

School Name: **Voyager - A Public Charter School**

STUDENT ENROLLMENT FORM 2008-2009
INSTRUCTIONS: PRINT YOUR ENTRIES LEGIBLY

Student ID No. _____

Entry Date _____

Entry Code _____

Room _____

for school use only

STUDENT PERSONAL DATA

Last Name: _____

Gender: M _____ F _____

Birth Date: _____

First Name: _____

Applying for Kindergarten: _____ Or Grade: _____
(For Kindergarten, must be 5 yrs. old by 7/31/08)

Middle Initial: _____ Lineage: (Jr, II, III, etc) _____

Home Phone: _____ Unlisted: Yes _____ No _____

Residence (Identifiable location required)

Mailing Address: (If different from home address)

Number _____ Street _____ Apt. _____ # _____

Number/P.O. Box # _____ Street _____ Apt. # _____

City _____ State _____ Zip code _____

City _____ State _____ Zip code _____

Not Homeless

Homeless*

Completed MVA packet

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

CURRENT SCHOOL ATTENDING

Preschool Experience: Yes _____ No _____
If "Yes"-attended: _____ less than 6 months
_____ between 6 and 12 months
_____ more than 1 year

Name: _____
Current Grade: _____ Year: 2008-2009

PRIOR SCHOOL ATTENDED (If not Hawaii Public School)

Name: _____

Address: _____

CITIZENSHIP

Country of Birth: _____

If Country of Birth is other than US, give year of arrival: _____
If not US Citizen, indicate status: Refugee _____ Immigrant _____ Non-Immigrant _____

US Citizenship: Yes _____ No _____

Alien Number: _____

LANGUAGE INFORMATION

Language Codes: (Select a letter from the list and fill in the blanks below)

Student's First Acquired Language	Language Most Often Spoken at Home	Language Most Often Used by Student	
A - English	K - Vietnamese	Q - Fijian	V - Pangasinan
B - Cantonese	M - Chuukese	R - Hmong	W - Portuguese
C - Mandarin	N - Pohnpeian	S - Lao	X - Spanish
D - Ilocano	O - Cambodian	T - Marshallese	Y - Thai
E - Tagalog	P - Chamorro	U - Pampango	Z - Tongan
F - Cebuano/Visayan			L - Other (Specify): _____
G - Hawaiian			
H - Japanese			
I - Korean			
J - Samoan			

Continue on back

ETHNICITY INFORMATION

Ethnicity Code: ____ (Select a letter from the list below and fill in the blank to the left)

A - American Indian D - Filipino G - Japanese J - Span, Cuba, Mex, Puerto Rican M - Other
 B - Black E - Hispanic H - Hawaiian K - Korean N - Indo-Chinese
 C - Chinese F - Part Hawaiian I - Portuguese L - White (Camb, Viet, Lao)

PARENT/GUARDIAN CONTACT INFORMATION

FIRST

Check One: ____ Mr. ____ Mrs. ____ Ms. ____ Other (specify) _____ Relation: _____

____ Last Name ____ First Name ____ Employer's Name

____ Home Phone # ____ Cellular Phone # ____ Pager # ____ Work Phone # (include ext.)

Address (if different from student's) Custody of child: Yes ____ No ____ Child lives with this contact: Yes ____ No ____

If accepted for enrollment, parent must provide documentation of custody status if needed

SECOND

Check One: ____ Mr. ____ Mrs. ____ Ms. ____ Other (specify) _____ Relation: _____

____ Last Name ____ First Name ____ Employer's Name

____ Home Phone # ____ Cellular Phone # ____ Pager # ____ Work Phone # (include ext.)

Address (if different from student's) Custody of child: Yes ____ No ____ Child lives with this contact: Yes ____ No ____

If accepted for enrollment, parent must provide documentation of custody status if needed

OTHER INFORMATION

(Person To Notify In Case Of Emergency if First or Second Contact cannot be reached)

Check One: ____ Mr. ____ Mrs. ____ Ms. ____ Other (specify) _____ Relation: _____

____ Last Name ____ First Name ____ Employer's Name

____ Home Phone # ____ Cellular Phone # ____ Pager # ____ Work Phone # (include ext.)

____ Doctor's Name or Clinic Name ____ Office Phone # ____ Medical Insurance

MISCELLANEOUS INFORMATION

Does student's father, mother, or guardian work for the Federal Government or work on Federal Property? Yes: ____ No: ____

Is student's father, mother, or guardian an active member of the Armed Services? Yes: ____ No: ____

If yes, enter branch of service: _____ Member's Rank: Father ____ Mother ____ Guardian ____

SCHOOL SUPPLEMENTARY INFORMATION

	Name	Age	Name	Age
Other Children In The Family:	1. _____	_____	4. _____	_____
	2. _____	_____	5. _____	_____
	3. _____	_____	6. _____	_____

Parent/Legal Guardian Signature: _____ Date: _____