

School Name: KEALAKEHE ELEMENTARY SCHOOL Complex Area: KEALAKEHE

**STUDENT ENROLLMENT FORM** SIS-10W (Revised)

Student ID No.

Entry Date

Entry Code

Room

School Year 2022-2023

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

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

\*"Homeless" means individuals who lack a fixed, regular and adequate nighttime residence (within the meaning of section 42 USCS §11302(a)(1)) and includes:

- (i) children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement.
- (ii) children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of 42 USCS §11302(a)(2)(C));
- (iii) children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings; and
- (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle.

If you have any questions regarding the above, please call 1-866-927-7095

**PRESCHOOL EXPERIENCE**

**LAST HAWAII PUBLIC SCHOOL ATTENDED**

Preschool Experience

Yes

No

If "Yes" – attended:

Pre-School Program: (if applicable)

less than 6 months

EOEL

between 6 and 12 months

KALO

more than 1 year

PDG

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

Last Grade Attended: \_\_\_\_\_

Year: \_\_\_\_\_

**PRIOR SCHOOL ATTENDED (If not Hawaii Public School)**

Name: \_\_\_\_\_ U.S. Phone: \_\_\_\_\_

Address: \_\_\_\_\_ U.S. Fax: \_\_\_\_\_

**CITIZENSHIP**

Country of Birth: \_\_\_\_\_

If Country of Birth is other than US, give year of arrival: \_\_\_\_\_

US Citizen:  Yes

No

If not US Citizen, indicate status: Refugee \_\_\_\_\_ Immigrant \_\_\_\_\_ Non-Immigrant \_\_\_\_\_

**LANGUAGE INFORMATION**

Language Codes: (Select a letter from the list and fill in the blanks below)

\_\_\_\_\_ Language (Spoken) at Home

\_\_\_\_\_ First (Acquired) Language

\_\_\_\_\_ Language Most Used

**A** – English

**F** – Cebuano/Visayan

**K** – Vietnamese

**Q** – Fijian

**V** – Pangasinan

**L** – Other (Specify): \_\_\_\_\_

**B** – Cantonese

**G** – Hawaiian

**M** – Chuukese

**R** – Hmong

**W** – Portuguese

**C** – Mandarin

**H** – Japanese

**N** – Pohnpeian

**S** – Lao

**X** – Spanish

**D** – Ilocano

**I** – Korean

**O** – Cambodian

**T** – Marshallese

**Y** – Thai

**E** – Tagalog

**J** – Samoan

**P** – Chamorro

**U** – Pampango

**Z** – Tongan

Continue on next page

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: *(check all that apply)*  mailing  portal (if applicable)  messenger

EMERGENCY CONTACT: *(check 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  
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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: *(check all that apply)*  mailing  portal (if applicable)  messenger

EMERGENCY CONTACT: *(check 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  
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Check one:  Mr.  Mrs.  Ms.  Other (specify): \_\_\_\_\_ Relation: \_\_\_\_\_  
Marital Status:  Married  Divorced  Separated  Single Custody of Child:  Yes  No

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_

Home Address: \_\_\_\_\_ APT# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from Home Address): \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Allow

this person access to: *(check all that apply)*  mailing  portal (if applicable)  messenger

EMERGENCY CONTACT: *(check one)* Sequence  1  2  3

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

G U A R D I A N	Is this parent/guardian a member of the Armed Services, National Guard or Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Military Status (check one): <input type="checkbox"/> Traditional Reservist / M-Day <input type="checkbox"/> Active Duty (Title 10) <input type="checkbox"/> Federal Technician (Title 32)
	Deployed? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Branch of Service (check one):
	<input type="checkbox"/> Army <input type="checkbox"/> Marine <input type="checkbox"/> Air National Guard <input type="checkbox"/> Navy Reserves <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> Army Reserves <input type="checkbox"/> Marine Reserves <input type="checkbox"/> Navy <input type="checkbox"/> Army National Guard <input type="checkbox"/> Air Force Reserves <input type="checkbox"/> Coast Guard Reserves
Does this person work for the Federal Government or work on Federal Property? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### EMERGENCY CONTACT INFORMATION

F I R S T	(Person To Notify In Case Of Emergency Other than First or Second Parent/Guardian Contact)				
	Check one: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other (specify): _____    Relation: _____				
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">Last Name</td> <td style="width: 33%; border-bottom: 1px solid black;">First Name</td> <td style="width: 34%; border-bottom: 1px solid black;">Email Address</td> </tr> </table>	Last Name	First Name	Email Address	
	Last Name	First Name	Email Address		
	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border-bottom: 1px solid black;">Home Phone #</td> <td style="width: 25%; border-bottom: 1px solid black;">Cellular Phone #</td> <td style="width: 25%; border-bottom: 1px solid black;">Pager #</td> <td style="width: 25%; border-bottom: 1px solid black;">Work Phone # (include ext.)</td> </tr> </table>	Home Phone #	Cellular Phone #	Pager #	Work Phone # (include ext.)
	Home Phone #	Cellular Phone #	Pager #	Work Phone # (include ext.)	
EMERGENCY CONTACT: <i>(check one)</i> Call Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5					

S E C O N D	(Person To Notify In Case Of Emergency Other than First or Second Parent/Guardian Contact)				
	Check one: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other (specify): _____    Relation: _____				
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">Last Name</td> <td style="width: 33%; border-bottom: 1px solid black;">First Name</td> <td style="width: 34%; border-bottom: 1px solid black;">Email Address</td> </tr> </table>	Last Name	First Name	Email Address	
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EMERGENCY CONTACT: <i>(check one)</i> Call Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5					

### SCHOOL SUPPLEMENTARY INFORMATION

	Legal First, Middle Initial & Last Name	HIDOE School Attending	DOB	Grade	Relationship
Other Children In HIDOE Schools:	1. _____	_____	_____	_____	_____
	2. _____	_____	_____	_____	_____
	3. _____	_____	_____	_____	_____
	4. _____	_____	_____	_____	_____

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

FOR SCHOOL USE: