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.
### STUDENT PERSONAL DATA

<table>
<thead>
<tr>
<th>Legal Last Name:</th>
<th>Gender: ☐ M ☐ F</th>
<th>Grade Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal First Name:</td>
<td>Birth Date:</td>
<td>Verification of DOB:</td>
</tr>
<tr>
<td>Middle Initial:</td>
<td>Suffix: (Jr., II, Ill, etc.):</td>
<td></td>
</tr>
</tbody>
</table>

- ☐ 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: Pre-School Program: (If applicable)
    - ☐ less than 6 months
    - ☐ between 6 and 12 months
    - ☐ more than 1 year

### LAST HAWAII PUBLIC SCHOOL ATTENDED

- **Name:**
- **Last Grade Attended:**
- **Year:**

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

- **Name:**
- **Address:**
- **U.S. Phone:**
- **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

<p>| Language Codes: (Select a letter from the list and fill in the blanks below) |</p>
<table>
<thead>
<tr>
<th>Language (Spoken) at Home</th>
<th>First (Acquired) Language</th>
<th>Language Most Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>A – English</td>
<td>F – Cebuano/Visayan</td>
<td>Q – Fijian</td>
</tr>
<tr>
<td>B – Cantonese</td>
<td>G – Hawaiian</td>
<td>V – Pangasinan</td>
</tr>
<tr>
<td>C – Mandarin</td>
<td>H – Japanese</td>
<td>L – Other (Specify):</td>
</tr>
<tr>
<td>D – Ilocano</td>
<td>I – Korean</td>
<td>O – Cambodian</td>
</tr>
<tr>
<td>E – Tagalog</td>
<td>J – Samoan</td>
<td>P – Chamorro</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Continue on next page.
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

Check all that apply:

- A - American Indian or Alaska Native
- B - Black
- C - Chinese
- D - Filipino
- E - Native Hawaiian
- F - Other Indian
- G - Japanese
- H - Korean
- I - Portuguese
- J - Chinese
- K - Samoan
- L - White
- M - Hawaiian
- N - Indo-Chinese (Ex. Cambodian, Vietnamese)
- O - Micronesian (Ex. Chukkese, Marshallese, Pohnpeian)
- P - Tongan
- Q - Guamanian/Chamorro
- R - Other Asian
- S - Other Pacific Islander

**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**

Check one:

- [ ] Mr.
- [ ] Mrs.
- [ ] Ms.
- [ ] Other (specify):

Relation:

Marital Status:

- [ ] Married
- [ ] Divorced
- [ ] Separated
- [ ] Single

Custody Documentation Submitted:

- [ ] Yes
- [ ] No

Custody Type:

- [ ] Sole Custody
- [ ] Physical Custody
- [ ] Joint Legal

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) 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):

- [ ] Army
- [ ] Marine
- [ ] Air National Guard
- [ ] Navy Reserves
- [ ] Air Force
- [ ] Coast Guard
- [ ] Army Reserves
- [ ] Marine Reserves
- [ ] Air Force Reserves
- [ ] Coast Guard Reserves

Does this person work for the Federal Government or work on Federal Property?

- [ ] Yes
- [ ] No

Continue on next page
LEGAL PARENT/GUARDIAN LIVING IN THE HOUSEHOLD WITH STUDENT

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):

☐ Army  ☐ Marine  ☐ Air National Guard  ☐ Navy Reserves

☐ Air Force  ☐ Coast Guard  ☐ Army Reserves  ☐ Marine Reserves

☐ Navy  ☐ Army National Guard  ☐ Air Force Reserves  ☐ Coast Guard Reserves

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

PARENT/GUARDIAN NOT LIVING WITH STUDENT

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)  Call 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
- Military Status (check one):  □ Traditional Reservist / M-Day  □ Active Duty (Title 10)  □ Federal Technician (Title 32)
- Deployed?  □ Yes  □ No
- Branch of Service (check one):
  - □ Army  □ Marine
  - □ Air Force  □ Coast Guard
  - □ Navy  □ Army National Guard
  - □ Air National Guard  □ Army Reserves
  - □ Air Force Reserves  □ Marine Reserves
  - □ Navy Reserves  □ Coast Guard Reserves

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

**EMERGENCY CONTACT INFORMATION**

(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 EMERGENCY CONTACT**

(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**

<table>
<thead>
<tr>
<th>Legal First, Middle Initial &amp; Last Name</th>
<th>HIDOE School Attending</th>
<th>DOB</th>
<th>Grade</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Children In HIDOE Schools:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Parent/Legal Guardian Signature:  ____________________________  Date:  ____________________________

FOR SCHOOL USE:

---

Page 4/4, SIS-10W Rev 12/16 SPAB
QUESTIONNAIRE TO DETERMINE ELIGIBILITY
MV1
McKinney-Vento Homeless Assistance Act (MVA)

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), Lolina, Ohana Ola O Kahumana, Maili Land, Vancouver House, Nakapua, Seawinds, Paliou Kalaulu (Waianae Civic Center), Weinberg Village Wairanalo, 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.

RS 17-1506, June 2017 (Rev. of RS 16-1009)
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.
# Student's Health Record

**Name:**

**Birthdate:**

**Parent's Name:**

**Please complete the following sections (CHECK IF YES):**

### Medical Status

- **Allergy (type):**
  - Cancer/Leukemia
  - Asthma
  - Chronic Cough/Wheezing
  - Behavioral Problems
  - Diabetes

- **Hearing Problems:**
- **Heart Disease:**
- **Hernia:**
- **Hypertension:**
- **JRA Arthritis:**
- **Seizures:**
- **Sickle Cell Anemia:**
- **Rheumatic Heart:**
- **Skin Problems:**
- **Vision Problems:**

### Physician's Examination Code: N-Normal; A-Abnormal; C-Corrected; R-Receiving Care

<table>
<thead>
<tr>
<th>Date</th>
<th>Grade</th>
<th>Height</th>
<th>Weight</th>
<th>BMI</th>
<th>Blood Pressure</th>
<th>Vision</th>
<th>Hearing</th>
<th>R</th>
<th>L</th>
<th>R</th>
<th>L</th>
<th>Eye</th>
<th>Nose</th>
<th>Throat</th>
<th>Heart</th>
<th>Abdomen</th>
<th>Nervous System</th>
<th>Skin</th>
<th>Scaphoids</th>
<th>Ear Infections</th>
<th>Varicose Veins</th>
<th>Secondary Im</th>
<th>Immunization Status</th>
<th>Provider's Signature</th>
<th>Provider's Stamp or Printed Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Tuberculosis Examination

<table>
<thead>
<tr>
<th>Date Given</th>
<th>Date Read</th>
<th>Results (mm)</th>
<th>Physicians, APRN, PA, or Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Chest X-Ray

<table>
<thead>
<tr>
<th>Date</th>
<th>Results</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Dental Examination

<table>
<thead>
<tr>
<th>Dental Check-Up</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Immunizations (Vaccines; Dates Given: Month/Day/Year)

<table>
<thead>
<tr>
<th>DTaP, DTP, DT, Td, TdP or Td</th>
<th>Type</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Polio:**
  - Type
  - Date

- **Hib (Haemophilus influenzae type b):**
  - Type
  - Date

- **Pneumococcal Conjugate:**
  - Type
  - Date

- **Hepatitis B:**
  - Type
  - Date

- **MMR:**
  - Type
  - Date

- **Hepatitis A:**
  - Type
  - Date

- **Other:**
  - Type
  - Date

- **Other:**
  - Type
  - Date

- **Vaccines:**
  - Type
  - Date

*Office Use Only (Rev. 2010)*

Physician, APRN, PA or Clinic
Health History Comments: Include Referrals and Reports. Recommendation for significant findings.

(Please Print)

<table>
<thead>
<tr>
<th>Date</th>
<th>Signature &amp; Title</th>
<th>Date</th>
<th>Signature &amp; Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

STATE OF HAWAII DEPARTMENT OF EDUCATION FORM 14 Rev 4/18 RS 10-1369 (Rev of RS 09-1051)