

MAUNALOA ELEMENTARY SCHOOL NEW STUDENT REGISTRATION

Student Name: _____

Date Enrolled: _____

S.I.D # _____ Date Assigned: _____

Documents Checklist:

Document Title (X = required)	Enrolling for Kindergarten	Enrolling from HI Public School	Enrolling from HI Private School	For school use only Date Received
Emergency Card	X	X	X	
Student Enrollment Form	X	X	X	
Emergency Ambulance Service	X		X	
MV-1 Form	X		X	
Form 14: Physical/Vaccines <small>*To be filled by Child's Doctor</small>	X	X	X	
Release Packet <small>*Form 211 frm transferring school</small>		X	X	
Original TB Clearance Card	X		X	
Proof of Residence <small>*Rental/lease agreement or utility bill that is in parent/guardians name</small>	X	X	X	
Copy of Birth Certificate	X		X	

Attached Docs: Supply List, M.A.P Brochure, Bell Schedule, Campus Map, Non-Discrimination Notice, DOE Official & School Calendar, Equal Educational Opportunity Brochure.

Comments/Notes:

Please note that children experiencing homelessness are covered by enrollment guidelines provided in the McKinney-Vento Act. Please ask the office for more information

Parent's will be contacted by the office staff at Mauanloa school for verification of enrollment. Please make sure all information is legible and up to 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 _____

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

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

School Name: _____ Complex Area: _____

STUDENT ENROLLMENT FORM SIS-10W (Revised) Student ID No. _____ Entry Date _____ Entry Code _____ Room _____

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

<p>Preschool Experience <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes" – attended:</p> <p><input type="checkbox"/> less than 6 months <input type="checkbox"/> EOEL</p> <p><input type="checkbox"/> between 6 and 12 months <input type="checkbox"/> KALO</p> <p><input type="checkbox"/> more than 1 year <input type="checkbox"/> PDG</p>	<p>Name: _____</p> <p>Last Grade Attended: _____ Year: _____</p>
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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
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A – English F – Cebuano/Visayan K – Vietnamese Q – Fijian V – Pangasinan L – Other (Specify): _____
B – Cantonese G – Hawaiian M – Chuukese R – Hmong W – Portuguese
C – Mandarin H – Japanese N – Pohnpeian S – Lao X – Spanish
D – Ilocano I – Korean O – Cambodian T – Marshallese Y – Thai
E – Tagalog J – Samoan P – Chamorro U – Pampango Z - Tongan

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:

Maunaloa Elementary School
P.O. Box 128
Maunaloa, Hawaii 96770

To: Parents and Guardians

SUBJECT: EMERGENCY AMBULANCE SERVICE

A state law that took effect in 1981 states that there will be NO free emergency ambulance service. A \$135.00 fee has been established for ambulance services

This law does not affect our present procedure of calling the ambulance for emergency services. The school's decision to call for an ambulance will continue to be based on the severity and emergency nature of the injury or illness.

During the time your child is in school, his or her health, safety, and welfare rest in the hands of the school administration and staff. Under normal conditions and following established procedures, when your child is ill or injured, every effort will be made to contact you, utilizing the telephone numbers you've provided for us. However, in the event of an extreme emergency, whereby every effort has been made to contact you without success, we will with your signed authorization, summon the ambulance at once, without delay.

When signed by a parent or guardian, the form below enables us to summon the ambulance immediately, should a severe emergency arise that warrants our restoring to this measure.

Please have your child return this form to the school as soon as possible.

EMERGENCY AMBULANCE SERVICE

Parents/ Guardian's Name _____

Student's Name(s) _____ Grade: _____

_____ Grade: _____

_____ Grade: _____

Should there be a need for this service, I have been made aware of the state law regarding the emergency ambulance fee. In case of medical emergency involving my child where I cannot be contacted according to the information I have provided to the school, I hereby authorize the school administrator or designate to summon emergency ambulance service.

I authorize this action as a parent/ guardian of my child. I will assume responsibility established by the state law regarding ambulance service.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Phone (Home/Cell) _____ Phone (work) _____



**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, Maiii Land, Vancouver House, Nakolea, Seawinds, Paiolu Kaiaulu (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

Student Address Label

Name _____
(Last) (First) (Middle Initial)

Female Preschool: Entry Date ____/____/____
 Male Elementary: Entry Date ____/____/____
 Intermediate/Middle: Entry Date ____/____/____
 High: Entry Date ____/____/____

Birthdate

Month		Day		Year			

Parent's Name _____
(Mother/Legal Guardian) (Father/Legal Guardian)

Allergies: _____

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

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

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	Scoliosis	Extremities	Nutrition	Varicella Immunity Secondary to Disease (DATE)	Reviewed Immunization Record (Check if Yes)	Completed PPD Screening (Check if Yes) See Results Below	Provider's Signature	Provider's Stamp or Printed Name		
						R.	L.	R.	L.																				

TUBERCULOSIS EVALUATION		
Check one box below, complete date assessment, test or x-ray was administered.		Physician, APRN, PA, Clinic
Negative TB Risk Assessment	Date: ____/____/____	
Negative test for TB infection	Date: ____/____/____	
Positive test, and negative chest x-ray	Date: ____/____/____	

DENTAL EXAMINATION	
Dental Check-Up	Date: ____/____/____
Dental Check-Up	Date: ____/____/____

IMMUNIZATIONS (VACCINES, DATES GIVEN: MONTH/DAY/YEAR)							
DTaP, DTP, DT, Tdap or Td	Type						
	Date						
Polio (IPV or OPV)	Type						
	Date						
Hib (Haemophilus influenzae type b)	Type						
	Date						
Pneumococcal Conjugate	Type						
	Date						
Hepatitis B	Type						
	Date						
Hepatitis A	Type						
	Date						
MMR	Type						
	Date						
HPV	Type						
	Date						
Other	Type						
	Date						

Physician, APRN, PA or Clinic _____

Maunaloa Elementary School Classroom Supply List

Supply List	KG	1 ST	2 ND	3 RD	4 TH	5 th / 6 th
Black/White Composition Book *KG Student, Please buy PRIMARY JOURNAL*	2	2	2	4	5	
Portfolio (2 Pocket)	4	4	4	4	4	2
Portfolio (2 Pockets w/fasteners)						5
#2 Pencils (10-12 per pk)	4	4	4	6	2	4
Large Eraser Caps				1		
Large White Eraser	2	2	2	1	2	2
12" Ruler					1	1
8" Scissors	1	1	1	1	1	1
Crayons 24pk	1	1	1		1	
Color Markers – Felt Pen Set				1		1
Colored Pencils 12pk	2	2	2	1	1	1
Index Dividers with tabs		1	1	2	1	1
Folder Paper	1	1	1	2	3	2
3 Ring Binder 2"		1	1	1	1	2
3 Ring Binder 1 1/2"			1	1		
Supply Box	1	1	1	1	1	1
Glue Stick	4	4	4	1	1	2LG
Elmer's Glue 4oz	1		1		1	1
Clorox Wipes (Disinfecting 78ct)	1	1	2	1	1	2
Box Kleenex	1	1	1	1	2	1
Dry Erase Markers			1	4		2
Pencil Sharpener	1	1	1		1	1
Pair of Walking Shoes					1	1
Extra Clothes	1	1	1			1
Hand Soap (Liquid)	1	1	1	1	2	3
Paper Towels			1	1	4	4
Highlighter (Yellow/Blue) 1 each			1	2	1	2
Post It's (3x3)			1	2	2	4
Poster Boards (Any Color)			1			2
Presentation Boards						2
Cloth Hand Towels						2
Subject Notebook						5
Uniform School Shirts	4 or more					

Molokai Attendance Program (MAP)

MAP is an intervention program designed to support families in developing positive attendance habits in order to maximize student instruction, learning and achievement for all students K-12th grade. The Department of Education accountability and improvement system, Strive HI looks at a student's total attendance. Chronic Absenteeism is defined as being absent 15 days or more throughout the school year. We continue to encourage students to come to school "on time, every day," and we appreciate your help in consistently getting your children to school.

Excuse or Unexcused Absences	Results
<ul style="list-style-type: none"> ▪ <u>Four</u> absences 	<ul style="list-style-type: none"> ▪ Parents receive a notification letter with an Attendance Summary.
<ul style="list-style-type: none"> ▪ <u>Six</u> absences 	<ul style="list-style-type: none"> ▪ Parents and student may be required to attend a Parent Conference with the Principal
<ul style="list-style-type: none"> ▪ <u>Nine</u> absences 	<ul style="list-style-type: none"> ▪ Level 1: Parents may be required to attend a 4-hour Parenting Support Session conducted by the Complex Support Team
<ul style="list-style-type: none"> ▪ 10 or more total absences after the Parent Support Session, or if parents don't attend the Parent Support Session. 	<ul style="list-style-type: none"> ▪ Level 2: Parents may be required to attend a two hour Police Class conducted by a Police Officer.
<ul style="list-style-type: none"> ▪ The next absence after the Police Class, or if parents don't attend the Police Class. 	<ul style="list-style-type: none"> ▪ Level 3: A referral to Family Court may be made.

"Chronic Absence" is defined as missing too much school for any reason. Chronic Absence includes:

- Excused absence
- Unexcused absence
- Suspensions

The Hawaii DOE defines chronic absence as 8.5% of total instructional days. For 180 instructional days, 15 absences = chronic absence.

Attendance Facts:

- Compared to students who attend school regularly, chronically absent kindergarteners are
 - 2X as likely to be retained
 - 2X likely to be suspended by the end of 7th grade
 - Likely to continue being chronically absent
- Starting in pre-K, more years of Chronic Absence = Need for Intensive Reading Support by 2nd grade
- Multiple Years of Chronic Absence in elementary school = Worse Middle School Outcomes
- With every year of chronic absenteeism, a higher percentage of students dropped out of school.

MAUNALOA SCHOOL

Bell Schedule

Time	Monday, Tuesday, Wednesday & Thursday
7:45	School Begins for Teachers
7:55	First bell Rings
7:55-8:00	Passing
8:00-10:00	Instructional Block
10:00-10:15	Recess
10:15-10:20	Passing
10:20-11:25	Instructional Block
11:25-12:05	Lunch/Recess
12:05-12:10	Passing
12:10-2:00	Instructional Block/ <i>Student dismissal @ 2pm</i>

Time	Friday
7:45	School Begins for Teachers
7:55	First bell Rings
7:55-8:00	Passing
8:00-10:00	Instructional Block
10:00-10:15	Recess
10:15-10:20	Passing
10:20-11:25	Instructional Block
11:25-12:05	Lunch/Recess
12:05-12:10	Passing
12:10-1:00	Instructional Block/ <i>Student dismissal @ 1pm</i>




Maunaloa Elementary School CAMPUS MAP

Cottage A

Cottage B

Cottage C

Portable 1

Library Office	Library (A101)	 Dining Room	Kitchen	 	Hallway	A105	A106	A107	A108	A109
Computer Lab (A101)										



SIDEWALK AREA

SIDEWALK



SIDEWALK



Principal's Office	Administration Office	Health Room
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Basketball Court



Annual Notice of Non-Discrimination and Anti-Harassment Statement

The Hawaii State Department of Education (HIDOE) does not discriminate on the basis of race, sex, age, color, national origin, religion, or disability. This requirement extends to all of HIDOE's programs and activities, including employment and admissions as applicable.

For the HIDOE high schools that offer Career and Technical Education (CTE) Programs of Study in arts and communications, business, health services, industrial and engineering technology, natural resources, and public and human services, there are no admission criteria. HIDOE high schools will take steps to assure that the lack of English language skills will not be a barrier to admission and participation in CTE programs and will provide equal access to designated youth groups.

In addition, the HIDOE does not tolerate acts of harassment on the basis of race, sex, age, color, national origin, religion, or disability. Any student who believes that he or she has been subjected to harassment on the basis of race, sex, age, color, national origin, religion, or disability, is encouraged to report such harassment. Students and parents may report allegations of discrimination or harassment to the school's administrator or to the HIDOE's Civil Rights Compliance Office at the address listed below.

HIDOE is committed to conducting a prompt investigation. Support, including counseling and educational resources, will be available to students who are harassed, as well as to students found to have engaged in acts of harassment on the basis of race, sex, age, color, national origin, religion, or disability. Students found to have engaged in harassment may be disciplined, up to and including suspension or expulsion, if circumstances warrant. Students, parents, and HIDOE staff should work together to prevent harassment on the basis of race, sex, age, color, national origin, religion, or disability.

HIDOE will not tolerate retaliation for reporting discrimination and/or harassment on the basis of race, sex, age, color, national origin, religion, or disability, and will take steps to protect those who wish to report the harassment.

Please direct inquiries regarding HIDOE nondiscrimination policies to:

Beth Schimmelfennig, Director
Rhonda Wong, Compliance
Aaron Oandasan, Title VI
Nicole Isa-Iijima, Title IX
Krysti Sukita, ADA/504

Civil Rights Compliance Office
Hawaii State Department of Education
P.O. Box 2360
Honolulu, Hawaii 96804
(808) 586-3322 or relay
crco@notes.k12.hi.us

Inquiries concerning discrimination and/or harassment may also be referred to the Office for Civil Rights, United States Department of Education.

State of Hawaii – Department of Education 2020-2021 OFFICIAL SCHOOL CALENDAR

Teachers' Work Year - 1st Semester: July 29, 2020 - January 4, 2021; 2nd Semester: January 5, 2021 - June 1, 2021
Students' Work Year - 1st Semester: August 4, 2020 - December 18, 2020; 2nd Semester: January 5, 2021 - May 28, 2021

Student Teacher			Su	M	T	W	Th	F	Sa	
Week	Days	Days								
			July 2020							1st SEMESTER - 88 Student Days (Ends December 18)
1	10	3	19	20	21	22	23	24	25	July 29: Teachers' First Day
2	16	9	26	27	28	29	30	31	1	July 29-August 3: Teacher Work Days (no students)
			August							
3	19	13	2	3	4	5	6	7	8	August 4: Students' First Day
4	23	17	9	10	11	12	13	14	15	August 21: Statehood Day
5	28	22	16	17	18	19	20	21	22	
6	29	23	23	24	25	26	27	28	29	
7	31	25	30	31	1	2	3	4	5	
8	3	27	6	7	8	9	10	11	12	September 7: Labor Day
9	10	34	13	14	15	16	17	18	19	
10	14	36	20	21	22	23	24	25	26	
11	17	39	27	28	29	30	1	2	3	
			October							
12	21	41	4	5	6	7	8	9	10	October 5-9: Fall Break***
13	24	44	11	12	13	14	15	16	17	
14	28	48	18	19	20	21	22	23	24	
15	31	51	25	26	27	28	29	30	31	
			November							
16	3	53	1	2	3	4	5	6	7	November 3: Election Day
17	6	56	8	9	10	11	12	13	14	November 11: Veterans Day
18	10	60	15	16	17	18	19	20	21	November 26: Thanksgiving
19	13	63	22	23	24	25	26	27	28	November 27: School Holiday
20	17	67	29	30	1	2	3	4	5	
			December							
21	20	70	6	7	8	9	10	11	12	December 21-January 1: Winter Break***
22	24	74	13	14	15	16	17	18	19	
23	27	77	20	21	22	23	24	25	26	December 25: Christmas
24	31	81	27	28	29	30	31	1	2	January 1: New Year's Day
			January 2021							2nd SEMESTER - 94 Student Days (Ends May 28)
25	3	83	3	4	5	6	7	8	9	January 4: Teacher Workday (no students)*
26	7	87	10	11	12	13	14	15	16	January 18: Dr. Martin Luther King Jr. Day
27	10	90	17	18	19	20	21	22	23	
28	14	94	24	25	26	27	28	29	30	
			February							
29	17	97	31	1	2	3	4	5	6	Institute Day (one day with no students during the week. Date for each island TBD.)
30	21	101	7	8	9	10	11	12	13	February 15: Presidents' Day
31	24	104	14	15	16	17	18	19	20	
			March							
32	28	108	21	22	23	24	25	26	27	
33	31	111	28	1	2	3	4	5	6	
34	3	114	7	8	9	10	11	12	13	
			April							
35	7	118	14	15	16	17	18	19	20	March 15-19: Spring Break***
36	10	121	21	22	23	24	25	26	27	March 26: Kuhio Day
37	14	125	28	29	30	31	1	2	3	April 2: Good Friday
38	17	128	4	5	6	7	8	9	10	
			May							
39	21	132	11	12	13	14	15	16	17	
40	24	135	18	19	20	21	22	23	24	
41	28	139	25	26	27	28	29	30	1	
42	31	142	2	3	4	5	6	7	8	
			June							
43	3	145	9	10	11	12	13	14	15	May 28: Last Day for Students & Second Semester Ends**
44	7	149	16	17	18	19	20	21	22	May 31: Memorial Day
45	10	152	23	24	25	26	27	28	29	
46	14	156	30	31	1	2	3	4	5	June 1: Last Day for Teachers
47	17	159								
48	21	163								

Approved May 23, 2017.

OFFICIAL STATE HOLIDAYS: 2020-21 SCHOOL YEAR

*2 instructional days shall be converted to a non-student day for school planning and collaboration.	**The employer may assign up to 6 additional hours, in half hour blocks (an "equivalent day") for training and meetings beyond the teacher's regular work day.	Statehood Day: August 21, 2020	New Year's Day: January 1, 2021
		Labor Day: September 7, 2020	Dr. Martin Luther King Jr. Day: January 18, 2021
		Election Day: November 3, 2020	Presidents' Day: February 15, 2021
		Veterans Day: November 11, 2020	Prince Jonah Kuhio Kalaniana'ole Day: March 26, 2021
		Thanksgiving Day: November 26, 2020	Good Friday: April 2, 2021
		Christmas Day: December 25, 2020	Memorial Day: May 31, 2021

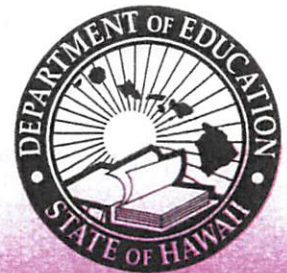
*Teacher work day between semesters: January 4 **Commencement exercises: No sooner than May 21, 2021

***For 10-month teachers - Intersession: Oct. 5-9; Recesses: Dec. 21-Jan. 1 & March 15-19
 Educational Officer & Teacher Institute Days: TBD (one day per island)

This information is also available in the languages below, please contact your school's Principal for a copy.

Hawaiian	Ua 'unuhi 'ia kēia palapala nei ma ka olelo Hawaii. Oluolu e kahea, ai ole e noi i ka po'okumu o kou kula no kekahi kope o kēia mau palapala nei.
Samoan	O lenei tusi o lo'o maua i le gagana Samoa. Fa'amolemole fa'afeso'ota'i le pule o la outou a'oga mo se kopi.
Ilokano	Adda met kastoy a pagbasaan a naisurat iti Ilokano. No kayatyo ti maaddaan iti kopia, kasaritayo ti prinsipal ti eskuelayo.
Tagalog	Ang babasahing ito ay nasulat din sa Tagalog. Kung gusto ninyong magkaroon ng kopya, kausapin ang prinsipal ng inyong eskuwelahan.
Spanish	El folleto está disponible en español. Póngase en contacto con el director de la escuela para obtener una copia.
Tongan	Oku ma'u 'a e tohi ni 'i he lea faka-Tonga. Kataki fetu'utaki ki ho'o pule ako ki ha'o tatau.
Chuukese	Ei Toropwe me wor non fóosun Chuuk. Kese mochen churi nomw ewe principal ewe sukuun owm kopwe angei noum kapin.
Vietnamese	Tập sách này có ở tiếng Việt. Vui lòng liên hệ với hiệu trưởng trường bạn để xin bản copy.
Chinese (Mandarin)	这本小册子有中文版本，请联系学校校长索取中文版本。
Chinese (Cantonese)	這本小冊子有中文版本，請聯繫學校校長索取中文版本。
Korean	이 팜플렛은 한국어로 제공됩니다. 카피본이 필요하시면 교장 선생님께 문의하시기 바랍니다.
Japanese	このパンフレット日本語は入手可能です。ご希望のコピーをあなたの学校の校長に問い合わせてください。
Marshallese	Ewor pamphle in ilo kajin Majo]. Jōij im kūr lok principal eo an jikuul eo elañe kokōnaan.

DEPARTMENT OF EDUCATION STATE OF HAWAII



*Equal
Educational Opportunity*

Equal Educational Opportunity

The Hawaii State Department of Education (DOE) issues this informational brochure as a matter of commitment to and compliance with Federal and State anti-discrimination laws, and DOE Policy, to inform parents/guardians and students that discrimination because of a student's race, color, national origin (including persons with limited English proficiency), disability, sex, age, and/or religion in an educational program, service, or activity conducted by the department is prohibited, pursuant to Board of Education (BOE) Policy #305-10, Anti-Harassment, Anti-Bullying, and Anti-Discrimination Against Student(s) by Employees.

In addition to the above, the policy strictly prohibits any form of harassment and/or bullying because of gender identity and expression, socio-economic status, physical appearance and characteristic, and sexual orientation.

A student who believes that he/she is or was harassed, bullied, and/or discriminated against based on the above classes is encouraged to immediately inform his or her teacher or administrator, or contact the DOE's Civil Rights Compliance Office (CRCO) staff. Documentation, including witness names and contact information, as well as other relevant information should be provided with the complaint.

Further, discrimination based on sex specifically includes discrimination based on a student's gender identity and expression. The DOE will adhere to the DOE guidance when addressing issues including, but not limited to, use of preferred names and pronouns, use of sex-segregated facilities, and dress code. The DOE recognizes the importance of validating students' gender identity and expression and understands that at times, school is one of the few safe and supportive spaces a student may have to openly express their gender identity. Students who desire such supports, or any student with privacy concerns, including requests for increased privacy for use of restrooms or locker rooms, should contact their school administrator. Students may also contact the CRCO at (808) 586-3322 regarding requests for supports and about any privacy concerns. Students may request a copy of the Guidance from their school administrator. The Guidance may also be found on-line at:

<http://www.hawaiipublicschools.org/ConnectWithUs/Organization/OfficesAndBranches/Pages/CRCO.aspx>

To file a complaint, you may complete a complaint form that can be found on the DOE's website at <http://doe.k12.hi.us/>, contact your school's principal, or contact the DOE's CRCO at (808) 586-3322, or via relay. Complaints may be sent by facsimile to (808) 586-3331, at CRCO@notes.k12.hi.us, or through the U.S. Mail to P.O. Box 2360, Honolulu, Hawaii 96804.

The Department of Education is committed to providing equal opportunity in education to all of Hawaii's students.

Contact Information:

DEPARTMENT OF EDUCATION, CIVIL RIGHTS COMPLIANCE OFFICE

P.O. Box 2360 • Honolulu, HI 96804

Phone: (808) 586-3322, or via relay • Fax: (808) 586-3331

Email: CRCO@notes.k12.hi.us

Anne Marie Puglisi - Director

Beth Schimmelfennig - Compliance Specialist

Civil Rights Compliance Specialists:

Rhonda Wong - Title VII Nicole Isa-Iijima - Title IX

Aaron Oandasan - Title VI Krysti Sukita - ADA/504