



## Waipahu High School Registration Information

Our office is open Monday through Friday (except holidays) from 8:00 am to 3:30 pm. Please try to have all of the following documents prior to enrolling. A parent/guardian must be present at registration.

1. Completely fill out a Student Enrollment Form (SIS-10W) Language Survey and MVA Form (MV-1). Other forms will be given to you to fill out upon arrival.
2. PROOF OF RESIDENCY – utility bill, car registration, or rental/lease agreement with parent/guardian name. If you are living with another family please provide a notarized letter from the homeowner and any of the above with the homeowner's name listed on the document. Not necessary if you have been accepted on a Geographic Exception.
3. MEDICAL RECORDS – Current TB clearance (within 12 months) if from out of state. Current physical (or an appointment card of scheduled physical). Updated shot records.
4. Please provide copies of an unofficial transcript, report card, current class schedule (if enrolling during the year). Current IEP (for IDEA students).
5. Birth certificate and /or Passport.
6. Guardianship or Custody papers (if applicable).

For questions:

Waipahu High School Registrar's Office  
94-1211 Farrington Hwy  
Waipahu, HI 96797  
Ph: 808-307-9557

School Name: _____		Complex Area: _____		
<b>STUDENT ENROLLMENT FORM</b> SIS-10W (Rev. 4/2023)		Student ID No. _____	Entry Date _____	Entry Code _____
			For school use only	
<b>INSTRUCTIONS:</b> PRINT YOUR ENTRIES LEGIBLY		Ethnicity/Race Observed: _____ Initial _____ Date _____		
		Verification of DOB: _____		
<b>STUDENT PERSONAL DATA</b>				
Legal Last Name: _____		Legal First Name: _____		Middle Initial: _____
Suffix: (Jr, II, III, etc): _____		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Grade Level: _____	Birth Date (MM/DD/YYYY): _____
<input type="checkbox"/> Not Homeless <input type="checkbox"/> Homeless* <input type="checkbox"/> Completed MVA Packet				
_____ Parent/Legal Guardian Signature			_____ DOE Representative Signature	
<p>**Homeless** means individuals who lack a fixed, regular and adequate nighttime residence (within the meaning of section 42 USCS §11302(a)(1)) and includes:</p> <ul style="list-style-type: none"> <li>(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;</li> <li>(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));</li> <li>(iii) children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings; and</li> <li>(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.</li> </ul> <p>Please contact the Community Homeless Concerns Liaison (CHCL) in your area with questions: <a href="https://bit.ly/HILiaisons">bit.ly/HILiaisons</a> or call (808) 305-9868.</p>				
<b>PRESCHOOL EXPERIENCE</b>				
Preschool Experience <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes" – attended:		Preschool Program: (if applicable)		
<input type="checkbox"/> less than 6 months <input type="checkbox"/> between 6 and 12 months <input type="checkbox"/> more than 1 year		<input type="checkbox"/> EOEL <input type="checkbox"/> Charter Pre-K		
*Incoming Kindergarten students must complete the Supplemental Kindergarten Enrollment Form				
<b>LAST HAWAII PUBLIC SCHOOL ATTENDED</b>				
Name: _____				
Last Grade Attended: _____		Year: _____		
<b>PRIOR SCHOOL ATTENDED (If not Hawaii Public School)</b>				
Name: _____			Phone: _____	
Address: _____			Fax: _____	
<b>ADDITIONAL INFORMATION *</b>				
Country of Birth: _____		Date First Entered U.S. School: _____ (MM/DD/YYYY)		
<p>* 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.</p>				

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:

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

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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):

- |                                    |                                      |                                      |                                       |
|------------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Army        | <input type="checkbox"/> Coast Guard | <input type="checkbox"/> Marine Corps |
| <input type="checkbox"/> Navy      | <input type="checkbox"/> Space Force | <input type="checkbox"/> NOAA        | <input type="checkbox"/> USPHS        |

Military Status (check one):

- |   |  |
|---|--|
| <input type="checkbox"/> Active Duty    | <input type="checkbox"/> Title 10 Orders |
| <input type="checkbox"/> National Guard | <input type="checkbox"/> Reserve         |

Deployed?

- ☐ Yes  
☐ No

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

## LEGAL PARENT/GUARDIAN **LIVING IN THE HOUSEHOLD WITH STUDENT**

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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

## PARENT/GUARDIAN **NOT LIVING WITH STUDENT**

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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**

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**LEGAL PARENT/GUARDIAN NOT LIVING WITH STUDENT (cont.)****G  
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N**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  
☐ NoDoes this person work for the Federal Government or work on Federal Property? ☐ Yes ☐ No**EMERGENCY CONTACT INFORMATION****F  
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T**

(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**S  
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D**

(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:



**STATE OF HAWAII  
DEPARTMENT OF EDUCATION**

**HOME LANGUAGE SURVEY  
FOR ALL NEWLY ENROLLING STUDENTS**

**NOTE TO SCHOOL STAFF:** *This form should only be given once, upon initial enrollment in the Department. Do not make changes to student languages in the Student Information System without first consulting your school's English Learner Coordinator.*

ALL newly enrolling students to the Hawaii State Department of Education (Department) MUST complete this Home Language Survey, regardless of race, nationality, or language origin. Title VI of the Civil Rights Act of 1964 and Equal Educational Opportunities Act of 1974 require that the Department utilize a non-biased procedure for identifying students who are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services.

The language information requested is essential for schools to identify eligibility for EL services and provide meaningful instruction for students. Indication of a language other than English does not ensure eligibility, but requires the school to conduct an English proficiency test to determine if a need for English language development instruction exists. These questions are used solely to offer appropriate educational services, not for determining legal status or for immigration purposes.

To ensure the language needs of all Department students are met, please complete the following:

- **SECTION A: Parent/Legal Guardian Information.** This response will help us understand how to best communicate with you as the parent(s)/legal guardian(s) in a language that you understand.
- **SECTION B: Student Information.** These responses will assist us in understanding a student's language background and whether or not a student's English proficiency should be assessed.

**SECTION A: PARENT/LEGAL GUARDIAN INFORMATION**

\_\_\_\_\_  
Parent/Legal Guardian First Name

\_\_\_\_\_  
Parent/Legal Guardian Last Name

1. Do you as a parent/legal guardian require interpretation (spoken) or translation (written) of information from your child's school in your native language? Interpretation or translation would be at no cost to you.

☐ No, I don't need interpretation or translation (spoken or written) support.

☐ Yes, I need interpretation or translation (spoken or written) support in: \_\_\_\_\_  
(Name of Language)

**SECTION B: STUDENT INFORMATION**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Grade

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
MM / DD / YYYY  
Date of Birth

F ☐ M ☐  
Gender

Has this child enrolled at a Hawaii Department of Education school or Hawaii Public Charter school before?

☐ No (Continue to Student Language Questions ↘)

☐ Yes (Skip to Parent/Legal Guardian Signature)

**STUDENT LANGUAGE QUESTIONS** (Refer to the attached Language List)

1. What is/are the language(s) most used in your home, regardless of the language spoken by your child?

\_\_\_\_\_  
(Name of Language)

2. What language did your child first acquire? \_\_\_\_\_  
(Name of Language)

3. Which language does your child use or understand most? \_\_\_\_\_  
(Name of Language)

Parent/Legal Guardian Signature: \_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
MM / DD / YYYY  
(e.g. 05/26/2022)

Home Phone #: \_\_\_\_\_

Cellular Phone #: \_\_\_\_\_

## Notice of Language Assistance

If you have difficulty understanding English, you have the right to receive language assistance at no cost to you. Please contact your school's principal for more information.

(Traditional Chinese / 繁體中文) 如果您理解英語有困難，您有權得到免費的語言幫助。請聯繫您的學校校長以獲得更多信息。

(Simplified Chinese / 简体中文) 如果您理解英语有困难，您有权得到免费的语言帮助。请联系您的学校校长以获得更多信息。

(Japanese / 日本語) 英語の理解に困難を覚える方は、無料で言語支援を受ける権利があります。詳細につきましては学校長にお問合わせください。

(Hawaiian / 'Ōlelo Hawai'i) Ina pilikia oe i ka hoomaopopo i ka olelo Pelekania, he kuleana no kou e lawelaweia oe i ke kokua olelo me ka uku ole. E hui kuka me ke poo kumu o kou kula no kekahi ike hou aku.

(Korean / 한국어) 영어를 이해하는데 어려움이 있는 경우, 무료로 통역 지원을 받을 권리가 있습니다. 더 자세한 정보는 학교장에게 연락하십시오.

(Chuukese / Kapasen Chuuk) Ika epwe weires ngonuk omw weweiti fóós un Merika, mi wor omw pwúúng omw kopwe angei aninnisin aweween fóós esapw kame. Kose mochen kékkééri ewe meinapen ewe sukkun (Principal) ren tichikin pworausau.

(Ilokano / Ilokano) Nu narigat mo a maawatan ti Ingles, karbengam nga umawat ti tulong ti lenggwahe ket awan bayad na dayta a serbisyo. Para ti kanayonan nga impormasyon, mabalin a kontakem ti prinsipal ti eskwelaan yo maipanggep iti dayta a serbisyo.

(Samoan / Gagana Samoa) Afai e faigatā ona ē malamalama i le Igilisi, e i ai lau aiā e maua ai le fesoasoani tau gagana e aunoa ma se tupe e te totogi ina. Fa'amolemole fa'afeso'ota'i le pule o lau aoga mo nisi fa'amatalaga.

(Tongan / Lea faka-Tonga) Kapau 'oku faingata'a ke mahino kiate koe 'a e lea faka-Papalangi, 'oku 'i ai ho'o totonu ke ke ma'u ha tokoni fakatonulea 'ikai totongi. Kataki 'o fetu'utaki ki he puleako ki ha toe fakaikiiki ange.

(Tagalog / Tagalog) Kung nahihirapan kang intindihin ang Ingles, karapatan mong makatanggap ng tulong para sa lenggwahe at libre ang serbisyong ito. Para sa karagdagang impormasyon, maari mong kontakin ang prinsipal ng iyong paaralan tungkol sa serbisyong ito.

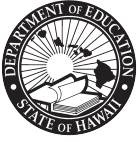
(Cebuano / Sugboanon) Kon kamo adunay kalisud sa pagsabut sa Iningles, naa moy katungod sa pagdawat sa tabang sa pinulongan nga walay gasto kaninyo. Palihog kontaka ang prinsipal sa inyong eskwelahan alang sa dugang nga impormasyon.

(Vietnamese / Tiếng Việt) Nếu quý vị thấy khó khăn trong việc hiểu tiếng Anh, quý vị có quyền nhận được sự hỗ trợ ngôn ngữ miễn phí. Vui lòng liên hệ hiệu trưởng của trường quý vị để biết thêm thông tin.

(Spanish / Español) Si tiene dificultad para entender Inglés, tiene derecho a recibir asistencia lingüística sin costo alguno para usted. Comuníquese con el director de su escuela para obtener más información.

(Marshallese / Kajin Majôl) Elaññe ejabwe am melele kajin Pälle, ewōr am jimwe ñan jibañ ko ikijien ukok ilo ejelok wōnen. Jouj im kōjjelāik lok principle eo an jikuul eo am ñan melele ko rellap lok.

(Thai / ไทย) หากคุณมีปัญหาในการเข้าใจภาษาอังกฤษ คุณมีสิทธิได้รับความช่วยเหลือด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดติดต่อ ผู้อำนวยการโรงเรียนของคุณเพื่อขอข้อมูลเพิ่มเติม



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



If this box is checked, stop here  
and sign below; form is complete

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



**Note:** Please forward a copy of this form to your Homeless Concerns Liaison within 3 business days.

**VERIFICATION OF RESIDENCY STATEMENT  
NOTARY FORM  
WAIPAHU HIGH SCHOOL**

Name of Parent/Legal Guardian: \_\_\_\_\_  
**Print:      Last Name,              First Name**

Name(s) of Child(ren) who will be attending Waipahu High School:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

I, \_\_\_\_\_, the owner/resident of  
**(PRINT FULL NAME)**

\_\_\_\_\_, Waipahu, HI 96797,  
**(ADDRESS)**

declare under penalty of perjury that the above-named person and family reside with me at this address. I will notify the school within **two weeks** if their residency changes.

***I understand that this address is within the Waipahu High School boundaries. I further understand that falsification of any information or document, either written or verbal, required for residency verification or the use of the address of another person without actually residing there may result in revocation of student enrollment. Falsification on a governmental agency application is a misdemeanor (HRS #710-1063).***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and sworn to before me

this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Hawaii

My commission Expires: \_\_\_\_\_