



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

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130 California Ave.
Wahiawa, HI 96786
Phone: 808-305-3900 Fax: 808-622-6368
Registration hours: Monday – Friday 8:00am – 3:30pm

STUDENT TRANSFER FROM ANOTHER HIDOE SCHOOL

Required documents:

- _____ **Release papers from the previous school**
- _____ **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 also give a current utility bill (electric, cable or water).
- _____ **Parent/Guardian Identification** - Driver's license, Hawaii state ID, Military ID or Passport.
- _____ **Legal Guardianship** – a legal document must be provided to ensure your Guardianship.
 - ~ Court filed document stating your guardianship,
 - ~ Power of Attorney, signed by the legal 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.
- _____ **Physical Examination completed in the United States, 12 months before the student first enters school in the state of Hawaii.**
 - ** A medical appointment card or letter from a physician showing the student has an appointment to complete a physical exam requirements will be accepted.
- _____ **Immunization Requirements, a record of shots received since birth.**
- _____ **T.B. clearance (Mantoux Tuberculin) received from 12 months of age or older will be accepted for school entry.**
 - ** There is no exception for TB clearance

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 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

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 | |

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

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 _____ 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 Property Name: _____

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 Property Name: _____

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 _____

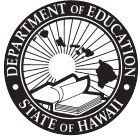
Mailing Address (if different from Home Address): _____

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



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

<input type="checkbox"/>	Unsheltered <i>Campground, car, beach/park, abandoned building, street or any other inadequate living space</i>	06
<input type="checkbox"/>	Shelter <i>Emergency, transitional or domestic violence shelter, name of shelter: _____</i>	04
<input type="checkbox"/>	Hotel/Motel <i>Due to lack of other suitable housing, excludes temporary lodging for military persons awaiting housing</i>	02
<input type="checkbox"/>	Doubled Up <i>Temporarily with family or other person due to loss of housing or as a result of economic hardship</i>	03
<input type="checkbox"/>	Permanent Housing <i>Student who is living in a fixed, regular, and adequate housing situation</i>	07



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

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

<input type="checkbox"/>	Unaccompanied Youth	05
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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

KA'ALA ELEMENTARY SCHOOL

School Year 20__ - 20__

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) will be accepted if taken at 12months of age or older.
- 2. Completed Student Health Record (Form 14) including a Physical Examination **One year prior to the first day of school** 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.

Important, 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