



Ka'ala Elementary School

130 California Ave.

Wahiawa, HI 96786

Phone: 808-305-3900 Fax: 808-622-6368

Office hours: Monday – Friday 7:30am – 4:00pm

KA'ALA ELEMENTARY SCHOOL REGISTRATION INFORMATION

Students must attend the school that serves the geographic area where they reside. Please check the list for your street name.

Ka'ala Elementary School Boundaries

| | | | | |
|----------------|------------------|--------------|--------------|--------------------|
| Anoni St | Kaluhea St | Makani Ave | Wilikina Dr | Kunia 96759 |
| Auhili Pl | S.Kamehameha Hwy | Mala St | House #0-961 | First St |
| Avocado St | Kilani Ave | Malulu Pl | | Hope Lane |
| California Ave | House #0-499 | Mikimiki Pl | Kokoloea Pl | Huli St |
| House #0-499 | Koele Way | Milikana Pl | | Kaliponi Dr |
| Cypress Ave | Kukui St | Nihiwai Pl | | Kinia Dr |
| Halakahiki Pl | Lakeview Circle | Ohai St | | Luawai St |
| Hiwi Pl | Lauone Loop | Ohai Pl | | McAngus St |
| Holulu Pl | Lauone Pl | Olive Ave | | Moa St |
| Ilima St | Lei Aloalo Pl | House #0-799 | | Paani St |
| Imaka Pl | Lei Awapuhi Pl | Panepoo Pl | | Puu Dr |
| Kaalalo Pl | Longley Pl | Pakauwili Dr | | Second St |
| Kaliponi St | Mahele Loop | Pine St | | Third St |
| Kaliponi Pl | Mahele St | Walker Ave | | |

To register your child, please see the attached pages for document requirements and registration forms

STUDENT TRANSFER FROM ANOTHER HIOE SCHOOL

Required documents:

- 1. Release papers from the previous school**
- 2. Proof of Address** – The most recent Rental or Mortgage agreement, Utility bill (electric, cable or water bill). If you are living with relatives or friends, the home owner/renter must give a notarized letter stating you and your child(ren) are living in the home. The owner/renter must give a current utility (electric, cable or water) bill also.
- 3. Parent/Guardian Identification** (driver's license, state ID or passport)
- 4. Legal Guardianship** – a legal document must be provided to ensure your Guardianship.
 - ~ Court filed document stating your guardianship,
 - ~ Power of Attorney, signed by parent and notarized awarding you “temporary” responsibility of the child. Must state educational needs.

STUDENT RELOCATING FROM ANOTHER STATE OR FOREIGN COUNTRY.

ALL required documents listed above **PLUS**

Child's Birth Certificate – must be a state certified certificate,
NO hospital certificate

Current Physical Exam performed in the United States.
Immunization record

T.B. clearance (Mantoux Tuberculin)

Please complete the attached registration forms.

Print and bring to the Ka'ala Elementary School office,
along with the required documents to complete the registration process.

School Name: KA'ALA ELEMENTARY SCHOOL

Complex Area: LEILEHUA

STUDENT ENROLLMENT FORM 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 SignatureX _____
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

Preschool Experience

☐ Yes ☐ No

If "Yes" – attended:

- ☐ less than 6 months
- ☐ between 6 and 12 months
- ☐ more than 1 year

Pre-School Program: (if applicable)

- ☐ EOEL
- ☐ KALO
- ☐ PDG

LAST HAWAII PUBLIC SCHOOL ATTENDED

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: _____ Month & Year

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

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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"/> 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 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) _____
If Primary is J, write ethnicity _____

☐ 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

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

Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Single Custody of Child: ☐ Yes ☐ No

Custody Documentation Submitted: ☐ Yes ☐ No Custody Type: ☐ Sole Custody ☐ Physical Custody ☐ Joint Legal

Legal Last Name _____ Legal First Name _____ Middle Int. _____ Birthdate _____

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

Continue on next page

LEGAL PARENT/GUARDIAN **LIVING IN THE HOUSEHOLD WITH STUDENT**

SECOND 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 _____ Middle Int. _____ Birthdate _____

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**

PARENT / GUARDIAN

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 _____ Middle Int. _____ Birthdate _____

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

Continue on next page

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LEGAL PARENT/GUARDIAN NOT LIVING WITH STUDENT (cont.)**G
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N**Is this parent/guardian a member of the Armed Services, National Guard or Reserves? ☐ Yes ☐ NoMilitary 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 ReservesDoes this person work for the Federal Government or work on Federal Property? ☐ Yes ☐ No**EMERGENCY CONTACT INFORMATION**

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

**F
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R
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T**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

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

**S
E
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O
N
D**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 INFORMATIONOther
Children
In
HIDOE
Schools:**LIVING IN THE SAME HOUSE**

Legal First, Middle Initial & Last Name HIDOE School Attending DOB Grade Relationship

1. _____

2. _____

3. _____

4. _____

Parent/Legal Guardian Signature: X Date: _____

FOR SCHOOL USE:

OTHER CHILDREN IN ANOTHER HAWAII SCHOOL (Not living in the same house)

KA'ALA ELEMENTARY SCHOOL

2020-2021

IMPORTANT HEALTH NOTICE

The School Health Requirements must be met and submitted to your child's school at the time of registration or on the first day of school.

The Hawaii State Administration Rules require that all new students to any public or private school in the State of Hawaii must have:

1. A negative Tuberculosis clearance (TB skin test-PPD, Mantoux, or chest x-ray) take between **August 1, 2019 and August 1, 2020.**
2. Completed Student Health Record (Form 14) including a Physical Examination between **August 1, 2019 and August 1, 2020** and all required immunizations or a signed statement or appointment card from your child's doctor.

You may contact your School Health Aide at 305-3900 or the Public Health Nurse Consultant at 622-6445 if you have any questions.

Remember, your child will not be able to enter school on the first day without the completed Health Requirements

I have been informed about the School Health Requirement and I understand that my child's original Form 14, Health Record must be submitted to the school before my child can start.

Name of Student

Grade

X _____
Parent/Guardian Signature

Date



475 22nd Avenue
Honolulu, Hawaii 96816
Telephone: 808-305-9869
Toll Free: 1-866-927-7095

QUESTIONNAIRE TO DETERMINE ELIGIBILITY MV1

This form is intended to address the McKinney-Vento
Act (MVA) and must be completed for each student

Questionnaires are
filed for one (1) year
for all students and
seven (7) years for
any student
identified as living in
unstable housing.

Student's Name: _____ Date of Birth: _____

School: KA'ALA ELEMENTARY SCHOOL Grade: _____

Student's current residence such as address, cross streets, landmarks, etc.

Primary Contact Name: _____ Relationship: _____ Phone: _____

Alternate Contact Name: _____ Relationship: _____ Phone: _____

CHECK
ONE BOX

STUDENT'S CURRENT LIVING ARRANGEMENT

MVA
CODE

☐

Unsheltered

Campground, car, beach/park, abandoned building, street or any other inadequate living space

06

☐

Shelter

Emergency, transitional or domestic violence shelter, name of shelter: _____

04

☐

Hotel/Motel

Due to lack of other suitable housing, excludes temporary lodging for military persons awaiting housing

02

☐

Doubled Up

Temporarily with family or other person due to loss of housing or as a result of economic hardship

03

☐

Permanent Housing

Student who is living in a fixed, regular, and adequate housing situation



If this box is checked, stop here
and sign below; form is complete

07

If the student is NOT in the physical custody of a parent or legal guardian, also check below:

☐

Unaccompanied Youth

05

List all siblings living in the same arrangement, including children 0-5 years of age:

| Name | Age | School | Grade |
|-------|-------|--------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

The information you provide above will determine what services you or your child may be eligible to receive under the **McKinney-Vento Homeless Assistance Act - 42 U.S.C. §11434a(2)**. If eligible under the Act, you or your child are entitled to immediate enrollment in school and free school meals. Transportation may be provided to and from school of origin. This questionnaire allows a Homeless Concerns Liaison to contact you for additional support. By signing, you grant permission to share/release pertinent information among shelter and school personnel, to support school enrollment and full participation.

Parent/Legal Guardian/Unaccompanied Youth Signature

Print Name

Date

For School Use Only: School designee to complete this page if the student is identified as living in unstable housing.

NOTE: The McKinney-Vento Act requires immediate enrollment for students living in unstable housing, even if the student is unable to provide documents, such as school records, immunization records and other health records, proof of residency, or other documents. 42 U.S.C. §11432(g)(3)(C).

* "Enrolled" means attending classes and participating fully in school activities. 42 U.S.C. §11434a(1)

Student ID #: _____

Date Student Enrolled: ____ / ____ / ____

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: _____

By acknowledging below, the school designee agrees that the form is complete and the parent/legal guardian/unaccompanied youth has been provided MVA information and a copy of this form.

Designee Signature

Pearla Kesolei - Registrar
Print Name

Date

By signing below, the principal indicates that he/she has reviewed this form and understands the school's responsibility under the **McKinney-Vento Homeless Assistance Act**.

The school principal determines the student as:

- ☐ Eligible under McKinney-Vento Act
- ☐ Not eligible under McKinney-Vento Act Reason: _____
- MV2 Initiated: ☐ Yes ☐ No Date MV2 Initiated: ____ / ____ / ____

Principal Signature

Sam Bennett
Print Name

Date

Notes/Updates:

| Date | Action Taken | Remarks | Initials |
|------|--------------|---------|----------|
| | | | |
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Note: Please forward a copy of this form to your Homeless Concerns Liaison within 3 business days.