



Ka'ala Elementary School Kindergarten Registration

The following documents **are required** to complete Kindergarten registration.

_____ **BIRTH CERTIFICATE (NO HOSPITAL SOUVENIR FORM)**

(Child must be born **before** July 31, 2016)

_____ **TUBERCULOSIS CLEARANCE (TB)**

TB Clearance received from 12 months of age or older will be accepted for school entry requirement for all Pre-K through 12. New TB clearance must be taken between August 3, 2020 and August 3, 2021

_____ **PHYSICAL EXAMINATION – 12 months before first attending school in Hawaii (August 3, 2021)**

A signed statement or Appointment card/slip from your child's doctor is acceptable.

_____ **RECORD OF ALL REQUIRED IMMUNIZATION SHOTS**

_____ **PROOF OF ADDRESS** Document that shows you live within Ka'ala Elem School's district boundaries.

Examples: Current Rental or Mortgage Agreement, Utility Bill (Elec, Gas, Water or Cable)

We do not accept Credit card or Insurance statements

~If you are living with relatives or friends, **a notarized letter** by the owner/renter of the house, which includes their address and statement that you and the child(ren) are living with them. Proof of address is also required from your relative or friend.

_____ **1 FORM OF ID (drivers license, state ID, passport or military ID)**

_____ In situations where you are the "Legal Guardian" of the child, legal documentation must be provided to ensure your guardianship. If the child is temporarily living with you, and you are not the legal parent/guardian a "Power of Attorney" must be notarized by the legal parent/guardian awarding you "temporary" responsibility of the child.

Please bring completed registration forms along with required documents to Ka'ala by July 9, 2021

**ALL NEW KINDERGARTEN STUDENTS WILL BE TESTED
PRIOR TO THE FIRST DAY OF KINDERGARTEN INSTRUCTION**



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

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

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 FGrade Level: Kindergarten

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

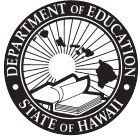
Check one: Mr. Mrs. Ms. Other (specify): _____ Relation: _____
 Marital Status: Married Divorced Separated Single Custody of Child: Yes No

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: Kindergarten

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 |
|--------------------------|----------------------------|----|

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

Kindergarten
Grade

X _____
Parent/Guardian Signature

Date