



**Transfer/Release:**

**Last day:** \_\_\_\_\_

**New school:** \_\_\_\_\_

**New Address:** \_\_\_\_\_

\_\_\_\_\_

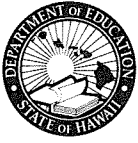
\_\_\_\_\_ **Teacher notified** \_\_\_\_\_

\_\_\_\_\_ **Librarian notified** \_\_\_\_\_

\_\_\_\_\_ **CUM received from teacher**

\_\_\_\_\_ **F14**

\_\_\_\_\_ **CUM forwarded to new school** \_\_\_\_\_  
(Date)



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

## QUESTIONNAIRE TO DETERMINE ELIGIBILITY MV1

**This form is intended to address the McKinney-Vento Act (MVA) and must be completed for each student**

Questionnaires are filed for one (1) year for all students and seven (7) years for any student identified as living in unstable housing.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's current residence such as address, cross streets, landmarks, etc.

Primary Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**CHECK ONE BOX**

### STUDENT'S CURRENT LIVING ARRANGEMENT

**MVA CODE**

- |                          |                          |   |    |
|--------------------------|--------------------------|---|----|
| <input type="checkbox"/> | <b>Unsheltered</b>       | Campground, car, beach/park, abandoned building, street or any other inadequate living space  | 06 |
| <input type="checkbox"/> | <b>Shelter</b>           | Emergency, transitional or domestic violence shelter, name of shelter: _____  | 04 |
| <input type="checkbox"/> | <b>Hotel/Motel</b>       | Due to lack of other suitable housing, <b>excludes</b> temporary lodging for military persons awaiting housing                                      | 02 |
| <input type="checkbox"/> | <b>Doubled Up</b>        | Temporarily with family or other person due to loss of housing or as a result of economic hardship  | 03 |
| <input type="checkbox"/> | <b>Permanent Housing</b> | Student who is living in a fixed, regular, and adequate housing situation <b>If this box is checked, stop here and sign below; form is complete</b> | 07 |

If the student is NOT in the physical custody of a parent or legal guardian, also check below:

- |                          |                            |  |    |
|--------------------------|----------------------------|--|----|
| <input type="checkbox"/> | <b>Unaccompanied Youth</b> |  | 05 |
|--------------------------|----------------------------|--|----|

List all siblings living in the same arrangement, including children 0-5 years of age:

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

The information you provide above will determine what services you or your child may be eligible to receive under the **McKinney-Vento Homeless Assistance Act - 42 U.S.C. §11434a(2)**. If eligible under the Act, you or your child are entitled to immediate enrollment in school and free school meals. Transportation may be provided to and from school of origin. This questionnaire allows a Homeless Concerns Liaison to contact you for additional support. By signing, you grant permission to share/release pertinent information among shelter and school personnel, to support school enrollment and full participation.

\_\_\_\_\_  
Parent/Legal Guardian/Unaccompanied Youth Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



# EMERGENCY CARD

(This card needs to be completed every school year.)

Student Address Label

School \_\_\_\_\_ Date \_\_\_\_\_

Grade \_\_\_\_\_ Room \_\_\_\_\_ Language Spoken at Home \_\_\_\_\_

Name \_\_\_\_\_ Sex: M  F  Birthdate 

Month			Day			Year			

Home Address \_\_\_\_\_ Apt. No. \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Child resides with \_\_\_\_\_

Father's/Legal Guardian's Name: _____ Employer: _____ Active Duty: Yes <input type="checkbox"/> No <input type="checkbox"/> Branch of Military Service: _____ Home Phone: _____ Bus. Phone: _____ Cellular Phone: _____ E-mail Address: _____	Mother's/Legal Guardian's Name: _____ Employer: _____ Active Duty: Yes <input type="checkbox"/> No <input type="checkbox"/> Branch of Military Service: _____ Home Phone: _____ Bus. Phone: _____ Cellular Phone: _____ E-mail Address: _____
--	--

**EMERGENCY CONTACTS:** In case child listed above becomes ill or is injured at school and I cannot be contacted, the school authorities have my permission to contact and release my child to the custody of one of the following:

	Name	Relationship	Phone
1.	_____	_____	_____
2.	_____	_____	_____

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_ Dentist \_\_\_\_\_ Phone \_\_\_\_\_

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one.

To assure prompt attention to your child,

**PLEASE NOTIFY SCHOOL OF ANY CHANGE IN PHONE NUMBER OR ADDRESS.**

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

RS 17-1251, May 2017 (Rev. of RS 13-1113)

**Note: Please complete health information on back of card. ➔**

## INSURANCE INFORMATION:

My child has health insurance:  Yes  No If YES, check:  QUEST/Medicaid **OR**  Private  
 If private, check your plan:  HMSA  Kaiser  Tri-Care  Other \_\_\_\_\_

## MEDICAL CONDITIONS:

- My child does not have any medical conditions.
- My child has a medical condition(s).

### Please check below:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> Chronic Cough/Wheezing | <input type="checkbox"/> Hearing Problems    | <input type="checkbox"/> Seizures        |
| <input type="checkbox"/> Blood Disorders      | <input type="checkbox"/> Diabetes Type I        | <input type="checkbox"/> Heart Condition     | <input type="checkbox"/> Skin Problems   |
| <input type="checkbox"/> Bone/Joint Disorders | <input type="checkbox"/> Diabetes Type II       | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Vision Problems |
| <input type="checkbox"/> Cancer/Leukemia      | <input type="checkbox"/> Genetic Condition      | <input type="checkbox"/> Metabolic Disorder  | <input type="checkbox"/> Other _____     |

**ALLERGIES:**  Bee Sting  Food  Medications  Other \_\_\_\_\_

For the above allergy(ies), reaction occurs by:  Skin contact  By inhalation  By ingestion  Other \_\_\_\_\_

Date of last reaction: \_\_\_\_\_

Describe the allergic reaction that occurs: \_\_\_\_\_

## MEDICATION(S) TAKEN:

My child takes the following medication(s): \_\_\_\_\_

Reason for taking the medication(s): \_\_\_\_\_

## OTHER HEALTH CONCERNS:

Other children:	Name	School	Grade



**KEOLU ELEMENTARY SCHOOL COMPACT  
2020 – 2021 School Year**

**Parent's/Guardian's Agreement:**

I want my child to achieve and I will encourage him/her by doing the following:

1. See that my child attends school regularly and on time;
2. Support the school in its discipline plan;
3. Establish a schedule and provide a quiet/lighted place for studying;
4. Review and sign my child's communication log at least once a week; and
5. Provide and/or replace school supplies as needed.

---

Parent/Guardian Signature

Date

**Student's Agreement:**

It is important that I do my best and I will do the following:

1. Attend school on time with a positive attitude about learning;
2. Be alert and ready to work and learn with pencils, paper, and school supplies;
3. Complete daily homework during study time;
4. Return all assignments on time; and
5. Follow classroom and school rules.

---

Student's Signature

Date

**Teacher's Agreement:**

It is important that students achieve. I will do the following:

1. Guide and counsel students according to his/her needs;
2. Use a variety of activities to make learning meaningful;
3. Use appropriate teaching strategies and materials for different learning styles;
4. Provide a positive classroom environment;
5. Participate in professional development activities;
6. Provide homework and answer questions about assignments; and
7. Report student progress and provide timely feedback to parents/guardians.

---

Teacher's Signature

Date

**Principal's Agreement:**

I support Keolu Elementary School's Compact and will do the following:

1. Provide a supportive environment that allows for communication between student, parent/guardian, and teacher;
2. Ensure teachers provide classroom instruction that accommodates the needs of all students;
3. Share assessment information and results in a clear, regular, and timely manner;
4. Involve all stake holders and the School Community Council in the planning, sharing, dialogue, discussion and implementation of the School's Academic and Financial Plan;
5. Provide professional/personal development opportunities for school community groups to learn; and
6. Provide a safe environment for everyone to work, learn and play,

---

Principal's Signature

Date





**KEOLU ELEMENTARY SCHOOL**

**Emergency Closing of School**

Keolu Elementary has the following policies and procedures in the event of an emergency:

**BEFORE SCHOOL:**

- 1. Turn on your TV or radio. Closing of school will be announced thru the news media.

**DURING SCHOOL HOURS (7:50 a.m. – 2:00 p.m.):**

- 1. Inform parents of early dismissal.
- 2. Students will be kept under safe supervision until they are able to be sent home or are picked up by their family.
- 3. Students are to be picked up at their classrooms.
- 4. Where immediate action is necessary and there is no time or means to contact parents, students will be moved to a safe area.

You should develop an emergency plan with your family. Your children should be told often in advance, where to go in the event of an emergency. Keolu Elementary will remain open until all children have been picked up. To lessen the confusion or panic, please complete the following and return as soon as possible.

----- *DETACH AND RETURN TO TEACHER* -----

**KEOLU ELEMENTARY SCHOOL**  
**Emergency Closing of School**  
**2020 – 2021 School Year**

**PLEASE PRINT**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Room \_\_\_\_\_

In the event that Keolu Elementary is closed due to an emergency during school hours, I wish to have my child:

\_\_\_\_\_ Remain in school until I (parent/guardian) am able to pick him/her up; **OR**  
 \_\_\_\_\_ Ph. No. \_\_\_\_\_  
**(Name of adult other than parent or guardian –  
 please bring proper identification)**

\_\_\_\_\_ Send home immediately (**PLEASE CHECK ONE**) \_\_\_\_\_ walk \_\_\_\_\_ bus

\_\_\_\_\_ Cell No. \_\_\_\_\_ Business \_\_\_\_\_  
 Parent/Guardian (**PLEASE PRINT**)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date





State of Hawaii  
Department of Education

Student Publication/Audio/Video  
Release Form

*Note: This form does not apply to the creation or use of digital or print media of students for research purposes, including post-secondary degree requirements. For more information visit: <http://bit.ly/HIDOEdata-research>.*

In order to protect a student's rights to privacy as outlined in the Family Educational Rights and Privacy Act (FERPA) and the Protection of Pupil Rights Amendment (PPRA), parents/guardians or eligible students (those aged 18 or over) are being asked to give the Hawaii State Department of Education (HIDOE) permission to create or use digital or print media of the student's name, voice, likeness or images of student work for the purposes described in this form.

I hereby give my permission to HIDOE to create or use the media described above of my child (if parent/guardian) / me (if eligible student) or my child's / my work — which may include, but are not limited to, video and audio recordings, photographs, and images — for the following legitimate educational purposes:

- Publication on HIDOE websites or in print or other digital media (see back page for examples)
- HIDOE staff professional development, including peer and advisory observations
- HIDOE training, including but not limited to preparation programs

I understand that the distribution of these media may include print, online, or digital media, and open-circuit broadcast, closed-circuit, or cable television transmission within or outside of the State of Hawaii.

I understand that there will be no compensation, financial or otherwise, by HIDOE for its use of these media, either for initial or subsequent transmission or playback.

I understand that granting permission includes a potential risk of loss of privacy. I hereby release HIDOE from any liability resulting from or connected with the creation or use of these media.

I understand that permission is granted for the life of the media. I release all interest in the media for which I am giving permission.

I understand that I may withdraw my permission at any time without any negative consequences by submitting a written statement to my child's/my school. I understand that withdrawing consent will not affect my child's/my standing in school, nor any publication or work using these media which has already been produced.

Please check one:

<input type="checkbox"/> <b>Yes, I agree to the provisions above and HIDOE has</b>	OR	<i>my permission to create or use digital or print media of my child's/my name voice likeness or images of my child's/my work exclusively educational purpose stated below.</i>
<input type="checkbox"/> <b>No, HIDOE does not have</b>		

*Form is valid for the purpose occurring on the date(s) as stated below:*

Student's Name (Please Print)	Parent/Guardian/Eligible Student Name (Please Print)
School	Signature of Parent/Guardian/Eligible Student
Purpose or Event	Date(s) of Activity
Purpose or Event <i>cont'd.</i>	

## Student Publication/Audio/Video Release

By providing Hawaii Department of Education (HIDOE) your permission, the student's names and/or likenesses, photo, video, and/or audio may be used in HIDOE school-related publication print and analog/digital media.

Examples of HIDOE- or school-related publications, include but are not limited to:

- A playbill, showing the student's role in a drama production
- Name and picture in the annual yearbook
- Honor roll or other recognition lists and programs
- Graduation programs and announcements
- Sports activity programs or sheets, such as for wrestling, showing weight and height of student
- School newsletters
- Audio and video recording capturing those memorable moments, such as graduation ceremonies and May Day and other holiday programs or school events
- Student photographs for classroom, teacher, school, and HIDOE use
- Officially recognized activities and events (such as running for student body office, prom court, etc.)
- Third-party vendors or organization participation (i.e. Lion's Club sponsored contest, photograph of students, news media coverage of the event/activity, etc.)

Hawaii student teachers participating in educator preparation programs and staff in professional development courses within the HIDOE may have access to student work and/or other student publications during the course of their studies.

By checking "Yes" and signing the Student Publication/Audio/Video Release Form, parents, guardians, and eligible students provide permission for the publication item(s) as described in the front under "Purpose" for HIDOE non-commercial and/or educational purposes.

By checking "No" and signing the Student Publication/Audio/Video Release Form, HIDOE and school will not publish or display the student's photo, names, their school work, and any recordings related to the "Purpose" described in the front.

If parent, guardians, or eligible students do not turn in the signed release form or the form is signed but neither the "yes" or "no" boxes are checked, HIDOE or the school will return the form to be completed in full. School is required to make every reasonable attempt to notify the parent/guardian or eligible student of the activity and to obtain signature and consent.

kōkua hawai'i foundation



KŌKUA HAWAI'I FOUNDATION

## Media Release

### Aloha!

Your child's school is participating in one or more programs of the Kōkua Hawai'i Foundation. We are a non-profit organization supporting environmental education in Hawai'i's schools and communities. Our programs include:

- 'ĀINA In Schools
- 3R's School Recycling Program
- Plastic Free Hawai'i
- Kōkua Hawai'i Foundation Field Trip Grants
- Kōkua Hawai'i Foundation Project Grants

As part of the documentation and evaluation process for our programs, we will be collecting photos and video of these activities throughout the school year and request your permission to use these in our outreach materials.

**Please review and sign this form and return it to your child's teacher. Teachers will keep this release on file for the remainder of the school year. Mahalo!**

To learn more about Kōkua Hawai'i Foundation and our programs, visit  
[www.kokuahawaiifoundation.org](http://www.kokuahawaiifoundation.org)

### PHOTO/VIDEO RELEASE FOR STUDENTS PARTICIPATING IN KŌKUA HAWAI'I FOUNDATION PROGRAMS

*Check YES or NO below.*

- YES**, as parent or legal guardian of the minor student named below, by signing this form, I grant permission to Kōkua Hawai'i Foundation (Foundation) to use photographs or videos of my child or his/her work in educational and outreach media published or authorized by the Foundation for the life of the photo/video. I understand the term *work* can include both visual arts and written pieces. I understand the term *media* can include the Foundation's and partner organization websites, social media, publications, newsletters, videos, presentations, marketing materials, newspaper and magazine articles, and television and film clips.
- NO**, I do not grant permission to Kōkua Hawai'i Foundation to use photos or videos of my child.

School				Date	
Student Name					
Grade		Teacher			
Parent/Guardian's Email Address					
Parent/Guardian Name (please print)					
Parent/Guardian Signature					

Kōkua Hawai'i Foundation • P.O. Box 866, Hale'iwa, HI 96712 • 808-638-5145 • [www.kokuahawaiifoundation.org](http://www.kokuahawaiifoundation.org)

REV. 07/24/19

*Kōkua Hawai'i Foundation is a non-profit organization supporting environmental education in Hawai'i's schools and communities. Our mission is to provide students with experiences that will enhance their appreciation for and understanding of their environment so they will be lifelong stewards of the earth.*

