Reset Form Print Form

School Name: Kalani High School Complex Area: Farrington-Kaiser-Kalani

STUDENT ENROLLMENT FORM 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 or call (808) 305-9868.

PRESCHOOL EXPERIENCE

Preschool Experience ☐ Yes ☐ No

If "Yes" – attended:

☐ less than 6 months
☐ between 6 and 12 months
☐ more than 1 year

Preschool Program: (if applicable)

☐ EOEL
☐ Charter Pre-K

*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.

Continue on next page

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:

- ☐ **A** – American Indian or Alaska Native
- ☐ **B** – Black
- ☐ **C** – Chinese
- ☐ **D** – Filipino
- ☐ **E** – Native Hawaiian
- ☐ **G** – Japanese
- ☐ **H** – Korean
- ☐ **I** – Portuguese
- ☐ **K** – Samoan
- ☐ **L** – White
- ☐ **N** – Indo-Chinese (Ex. Cambodian, Laotian, Vietnamese)
- ☐ **O** – Micronesian (Ex. Chuukese, Marshallese Pohnpeian,)
- ☐ **P** – Tongan
- ☐ **Q** – Guamanian/Chamorro
- ☐ **R** – Other Asian
- ☐ **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

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 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):

☐ 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

Continue on next page

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):	Military Status (check one):	Deployed?
☐ Air Force ☐ Army ☐ Coast Guard ☐ Marine Corps	☐ Active Duty ☐ Title 10 Orders	☐ Yes
☐ Navy ☐ Space Force ☐ NOAA ☐ USPHS	☐ National Guard ☐ Reserve	☐ 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

Continue on next page

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

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

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: *(check 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: *(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: