

# **Kamaile Academy - Kindergarten Registration Process**

Children born in 2015

- Must be 5 years old on or before July 31, 2019  
to enter Kindergarten for SY 2019-2020

The following documents are **REQUIRED** for registration:

1. Completed Kamaile Application
2. Completed Keiki Step Application (Summer Program)
  - a. Children with no pre-school experience will be taken first
3. Child's Birth Certificate (Original)
4. Form 14(Physical Health records from the doctor) or Appointment Slip with Date & Time
5. Current TB clearance completed before the start of school
  - a. No TB clearance child cannot start school
6. Proof of Residency
  - a. Rental or lease agreement
  - b. Utility bill with the name of the legal parent/guardian with current address.
7. All families registering under the McKinney Vento Act (MVA) must inform registration.
8. Identification shall be
  - a. State ID
  - b. Driver's License
  - c. Passport
9. Schedule Testing Date with the Front Office

Note: If any of the following listed above is not attached to enrollment forms the child will not be allowed to enter until all documents have been received.

School Name: **Kamaile Academy PCS** Complex Area: **Leeward**

<b>STUDENT ENROLLMENT FORM SIS-10W (Revised)</b>	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**

**LAST HAWAII PUBLIC SCHOOL ATTENDED**

Preschool Experience  Yes  No  
 If "Yes" -- attended:  
 less than 6 months  Pre-School Program: (if applicable)  
 between 6 and 12 months  EOEL  
 more than 1 year  KALO  
 PDG

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: \_\_\_\_\_  
 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
B - Cantonese	G - Hawaiian	M - Chuukese
C - Mandarin	H - Japanese	N - Pohnpelan
D - Ilocano	I - Korean	O - Cambodian
E - Tagalog	J - Samoan	P - Chamorro
		Q - Fijian
		R - Hmong
		S - Lao
		T - Marshallese
		U - Pampango
		V - Pangasinan
		W - Portuguese
		X - Spanish
		Y - Thai
		Z - Tongan
		L - Other (Specify): _____

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) \_\_\_\_\_

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 \_\_\_\_\_

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

## 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 \_\_\_\_\_

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 \_\_\_\_\_

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

## LEGAL PARENT/GUARDIAN NOT LIVING WITH STUDENT (cont.)

GUARDIAN

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

### EMERGENCY CONTACT INFORMATION

FIRST

(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: (circle one)    Call Sequence 1    2    3    4    5

SECOND

(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: (circle one)    Call Sequence 1    2    3    4    5

### SCHOOL SUPPLEMENTARY INFORMATION

Other Children In HIDEO 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:

State of Hawaii · Department of Education  
HOMELESS CONCERNS OFFICE



475 22<sup>nd</sup> Avenue  
Honolulu, Hawaii 96816  
Telephone: 808-305-9869  
Toll Free: 1-866-927-7095  
FAX: 808-735-8229

**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:** Kauai Economic Opportunity: Manaolana, Lihue Court, Other: \_\_\_\_\_
  - Hawaii:** Kihei Pua, Beyond Shelter, Na Kahua Hale of Ulu Wini-Kaloko Transitional, Other: \_\_\_\_\_
  - Maui:** Ka Hale A Ke Ola: Central/Westside, Other: \_\_\_\_\_
  - Oahu:** Family Promise, Institute for Human Services (IHS), Loliana, Ohana Ola O Kahumana, Maili Land, Vancouver House, Nakolea, Seawinds, Paiolu Kaiialu (Waianae Civic Center), Weinberg Village Waimanalo, Ulu Ke Kukui, Ka Ohu Hou O Manoa, Family Assessment Center, Other: \_\_\_\_\_
- Has no regular place to stay at night
- 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 of origin. 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)).

**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.**

**Section 3:**

Name of School \_\_\_\_\_

School of Origin \_\_\_\_\_  
(last school attended or last school child attended with a permanent residence)

Student's Name \_\_\_\_\_  Male  Female

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade \_\_\_\_\_

**Siblings, including children aged 0-5:**

Name	Age	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Section 4: Contact Information**

Address \_\_\_\_\_ City \_\_\_\_\_ Telephone \_\_\_\_\_

**Emergency Contacts:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Section 5: Student is applying for the following:**

Free/Reduced-Price Meals  Transportation to and from school of origin  Other \_\_\_\_\_

**Note:** Services will be comparable to those provided to all other students attending this school.

**Section 6: Parent/Legal Guardian**

*I understand and agree that the Homeless Concerns Liaison may contact me.*

Parent/Legal Guardian's Signature \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_

**Section 7: For School Use Only**

Student ID # \_\_\_\_\_

**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 \_\_\_\_\_

PRINT Name of School Administrator \_\_\_\_\_ Title \_\_\_\_\_

Signature of School Administrator \_\_\_\_\_ Date \_\_\_\_\_

By signing above, the school representative acknowledges that the parent/legal guardian has been provided with MVA information and a copy of this form.

Department of Education  
**STUDENT'S HEALTH RECORD**

Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial)  
 Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Parent's Name \_\_\_\_\_ (Mother/Guardian) \_\_\_\_\_ (Father/Custodian)

Female  Preschool: \_\_\_\_\_ Entry Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Male  Elementary \_\_\_\_\_ Entry Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Intermediate/Middle \_\_\_\_\_ Entry Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 High \_\_\_\_\_ Entry Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Allergies: \_\_\_\_\_  
 Student Address Label

Please complete the following sections (CHECK IF YES)

MEDICAL STATUS	
Allergy (type)	<input type="checkbox"/> Cancer/Leukemia
Asthma	<input type="checkbox"/> Chronic Cough/Wheezing
Behavioral Problems	<input type="checkbox"/> Diabetes
Hearing Problems	<input type="checkbox"/> Hypertension
Heart Disease	<input type="checkbox"/> JRA Arthritis
Hemophilia	<input type="checkbox"/> Rheumatic Heart
	<input type="checkbox"/> Seizures
	<input type="checkbox"/> Sickle Cell Anemia
	<input type="checkbox"/> Skin Problems
	<input type="checkbox"/> Vision Problem

PHYSICIAN'S EXAMINATION CODE: N-NORMAL; A-ABNORMAL; C-CORRECTED; R-RECEIVING CARE

Date	Grade	Height	Weight	BMI	Blood Pressure	Vision	Hearing	Eyes	Ears	Nose	Throat	Teeth	Heart	Lungs	Abdomen	Nervous System	Skin	Scars	Dysphagia	Nutrition	Varicella Immunity Secondary to Disease (DATE)	Information Received (Check if Yes)	Provider's Signature	Provider's Stamp or Printed Name
						R L R L	R L R L																	

TUBERCULOSIS EXAMINATION (MANTOUX TEST (POTATOENAL))		IMMUNIZATIONS (VACCINES, DATES GIVEN: MONTH/DAY/YEAR)													
Date Given	Date Read	Results (mm)	Physician, APRN, PA, or Clinic												
CHEST X-RAY															
Date	Results	Location													
DENTAL EXAMINATION															
Date	Check-Up														

\*OFFICE USE ONLY (Rev. 2010)

Physician, APRN, PA or Clinic \_\_\_\_\_



