry Code
				Room
<b>INSTRUCTIONS: PRINT YOUR ENTRIES LEGIBLY</b>		Ethnicity/Race Observed: _____ Initial _____ Date _____		
<b>STUDENT PERSONAL DATA</b>				
Last Name: _____		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Grade Level: _____	
First Name: _____		Birth Date: _____		
Middle Initial: _____	Lineage. (Jr, II, III, etc): _____		Verification of DOB: _____	
Home Phone: _____		Unlisted: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Residence (Identifiable location required)</b>		<b>Mailing Address (if different from home address)</b>		
Number _____	Street _____	Apt. # _____		
City _____	State _____	Zip code _____		
Number/P O. Box # _____		Street _____	Apt. # _____	
City _____		State _____	Zip code _____	
<input type="checkbox"/> Not Homeless <input type="checkbox"/> Homeless* <input type="checkbox"/> Completed MVA Packet				
_____ DOE Representative Signature		_____ Parent/Legal Guardian Signature		
<p>***Homeless** means individuals who lack a fixed, regular and adequate nighttime residence (within the meaning of section 42 USCS §11302(a)(1)) and includes:</p> <ul style="list-style-type: none"> <li>(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.</li> <li>(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));</li> <li>(iii) children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings; and</li> <li>(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.</li> </ul> <p style="text-align: center;">If you have any questions regarding the above, please call 1-866-927-7095</p>				
<b>PRESCHOOL EXPERIENCE</b>		<b>LAST HAWAII PUBLIC SCHOOL ATTENDED</b>		
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: _____		
<b>PRIOR SCHOOL ATTENDED (if not Hawaii Public School)</b>				
Name: _____				
Address: _____				
<b>CITIZENSHIP</b>				
Country of Birth: _____		If Country of Birth is other than US, give year of arrival: _____		
US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> 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	
A – English	F – Cebuano/Visayan	K – Vietnamese	Q – Fijian	V – Pangasinan
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
L – Other (Specify): _____				
Refer to long list of languages				

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

#### ETHNICITY INFORMATION

Is the student Hispanic (Ex. Cuban, Mexican, Puerto Rican, Spanish, Other Hispanic)? ☐ Yes ☐ No

#### RACE INFORMATION

Check ONE or more:

- |   |  |   |   |
|---|--|---|---|
| <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/or 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

P A R E N T / G U A R D I A N	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 # _____	
	Employer's Name _____		
	Page # _____	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 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

PARENT/GUARDIAN CONTACT INFORMATION				
S E C O N D  P A R E N T / G U A R D I A N	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 _____	
	Employer's 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"/> Air National Guard		
<input type="checkbox"/> Navy		<input type="checkbox"/> Navy Reserves		
<input type="checkbox"/> Coast Guard		<input type="checkbox"/> Army Reserves		
<input type="checkbox"/> Army National Guard		<input type="checkbox"/> Marine Reserves		
<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? <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 _____	
	Employer's Name _____			
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 _____	
	Employer's Name _____			
Home Phone # _____		Cellular Phone # _____		
Pager # _____		Work Phone # (include ext ) _____		
Doctor's Name or Clinic Name _____				
Office Phone # _____				
SCHOOL SUPPLEMENTARY INFORMATION				
Other Children In The Family	Name		Age	
	1. _____		4. _____	
	2. _____		5. _____	
	3. _____		6. _____	

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

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

<b>MV-1</b>  <b>State of Hawaii</b> <b>Department of Education</b> HOMELESS CONCERNS OFFICE 475 22nd Avenue Room 126 Honolulu, Hawaii 96816 Telephone: 808- 305-9869 Toll Free: 1-866-927-7095 FAX: 808-735-8229	<b>QUESTIONNAIRE TO DETERMINE ELIGIBILITY</b>  McKinney-Vento Homeless Assistance Improvements Act  ("MVA")	Schools are required to keep a chronological file of completed Questionnaires for each school year.
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**STUDENT'S NAME:** \_\_\_\_\_ **SCHOOL:** HOLOMUA ELEMENTARY

**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 / Legal Guardian IS NOT in a homeless situation**

*(includes living with friends or family due to personal choice)*

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

**Section 3. Does The Student / Parent / Legal 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: (name) \_\_\_\_\_
- ☐ 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 Services (IHS), Loliana, Ohana Ola O Kahumana, Maili Land, Next Step, Vancouver House, Onemalu, Onelauena (Hope for a New Beginning), Pai'olu Kaiaulu (Waianae Civic Center), Weinberg Village Waimanalo, Ulu Ke Kukui, Ka Ohu Hou o Manoa, Lighthouse Shelter, Kahi Kolu 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/Legal Guardian Signature

\_\_\_\_\_  
Print Name/Contact Phone No.

\_\_\_\_\_  
Date

**When any box in Section 3. "Does The Student/Parent/Legal Guardian:" is checked, the student may be eligible to receive MVA services. School personnel are to assist the parent, legal 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

- **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# \_\_\_\_\_

Siblings: (Name, age, school and grade)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Section 5.** Student is living with friends or family due to economic hardship such as:

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

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

**Section 6.** 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 7. Parent or Legal 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 Legal Guardian: \_\_\_\_\_ Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 8. 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 legal guardian has been provided with MVA information and a copy of this form.

# HOLOMUA ELEMENTARY SCHOOL

## Supplemental Information Sheet

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

1. Who has LEGAL CUSTODY of the child?

\_\_\_\_\_ Both mother and father

\_\_\_\_\_ Mother\*

\_\_\_\_\_ Father\*

\_\_\_\_\_ Guardian\* - Name of Guardian: \_\_\_\_\_

\*LEGAL DOCUMENTATION MUST BE PROVIDED (Court Documents and/or Power of Attorney)

2. Are there any persons legally NOT allowed to have contact with your child?

\_\_\_\_\_ No

\_\_\_\_\_ Yes – LEGAL DOCUMENTATION MUST BE PROVIDED  
(i.e. Temporary Restraining Order or Order of Protection)

_____	_____
Name	Relationship to child
_____	_____
Name	Relationship to child

3. IS YOUR CHILD RECEIVING ANY OF THE FOLLOWING SERVICES AT THE SCHOOL THEY ARE ARRIVING FROM? (Please check all that may apply)

\_\_\_\_\_ My child currently receives ELL services

\_\_\_\_\_ My child receives special education and/or related services (i.e. resource class, speech therapy, occupational or physical therapy, behavioral health services.)

\_\_\_\_\_ Copy of the IEP provided

\_\_\_\_\_ My child is a 504 eligible student.

\_\_\_\_\_ Copy of the Modification Plan provided

\_\_\_\_\_ My child was in a special program (i.e. Primary School Adjustment Program (PSAP) Title 1, Counseling)

Please indicate \_\_\_\_\_

\_\_\_\_\_ I have concerns about my child that I would like the teacher/counselor aware of:

\_\_\_\_\_

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date





**Holomua Elementary School  
TRACK PREFERENCE FORM**

OFFICE USE ONLY  
Date/Time Received

Student Name:

Grade:

Siblings Currently Enrolled At Holomua:

Grade:

This Track Preference Form must be submitted at the time you enroll your child.

Track assignment will be done by the Principal.

(Please note that siblings may not be placed automatically in the same track.)

Please place a "1" below the color track which is your first choice, a "2" below your second choice, a "3" below your third choice and a "4" below your last choice. (Please keep the attached calendar to assist you in requesting your track. This is the only calendar you will receive). **Incomplete forms will be placed by the school.**

RED TRACK

YELLOW TRACK

GREEN TRACK

BLUE TRACK

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

HOLOMUA ELEMENTARY SCHOOL  
VERIFICATION OF RESIDENCY STATEMENT

Student's Name(s)

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Address

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In order to verify residency within the Holomua Elementary School district, original document(s) below must be provided, showing the parent(s)/guardian(s) name and address. Post Office box numbers are not acceptable as residence addresses.

**Homeowners** provide **one current utility bill (water, electric, gas or telephone that indicates that the billing is in the parent/guardian's name and is being sent to the address in district ) and one** of the following items listed from 1 or 2.

- \_\_\_\_\_ 1. Mortgage document (current mortgage statement) in the parent/guardian's name
- \_\_\_\_\_ 2. Escrow papers (applicable to newly purchased homes) in the parent/guardian's name

**Renters** provide **a current Rental Agreement/Lease Agreement and two current utility bills**

If **parents and student(s) are living with relatives/friends**, in addition to providing one of the items listed from 1-3 and a current utility bill from the homeowner, the following additional documents are required:

- \_\_\_\_\_ Notarized statement by relative/friend who is the homeowner, must state that the parent/legal guardian and child are living with that relative/friend. The statement must include the name and address of the relative/friend as shown on the verification documents - current utility bill and a mortgage statement, property tax assessment, or escrow papers.
- \_\_\_\_\_ Bank statement showing the name of the parent/legal guardian and the address in district.

I, \_\_\_\_\_, the parent/guardian,  
(PRINT NAME)

**declare under penalty of perjury that the above named student(s) reside at the address shown above.** I will notify the school within two weeks if residency changes and agree to provide a new proof of residency and updated signed statement at that time. If I move outside the school district, a GE request must be filed in order to request continued attendance for this student.

*I understand that this is within the Holomua Elementary School district. I further understand that falsification of any information or document, either written or verbal, required for residency verification or the use of the address of another person without actually residing there may result in revocation of student enrollment. Falsification on a governmental agency application is a misdemeanor (HRS #710-1063).*

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

rev. 04/09/14

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



**STATE OF HAWAII**  
DEPARTMENT OF EDUCATION  
**HOLOMUA ELEMENTARY SCHOOL**  
91-1561 KEAUNUI DRIVE  
EWA BEACH, HAWAII 96706

Dear Families,

The State Department of Education Policy states that students must have parental/guardian permission forms signed and returned before they can use the internet, have their work, photos and video taken for educational purposes.

Attached are the details of the Department of Education and Campbell Complex Schools' Internet **Acceptable Use Policy** and the **Student Publication/Video Release Form**.

Holomua Elementary offers students limited and supervised access to the Internet. The Internet offers virtually unlimited educational resources for your child. If your child does not have the **Acceptable Use Policy** section signed and returned, **he/she will not be allowed to access the Internet at school.**

Also included is the **Student Publication/Video Release** section. This form is also very important. Please be advised that if you select "No" on the **Student Publication/Video Release** section, **your child will not be included in the YEARBOOK and may limit classroom activities such as Memory Books.**

Please keep the guidelines and sign the attached permission forms and have your child return it to his/her teacher. The permission form will be in effect until your child exits Holomua Elementary School. If there is any change, please inform the school in writing.

Thank you for your time and cooperation in this matter.

Moving Forward Towards Success,

  
Gary T. Yasui  
Principal

**State of Hawaii, Department of Education  
Holomua Elementary School  
Internet Access Guidelines:**

Internet access supports the Department of Education's literacy program efforts and the mission for Holomua Elementary School. It enhances student educational research activities, provides a conduit for the transmission and sharing of educational information, provides access to appropriate national and international resources, and helps students develop literacy skills necessary in a technological-rich society. To support this purpose, priority use is given to student/classroom educational use. Use of technology at Holomua School is privilege provided to individuals who wish to enhance their learning experiences. This privilege is granted only to individuals in accordance with this acceptable use policy.

**Purpose:**

The purposes of the guidelines are to ensure school-level, state and district level compliance with all guidelines concerning Internet access.

**Applicability:**

These guidelines shall apply to all students, teachers, administrators, and others who obtain their telecommunications access privileges through the Department of Education.

**Acceptable Use:**

1. All use of the network must be in support of education and research and consistent with the purposes of the Department of Education and Holomua Elementary School.
2. Any use of the network for commercial or for-profit purposes is prohibited.
3. Any use of the network for personal and private business, product advertising or political lobbying is prohibited.
4. Network accounts are to be used by the authorized owner of the account and all use must be under the supervision of the sponsoring teacher.
5. All messages shall be purposeful and appropriate.
6. Hate mail, harassment (Cyber Bullying), discriminatory remarks and other antisocial behaviors are prohibited.
7. Participants shall respect the privacy of other users – shall not access, modify, or copy passwords or data belonging to other users.
8. Users shall respect copyright laws and licensing agreements pertaining to material entered into and obtained via the system.
9. The use of the network to access pornographic material, inappropriate text files, or files dangerous to the integrity of the school network is prohibited.
10. Unauthorized access to other networked computers is not permitted.
11. Only teachers may download from the Internet. Download needs to be checked for viruses immediately.
12. All students need to be with a partner when accessing the network.

**Monitoring:**

Department of Education (DOE) reserves the right to review any materials on user-accounts and to monitor fileserver space in order for the DOE to make determinations on whether specific uses of the network are inappropriate. In reviewing and monitoring user-accounts and fileserver space, the DOE shall respect the privacy of user-accounts.

**Student Expectations in the Use of the Internet:**

Internet users are expected to behave responsibly in accessing and viewing information that is pertinent to the mission of the district and school. You are expected to abide by the generally accepted rules of network etiquette. These include but are not limited to the following:

1. Be courteous and respectful in your messages to others
2. Use appropriate language. Don't swear or use any inappropriate language. Illegal activities are forbidden.
3. Don't reveal your home address or phone number; use only school address and phone number only.
4. Electronic mail is not guaranteed to be private. Messages relating to or in support of illegal activities may be reported to the authorities.
5. Always try to do your best writing, proofread and edit your messages.
6. Don't post personal messages on bulletin boards. Send personal messages directly to the person to whom you want to write.
7. Don't use the networks in such a way that you would disrupt the use of the network for users.
8. All communication accessible via the network should be assumed to be private property.

**Consequences:**

Any user who doesn't comply with the Internet Access Policy will lose network privileges. Severe infractions of the Policy may result in termination of access privileges permanently. Unauthorized use of network, intentional deletion or damage to files and data belonging to other users, or copyright violations may be termed a violation as defined under DOE Chapter 19, and/or the Hawaii Revised Statutes.

**(Please keep this sheet for reference)**

**State of Hawaii • Department of Education • Holomua Elementary School**  
**INTERNET ACCESS PARENT/GUARDIAN PERMISSION FORM (Internet Access Form 1)**

The Department of Education (DOE) Internet services are designed for DOE K-12 students and educators. They can be accessed via a computer and a modem at school or home and provide access to the Internet, a worldwide telecommunications network. Internet provides a large amount of valuable information available from computers at colleges, universities, and government agencies.

The DOE Internet services are designed to guide its users in navigating through the vast resources and also to minimize the possibility of students accessing materials that are inappropriate for minors. However, the Department of Education, University of Hawaii, Budget and Finance Information and Communication Services Division and Maui High Performance Computing Center cannot guarantee that such materials will not be accessed. There is no charge to the student for using this system.

Please complete and return this form if you agree to allow your child access to Department of Education Internet services according to the terms below.

I understand that my child will be held accountable for all activities including, but not limited to, the content of materials sent by mail, news, or any other means using their account privileges. I also understand that my child must abide by the Internet and newsgroup etiquette guidelines and that use of the system will be for educational purposes only.

I agree not to hold the State of Hawaii Department of Education, the University of Hawaii, Budget and Finance Information and Communication Services Division or Maui High Performance Computing Center nor any of its employees nor any of the institutions or networks providing access to the Internet responsible for the performance of the system or the content of any material accessed through it.

**Student Publication/Video Release Form (Form SP/VR)**

I hereby give my permission to the Hawaii State Department of Education (HIDOE) to use my child's work, videotape, or otherwise record my child's name, voice, and/or likeness in its publications. I understand that examples of my child's work and/or these recordings of my child will be used exclusively for non-commercial, educational purposes, which may include, but not limited to, distribution by print, internet, or digital media and open-circuit broadcast, closed-circuit, and/or cable television transmission within or outside of the State of Hawaii for the duration of the media.

I understand that there will be no financial or other remuneration for use of my child's work and/or recordings, either for initial or subsequent transmission or playback, and I hereby release the HIDOE from any liability resulting from or connected with the publication of such work. Permission is granted for the duration of the media. I further understand that my permission or consent may be rescinded; however, in order for the revocation of permission/consent to be effective, it must be made in writing and said revocation will not affect the publication or work that has already been produced.

The HIDOE may use my child's name, likeness, work, and/or bibliographical identification for publicizing and promoting the use of these recordings.

**Please complete and return this permission form to your child's teacher**

My child, a student at Holomua Elementary, **HAS MY PERMISSION (check box below)**

☐ Yes

☐ No

- to access the Internet
- to electronically display his/her work, which may or may not be accompanied by his/her name, email address, video and/or photography, and hereby release the State of Hawaii Department of Education from any liability resulting from or connected with the publication of such work. **(INCLUDES YEARBOOK, Memory Books, etc.)**
- to have videotapes of him/her to be played on the community access cable stations and archived for Holomua Elementary School documentation

I have read the attached Internet Acceptable Use Policy (AUP) and Publication Release form, and hereby agree to be responsible for and abide by all rules and regulations in this agreement. This agreement will be in effect until I exit Holomua Elementary School.

Name of Student: \_\_\_\_\_ Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature

Date

**(Make copy of this form and keep this sheet for reference)**

School Name: <b>KAISER HIGH SCHOOL</b>		Complex Area: <b>Honolulu (Farrington-Kaiser-Kalani)</b>		
<b>STUDENT ENROLLMENT FORM</b> SIS-10W (Revised)		Student ID No.	Entry Date	Entry Code
		For school use only		
<b>INSTRUCTIONS:</b> PRINT YOUR ENTRIES LEGIBLY		Ethnicity/Race Observed: _____ Initial _____ Date _____		
<b>STUDENT PERSONAL DATA</b>				
Last Name: _____		Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Grade Level: _____
First Name: _____		Birth Date: _____		
Middle Initial: _____	Lineage: (Jr, II, III, etc): _____		Verification of DOB: _____	
Home Phone: _____		Unlisted: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Residence (Identifiable location required)		Mailing Address (if different from home address)		
Number _____ Street _____ Apt. # _____ City _____ State _____ Zip code _____		Number/P.O. Box # _____ Street _____ Apt. # _____ City _____ State _____ Zip code _____		
<input type="checkbox"/> Not Homeless <input type="checkbox"/> Homeless* <input type="checkbox"/> Completed MVA Packet				
_____ DOE Representative Signature		_____ Parent/Legal Guardian Signature		
<p>*"Homeless" means individuals who lack a fixed, regular and adequate nighttime residence (within the meaning of section 42 USCS §11302(a)(1)) and includes:</p> <ul style="list-style-type: none"> <li>(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.</li> <li>(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));</li> <li>(iii) children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings; and</li> <li>(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.</li> </ul> <p style="text-align: center;">If you have any questions regarding the above, please call 1-866-927-7095</p>				
<b>PRESCHOOL EXPERIENCE</b>		<b>LAST HAWAII PUBLIC SCHOOL ATTENDED</b>		
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: _____		
<b>PRIOR SCHOOL ATTENDED (If not Hawaii Public School)</b>				
Name: _____ Address: _____				
<b>CITIZENSHIP</b>				
Country of Birth: _____		If Country of Birth is other than US, give year of arrival: _____		
US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> 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>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	

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

ETHNICITY INFORMATION	
Are you <b>(J)</b> Hispanic (Ex. Cuban, Mexican, Puerto Rican, Spanish, Other Hispanic)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
RACE INFORMATION	
Check all that apply: <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 25%;"><input type="checkbox"/> <b>A</b> – American Indian or Alaska Native</div> <div style="width: 25%;"><input type="checkbox"/> <b>E</b> – Native Hawaiian</div> <div style="width: 25%;"><input type="checkbox"/> <b>K</b> – Samoan</div> <div style="width: 25%;"><input type="checkbox"/> <b>P</b> – Tongan</div> <div style="width: 25%;"><input type="checkbox"/> <b>B</b> – Black</div> <div style="width: 25%;"><input type="checkbox"/> <b>G</b> – Japanese</div> <div style="width: 25%;"><input type="checkbox"/> <b>L</b> – White</div> <div style="width: 25%;"><input type="checkbox"/> <b>Q</b> – Guamanian/Chamorro</div> <div style="width: 25%;"><input type="checkbox"/> <b>C</b> – Chinese</div> <div style="width: 25%;"><input type="checkbox"/> <b>H</b> – Korean</div> <div style="width: 25%;"><input type="checkbox"/> <b>N</b> – Indo-Chinese (Ex. Cambodian, Laotian, Vietnamese)</div> <div style="width: 25%;"><input type="checkbox"/> <b>R</b> – Other Asian</div> <div style="width: 25%;"><input type="checkbox"/> <b>D</b> – Filipino</div> <div style="width: 25%;"><input type="checkbox"/> <b>I</b> – Portuguese</div> <div style="width: 25%;"><input type="checkbox"/> <b>O</b> – Micronesian (Ex. Chuukese, Marshallese Pohnpeian,)</div> <div style="width: 25%;"><input type="checkbox"/> <b>S</b> – Other Pacific Islander</div> </div>	
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) _____	
<input type="checkbox"/> 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	
P A R E N T / G U A R D I A N	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 _____ Employer's 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): <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 25%;"><input type="checkbox"/> Army</div> <div style="width: 25%;"><input type="checkbox"/> Marine</div> <div style="width: 25%;"><input type="checkbox"/> Air National Guard</div> <div style="width: 25%;"><input type="checkbox"/> Navy Reserves</div> <div style="width: 25%;"><input type="checkbox"/> Air Force</div> <div style="width: 25%;"><input type="checkbox"/> Coast Guard</div> <div style="width: 25%;"><input type="checkbox"/> Army Reserves</div> <div style="width: 25%;"><input type="checkbox"/> Marine Reserves</div> <div style="width: 25%;"><input type="checkbox"/> Navy</div> <div style="width: 25%;"><input type="checkbox"/> Army National Guard</div> <div style="width: 25%;"><input type="checkbox"/> Air Force Reserves</div> <div style="width: 25%;"><input type="checkbox"/> Coast Guard Reserves</div> </div>

# PARENT/GUARDIAN CONTACT INFORMATION

SECOND PARENT / GUARDIAN

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):

☐ Army ☐ Marine ☐ Air National Guard ☐ Navy Reserves

☐ Air Force ☐ Coast Guard ☐ Army Reserves ☐ Marine Reserves

☐ Navy ☐ Army National Guard ☐ Air Force Reserves ☐ 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

FIRST

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

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

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

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

SECOND

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

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


Other Children In The Family:

Name	Age	Name	Age
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

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

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



<b>MV1</b> 	<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	<b>QUESTIONNAIRE TO DETERMINE ELIGIBILITY</b>  McKinney-Vento Homeless Assistance Improvements Act  ("MVA")	Schools are required to keep a chronological file of completed Questionnaires for each school year.
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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
When any box in <b>Section 3. "Does The Student / Parent / Guardian:"</b> 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.***

<b>Section 4.</b> Name of School: _____  Student Name: _____ Male _____ Female  Date of Birth _____ / _____ / _____ Grade _____ Student ID# _____
<b>Section 5.</b> Is current residence a temporary living arrangement? _____ NO _____ YES, for _____ Months _____ Years  <p style="text-align: center;"><b>If the answer is NO, you may stop here. If the answer is YES, please complete the remainder of this form.</b></p>
<b>Section 6.</b> Student is living with family or friends due to economic hardship such as:  _____ Loss of Housing _____ Loss of Income _____ Other: _____  Address: _____ City: _____ Telephone: _____
<b>Section 7.</b> 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.
<b>Section 8. Parent or Guardian, please initial agreement to the following:</b>  _____ 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: _____
<b>Section 9. For School Use Only</b>  _____ 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.

**Kaiser High School**  
**CSSS TRANSITION CHECKLIST**  
**\*Confidential\***

Date Form Completed: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Previous School: \_\_\_\_\_

**Please check ALL of the services that your child was receiving at his/her former school:**

- ☐ **Special Education**    *Eligibility Category:* \_\_\_\_\_
- |  |  |
|--|--|
| <input type="checkbox"/> <b>Speech/Language Therapy</b>  | <input type="checkbox"/> <b>English for Second Language Learners</b>     |
| <input type="checkbox"/> <b>Occupational Therapy</b>   | <input type="checkbox"/> <b>Physical Therapy</b>                         |
| <input type="checkbox"/> <b>School Counseling</b>  | <input type="checkbox"/> <b>PSAP (Primary School Adjustment Project)</b> |
| <input type="checkbox"/> <b>Gifted/Talented Program</b>  | <input type="checkbox"/> <b>Mental Health Services</b>                   |
| <input type="checkbox"/> <b>Section 504 Modification Plan</b>  | <input type="checkbox"/> <b>Title 1</b>                                  |
| <input type="checkbox"/> <b>Curb-to-Curb Transportation</b><br>(Special Education/504 Students only) |  |
| <input type="checkbox"/> <b>In the process of a referral for:</b> _____                              |  |
| <input type="checkbox"/> <b>Other/Outside Agency Involvement:</b> _____                              |  |
| <input type="checkbox"/> <b>Copies of the following (check all that are applicable):</b>             |  |
| <input type="checkbox"/> <b>Temporary Restraining Order (TRO)</b>                                    |  |
| <input type="checkbox"/> <b>Legal Custody of the Child</b>   |  |
| <input type="checkbox"/> <b>Guardianship of the Child</b>  |  |
| <input type="checkbox"/> <b>Power of Attorney</b>  |  |
| <input type="checkbox"/> <b>Medications (list type/dosage/time/purpose):</b> _____                   |  |
| _____  |  |
| <input type="checkbox"/> <b>None of the above</b>  |  |

**COMMENTS:**

**The above information is shared with the school to the best of my knowledge:**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**



**STATE OF HAWAII**  
DEPARTMENT OF EDUCATION  
**Henry J. Kaiser High School**  
**International Baccalaureate Authorized World School**  
**Middle Years & Diploma Programmes**  
511 LUNALILO HOME ROAD  
HONOLULU, HAWAII 96825-1799  
Ph. (808) 394-1200, Fax (808) 394-1202

**VERIFICATION OF RESIDENCY STATEMENT**

\_\_\_\_\_  
School Year

\_\_\_\_\_  
Student's LAST NAME, FIRST, MIDDLE

\_\_\_\_\_  
Grade

In order to verify where student is physically residing within the Kaiser High School District, the following must be provided showing parent/guardian/caregiver's **name** and **address**. (Post Office Box numbers are not acceptable as residence address.)

If living in the Kaiser High School District, please provide:

- Utility bill (Hawaii Gas, Board of Water Supply or Hawaiian Electric)
- If no utility bill can be provided, a rental or lease agreement showing inclusion of utilities must be submitted.

If living with a relative or friend in the Kaiser High School District, the following documents are required:

- Notarized Verification of Residency by relative/friend that parent/guardian are living at their address
- Utility bill (Hawaii Gas, Board of Water Supply or Hawaiian Electric) of the relative/friend residing in Kaiser High School District must be provided

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_  
(Print Parent/Guardian's Full Name) (Print Student's Full Name)

declare under penalty of perjury that the above-named student resides at the address shown on the document indicated above and attached. I understand that this address is within the Kaiser High School boundaries. I further understand that falsification of any information or document, either written or verbal, required for residency verification or the use of the address of another person without actually residing there may result in revocation of student enrollment. Falsification on a governmental agency application is a misdemeanor (HRS#710-1063).  
\_\_\_\_\_(Initial)

I will notify the school within two weeks if residency changes and agree to provide a new proof of residency and an updated signed statement at that time. If I move outside the Kaiser High School District, a Geographic Exception (GE) must be filed to request continued attendance for this student. \_\_\_\_\_(Initial)

The attached documents/s show/s the name and address of the person/s enrolling the above-named student. If not the parent, court papers or Power of Attorney are required for guardianship.

Parent/Guardian/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_