

Please provide 2 different current forms of residency verification (example: utility bills, mortgage, rental agreement...)

School Name: Aiea High School Complex Area: Aiea-Radford-Moanalua/Central District

<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:  M  F Grade Level: \_\_\_\_\_  
 Legal First Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ Suffix: (Jr, II, III, etc): \_\_\_\_\_ Verification of DOB: \_\_\_\_\_

Not Homeless  Homeless\*  Completed MVA Packet  
 \_\_\_\_\_  
 DOE Representative Signature X  
 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 <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 Pre-School Program: (if applicable) <input type="checkbox"/> EOEL <input type="checkbox"/> KALO <input type="checkbox"/> 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	

**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**

S  
E  
C  
O  
N  
D  
  
P  
A  
R  
E  
N  
T  
/  
G  
U  
A  
R  
D  
I  
A  
N

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**

P  
A  
R  
E  
N  
T  
/  
G  
U  
A  
R  
D  
I  
A  
N

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?     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

Does this person work for the Federal Government or work on Federal Property?     Yes     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:     Mr.     Mrs.     Ms.     Other (specify): \_\_\_\_\_    Relation: \_\_\_\_\_

\_\_\_\_\_  
Last Name                                      First Name                                      Email Address

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

EMERGENCY CONTACT: *(circle one)*    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:     Mr.     Mrs.     Ms.     Other (specify): \_\_\_\_\_    Relation: \_\_\_\_\_

\_\_\_\_\_  
Last Name                                      First Name                                      Email Address

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

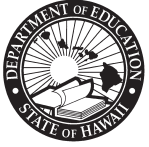
EMERGENCY CONTACT: *(circle one)*    Call Sequence 1    2    3    4    5

### 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:**   X                                        **Date:** \_\_\_\_\_

FOR SCHOOL USE:



**QUESTIONNAIRE TO DETERMINE ELIGIBILITY  
MV1  
McKinney-Vento Homeless Assistance Act  
(MVA)**

Questionnaires are filed for one (1) year for all students and seven (7) years for any student checking a box in Section 2.

Student's Name \_\_\_\_\_ School Aiea High School

**Section 1:  Student/Parent/Legal Guardian IS NOT in a homeless situation**  
*(includes living with friends or family due to personal choice)*

**(If Section 1 is checked, STOP and complete Parent/Legal Guardian's signature below; form is complete.)**

**Section 2: Student/Parent/Legal Guardian:** *(Check the box  that applies)*

- Lives with friends or family due to economic hardship, such as loss of housing or income
- Lives on the beach, at a campground, in a park, or in a hotel
- Lives in a tent, car, bus or other non-permanent structure
- Lives in a domestic violence shelter
- Lives in an emergency or transitional shelter (Please circle, or write in name if not listed.)
  - Kauai:** Kauai Economic Opportunity: Manaolana, Lihue Court, Other: \_\_\_\_\_
  - Hawaii:** Kihei Pua, Beyond Shelter, Na Kahua Hale of Ulu Wini-Kaloko Transitional, Other: \_\_\_\_\_
  - Maui:** Ka Hale A Ke Ola: Central/Westside, Other: \_\_\_\_\_
  - Oahu:** Family Promise, Institute for Human Services (IHS), Loliana, Ohana Ola O Kahumana, Maili Land, Vancouver House, Nakolea, Seawinds, Paiolu Kaiaulu (Waianae Civic Center), Weinberg Village Waimanalo, Ulu Ke Kukui, Ka Ohu Hou O Manoa, Family Assessment Center, Other: \_\_\_\_\_
- Has no regular place to stay at night
- Is an unaccompanied youth

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
Parent/Legal Guardian's Signature Print Name Date

\*\*\* When any box in **Section 2 above** is checked, the student may be eligible to receive MVA services including meals and transportation to and from school of origin. School personnel will assist the Parent/Legal Guardian or unaccompanied youth to complete the reverse side of this form and any remaining MVA forms.

This questionnaire is intended to address the McKinney-Vento Act (42 U.S.C. 11434a(2)).

**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 3:**

Name of School \_\_\_\_\_

School of Origin \_\_\_\_\_  
(last school attended or last school child attended with a permanent residence)

Student's Name \_\_\_\_\_  Male  Female

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade \_\_\_\_\_

**Siblings, including children aged 0-5:**

Name	Age	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Section 4: Contact Information**

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

**Emergency Contacts:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Section 5: Student is applying for the following:**

Free/Reduced-Price Meals  Transportation to and from school of origin  Other \_\_\_\_\_

**Note:** Services will be comparable to those provided to all other students attending this school.

**Section 6: Parent/Legal Guardian**

*I understand and agree that the Homeless Concerns Liaison may contact me.*

Parent/Legal Guardian's Signature \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_

**Section 7: For School Use Only**

Student ID # \_ \_ \_ \_ \_

Student Enrolled As:

- Home School (school within the geographic area of student's current residence)
- School of Origin (school attended when permanently housed/last school attended)
- Geographic Exception (GE)
- Other \_\_\_\_\_

PRINT Name of School Administrator \_\_\_\_\_ Title \_\_\_\_\_

Signature of School Administrator \_\_\_\_\_ Date \_\_\_\_\_

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

**AIEA HIGH SCHOOL**  
**CSSS Transition Information \*Confidential\***

---

STUDENT LAST NAME	FIRST NAME	Middle Initial
-------------------	------------	----------------

BIRTHDATE: \_\_\_/\_\_\_/\_\_\_      GRAD YR: \_\_\_\_\_      SID #: \_\_\_\_\_

PREVIOUS SCHOOL: \_\_\_\_\_

SPECIAL EDUCATION / 504 MODIFICATION ELIGIBILITY

\_\_\_ My child NEVER was eligible for Special Education and/or Section 504 Services

\_\_\_ My child IS CURRENTLY receiving: \_\_\_ Special Education Services or \_\_\_ Section 504 Services

I have copies of the following: (check all that apply) \_\_\_ IEP \_\_\_ 504 Plan \_\_\_ Diagnostic Reports

\_\_\_ My child WAS receiving and is NO LONGER eligible for:  
    \_\_\_ Special Education Services      \_\_\_ Section 504 Services

ENGLISH AS A SECOND LANGUAGE LEARNER

\_\_\_ Not Applicable

\_\_\_ My child was receiving ELL services and should continue to do so.

\_\_\_ My child has EXITED from the ELL program.

**AIEA HIGH SCHOOL**  
**FALSIFICATION DECLARATION**

**According to HRS §710-1063**, falsification on a government application is a misdemeanor and that when such a violation is found, the child will be sent back to the school where he/she should properly be attending. The DOE may pursue prosecution at its discretion.

I have read and understand the above statements and I hereby declare that the information I have provided on all documents for Aiea High School is truthful and accurate.

---

Parent/Guardian Name (PLEASE PRINT)	Parent/Guardian Signature
-------------------------------------	---------------------------

---

Relationship to Student	Date
-------------------------	------

**PARENT/GUARDIAN STATEMENT**

(PLEASE CHECK ALL THAT ARE APPLICABLE)

STUDENT'S LEGAL LAST NAME \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_ I am NOT a biological parent.

\_\_\_ I am the biological { \_\_\_ father \_\_\_ mother } of the above named student.

\_\_\_ I am married to my child's biological { \_\_\_ father \_\_\_ mother }

\_\_\_ I have never been married to my child's biological { \_\_\_ father \_\_\_ mother }

\_\_\_ I was married to my child's biological { \_\_\_ father \_\_\_ mother }

From my child's biological { \_\_\_ father \_\_\_ mother } I am currently:

\_\_\_ widowed                      Death Certificate provided \_\_\_Y \_\_\_N                      \_\_\_\_\_  
Received By

\_\_\_ separated                      \_\_\_ undergoing a separation through the courts in the state of \_\_\_\_\_

\_\_\_ divorced                      \_\_\_ undergoing a divorce in the state of \_\_\_\_\_

\_\_\_ I have sole legal custody                      \_\_\_ I have sole physical custody.

\_\_\_ I share joint legal custody                      \_\_\_ I share joint physical custody.

\_\_\_ I have no documents proving I have child custody.

\_\_\_ I have documents proving I have child custody.

\_\_\_ I am presenting my documents herewith.                      \_\_\_\_\_  
Received By

\_\_\_ I will provide my documents no later than \_\_\_/\_\_\_/\_\_\_  
mm dd yyyy

\_\_\_ I am the adoptive parent.                      Adoption Decree / Birth Certificate \_\_\_\_\_  
Dated / Received By

\_\_\_ I am a court appointed guardian.                      Court Documents \_\_\_\_\_  
Dated / Received By

I am a \_\_\_ guardian, \_\_\_ grandparent, \_\_\_ host, \_\_\_ step-parent, \_\_\_ other \_\_\_\_\_  
Description  
with a \_\_\_\_\_ expiring \_\_\_\_\_  
Type of Document                      Date

I attest that I have been truthful and accurate in providing the foregoing information and/or documents to Aiea High School, its administrators, and/or staff.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
CONTACT PHONE NUMBER