



## REQUEST FOR RELEASE

(MVA must be completed with this form)

STUDENT NAME: \_\_\_\_\_  
 (LAST NAME / FIRST NAME / MI)

BIRTHDATE: \_\_\_\_\_ GRADE: \_\_\_\_\_ GENDER: M / F WITHDRAWAL DATE: \_\_\_\_\_  
 (MO/DAY/YR) (MO/DAY/YR)

Please release my child from **MILILANI HIGH SCHOOL** for the following reason (please check one):

**TRANSFER TO:**

\_\_\_\_\_ Hawaii Public School: \_\_\_\_\_  
 \_\_\_\_\_ Hawaii Private School: \_\_\_\_\_  
 \_\_\_\_\_ Another State: \_\_\_\_\_  
 \_\_\_\_\_ Another Country: \_\_\_\_\_

**OTHER:**

\_\_\_\_\_ Approved 4140  
 \_\_\_\_\_ 18 year old or  
 Beyond Mandatory School Age  
 \_\_\_\_\_ Employment  
 Other: \_\_\_\_\_

New School Address, Phone # and Fax # (if known):  
 \_\_\_\_\_  
 \_\_\_\_\_

STUDENT CURRENT ADDRESS:  
 \_\_\_\_\_  
 (STREET NUMBER AND STREET NAME)  
 \_\_\_\_\_  
 (CITY, STATE, ZIP)  
 \_\_\_\_\_  
 (PHONE NO.)

STUDENT'S NEW ADDRESS:  
 \_\_\_\_\_  
 (STREET NUMBER AND STREET NAME)  
 \_\_\_\_\_  
 (CITY, STATE, ZIP)  
 \_\_\_\_\_  
 (PHONE NO.)

I am the **parent / legal guardian** of this student. I grant **MILILANI HIGH SCHOOL** permission to transfer my child's student records to the next school for enrollment upon receiving a written request for records.

**PERSON REQUESTING RELEASE:**

\_\_\_\_\_  
**PRINT:** Parent / Legal Guardian / Eligible Student (18 years or older)

\_\_\_\_\_  
**SIGNATURE:** Parent / Legal Guardian / Eligible Student (18 years or older)

\_\_\_\_\_  
 RELATIONSHIP OF REQUESTOR TO STUDENT

\_\_\_\_\_  
 REQUEST DATE

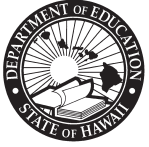
**According to HRS § 710-1063**, falsification on a government application is a misdemeanor and that when such a violation is found, the child will be sent back to the school where he/she should properly be attending. The DOE may pursue prosecution at its discretion.

**CONTINUOUS NOTICE OF NON-DISCRIMINATION:** The Hawaii State Department of Education (HIDOE) & its schools do not discriminate on the basis of race, sex, age, color, national origin, religion, or disability in its programs & activities.

Please direct inquiries regarding HIDOE nondiscrimination policies as follows: Civil Rights Compliance Office  
 Hawaii State Department of Education  
 P.O. Box 2360  
 Honolulu, HI 96804  
 (808) 586-3322 crco@notes.k12.hi.us

FOR OFFICE USE ONLY:

SIS ID: \_\_\_\_\_ Received: \_\_\_\_\_



**QUESTIONNAIRE TO DETERMINE ELIGIBILITY  
MV1  
McKinney-Vento Homeless Assistance Act  
(MVA)**

Questionnaires  
are filed for  
one (1) year for  
all students and  
seven (7) years  
for any student  
checking a box  
in Section 2.

Student's Name \_\_\_\_\_ School \_\_\_\_\_

**Section 1:**  **Student/Parent/Legal Guardian IS NOT in a homeless situation**

*(includes living with friends or family due to personal choice)*

**(If Section 1 is checked, STOP and complete Parent/Legal Guardian's signature below; form is complete.)**

**Section 2: Student/Parent/Legal Guardian:** *(Check the box  that applies)*

- Lives with friends or family due to economic hardship, such as loss of housing or income
- Lives on the beach, at a campground, in a park, or in a hotel
- Lives in a tent, car, bus or other non-permanent structure
- Lives in a domestic violence shelter
- Lives in an emergency or transitional shelter *(Please circle, or write in name if not listed.)*
  - Kauai:** Manaolana, Kuapo, Kauai Economic Opportunity Shelter, Other: \_\_\_\_\_
  - Hawaii:** Kihei Pua, Beyond Shelter, Na Kahua Hale of Ulu Wini-Kaloko Transitional, Other: \_\_\_\_\_
  - Maui:** Family Life Center (Hoolanani), Ka Hale A Ke Ola, Ka Hale A Ke Ola Westside, Other: \_\_\_\_\_
  - Oahu:** Family Promise, Institute for Human Services (IHS). Loliana, Ohana Ola O Kahumana, Maili Land, Next Step, Vancouver House, Onemalu, Onelauena (Hope for a New Beginning), Paiolu Kaiaulu (Waianae Civic Center), Weinberg Village Waimanalo, Ulu Ke Kukui, Ka Ohu Hou O Manoa, Lighthouse Shelter, Kahi Kolu Ohana O Waianae, Other: \_\_\_\_\_
- Has no regular place to stay at night
- The student is awaiting foster care
- The student is an unaccompanied youth

Parent/Legal Guardian's Signature

Print Name

Date

When any box in **Section 2 above** is checked, the student may be eligible to receive MVA services including meals and transportation to and from school. School personnel will assist the Parent/Legal Guardian or unaccompanied youth **to complete the reverse side of this form and any remaining MVA forms.**

This questionnaire is intended to address the McKinney-Vento Act (42 U.S.C. 11434a(2)).  
The answers provided help determine appropriate and comparable MVA services.

***All collected information will only be used for the purposes of providing educational services pursuant to the McKinney-Vento Act and is protected by federal and state laws.***