

School Name: \_\_\_\_\_ Complex Area: \_\_\_\_\_

<b>STUDENT ENROLLMENT FORM</b> SIS-10W (Rev. 4/2023)	Student ID No.	Entry Date	Entry Code	Room
	For school use only			

**INSTRUCTIONS:** PRINT YOUR ENTRIES LEGIBLY

Ethnicity/Race Observed: \_\_\_\_\_ Initial \_\_\_\_\_ Date \_\_\_\_\_  
Verification of DOB: \_\_\_\_\_

**STUDENT PERSONAL DATA**

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Suffix: (Jr, II, III, etc): \_\_\_\_\_ Gender:  M  F Grade Level: \_\_\_\_\_ Birth Date (MM/DD/YYYY): \_\_\_\_\_

Not Homeless       Homeless\*       Completed MVA Packet

\_\_\_\_\_  
Parent/Legal Guardian Signature      DOE Representative 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; or are abandoned in hospitals;
- (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.

Please contact the Community Homeless Concerns Liaison (CHCL) in your area with questions: [bit.ly/HILiaisons](https://bit.ly/HILiaisons) or call (808) 305-9868.

**PRESCHOOL EXPERIENCE**

Preschool Experience     Yes     No

If "Yes" – attended:      Preschool Program: (if applicable)

less than 6 months       EOEL  
 between 6 and 12 months       Charter Pre-K  
 more than 1 year

\*Incoming Kindergarten students must complete the Supplemental Kindergarten Enrollment Form

**LAST HAWAII PUBLIC SCHOOL ATTENDED**

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

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

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**ADDITIONAL INFORMATION \***

Country of Birth: \_\_\_\_\_ Date First Entered U.S. School: \_\_\_\_\_  
(MM/DD/YYYY)

\* Providing this information is not required and will only be used to determine whether the child may be eligible for programs offered in the district that provide enhanced instructional opportunities for immigrant children and youth.

Please complete ETHNICITY INFORMATION, RACE INFORMATION, and PRIMARY RACE INFORMATION

ETHNICITY INFORMATION

Are you 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 RACE INFORMATION

What is the student's primary race? (Select only ONE letter from the Race Information section 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

PARENT / GUARDIAN FIRST

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 Initial \_\_\_\_\_

Birth Date (MM/DD/YYYY) \_\_\_\_\_

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

Branch of Service (check one):

- |                                    |                                      |                                      |                                       |
|------------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Army        | <input type="checkbox"/> Coast Guard | <input type="checkbox"/> Marine Corps |
| <input type="checkbox"/> Navy      | <input type="checkbox"/> Space Force | <input type="checkbox"/> NOAA        | <input type="checkbox"/> USPHS        |

Military Status (check one):

- |   |  |
|---|--|
| <input type="checkbox"/> Active Duty    | <input type="checkbox"/> Title 10 Orders |
| <input type="checkbox"/> National Guard | <input type="checkbox"/> Reserve         |

Deployed?

- Yes  
 No

Does this person work for the Federal Government or work on Federal Property?  Yes  No

## 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 Initial \_\_\_\_\_

Birth Date (MM/DD/YYYY) \_\_\_\_\_

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

Branch of Service (check one): <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Space Force <input type="checkbox"/> NOAA <input type="checkbox"/> USPHS	Military Status (check one): <input type="checkbox"/> Active Duty <input type="checkbox"/> Title 10 Orders <input type="checkbox"/> National Guard <input type="checkbox"/> Reserve	Deployed? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---	--

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 Initial \_\_\_\_\_

Birth Date (MM/DD/YYYY): \_\_\_\_\_

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.)**

Is this parent/guardian a member of the Armed Services, National Guard or Reserves?  Yes  No

**G  
U  
A  
R  
D  
I  
A  
N**

Branch of Service (check one):

- Air Force     Army     Coast Guard     Marine Corps
- Navy     Space Force     NOAA     USPHS

Military Status (check one):

- Active Duty     Title 10 Orders
- National Guard     Reserve

Deployed?

- Yes
- No

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: *(check 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: *(check one)* Call Sequence  1  2  3  4  5

**SCHOOL SUPPLEMENTARY INFORMATION**

Other Children In HIDOE Schools:

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

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

FOR SCHOOL USE:

JOSH GREEN, M.D.  
GOVERNOR



KEITH HAYASHI  
SUPERINTENDENT

GREGG YONEMORI  
PRINCIPAL

**STATE OF HAWAII**  
DEPARTMENT OF EDUCATION  
**KEAAU MIDDLE SCHOOL**  
16-565 KEAAU-PAHOA ROAD  
KEAAU, HAWAII 96749  
(808)313-4800

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Please answer the following questions to assist us with your child's placement.

My child receives or has received the following services:

- \_\_\_\_ ELL (English Language Learner)
- \_\_\_\_ Special Needs Services:
  - \_\_\_\_ IEP (Individual Education Plan)
  - \_\_\_\_ 504 Modification Plan
  - \_\_\_\_ Speech/Language
  - \_\_\_\_ Other: Please specify: \_\_\_\_\_

Physical Needs:

Medical restrictions: \_\_\_\_ No \_\_\_\_ Yes (please provide Doctor's note)

If yes, please explain: \_\_\_\_\_

Does your child have any other special needs (health, medical, ect.) \_\_\_\_ No \_\_\_\_ Yes

If yes, please explain: \_\_\_\_\_

Child is currently living with: \_\_\_\_ Both Parents \_\_\_\_ Father only \_\_\_\_ Mother only  
\_\_\_\_ Step Father \_\_\_\_ Step Mother \_\_\_\_ \*Foster Parent \_\_\_\_ \*Guardian  
(\*Proof of custody documents required)

---

Parent/Guardian Name	Signature	Date
----------------------	-----------	------