



# Hakipu'u Academy, PCS

## STUDENT ENROLLMENT FORM

SY2023 -24

PLEASE PRINT ENTRIES LEGIBLY

### SCHOOL USE ONLY

Student ID No.

Entry Date

Entry Code

'Ohana Group

### STUDENT PERSONAL DATA

Last Name \_\_\_\_\_ Grade Level \_\_\_\_\_ Gender  M  F  
 First Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 MI \_\_\_\_\_ Preferred Name \_\_\_\_\_

### PRIOR SCHOOL

### LAST HAWAII PUBLIC SCHOOL ATTENDED

Name \_\_\_\_\_ Name \_\_\_\_\_  
 Address \_\_\_\_\_ Current Grade \_\_\_\_\_ Year \_\_\_\_\_

### ETHNICITY/LANGUAGE INFORMATION (Please indicate all that apply)

Ethnicity is Hispanic or Latino Yes  No

Ethnicity Code: \_\_\_\_\_ (Select a letter(s) from the list below and fill in the blank to the left.)

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

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

\_\_\_\_\_ Language Most Often Spoken at home    \_\_\_\_\_ Language Most Often Used By student    \_\_\_\_\_ Student's First Acquired Language

A – English    E – Tagalog    I – Koren    M – Chuiukese    Q – Fijian    U – Pampango    Y – Thai  
 B – Cantonese    F – Cebuano/Visayan    J – Samoan    N – Pohnpeian    R – Hmong    V – Pangasinan    Z – Tongan  
 C – Mandarin    G – Hawaiian    K – Vietnamese    O – Cambodian    S – Lao    W – Portuguese  
 D – Ilocano    H – Japanese    L – Other    P – Chamorro    T – Marshallese    X – Spanish

What is student's primary ethnicity? (Select only ONE letter from above and fill in the blank at right.)

### CITIZENSHIP INFORMATION

Country of Birth: \_\_\_\_\_ If Country of birth is other than U.S., give year of arrival: \_\_\_\_\_  
 U.S. Citizenship:  Yes  No    If not U.S. Citizen indicate Immigrant Status \_\_\_\_\_ Refugee  
 Alien Number: \_\_\_\_\_ Immigrant  
 \_\_\_\_\_ Non-immigrant

### PARENT/GUARDIAN CONTACT INFORMATION (Please Use Full Legal Names)

**Biological parents listed on birth certificate are assumed to have full legal rights to make educational decisions on behalf of the child unless current documentation indicates otherwise and is on file with the school.**

Student lives with: \_\_\_\_\_ Both parents \_\_\_\_\_ Mother \_\_\_\_\_  
 \_\_\_\_\_ Father \_\_\_\_\_ Other (Please Indicate) \_\_\_\_\_  
 Does student have sibling(s) at HLC? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Who? \_\_\_\_\_

**(Circle) Father / Guardian Name:** Last: \_\_\_\_\_ First: \_\_\_\_\_ M. I.: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address: (If different) \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Work Phone #: \_\_\_\_\_  
 Married  Divorced  Separated  Single    **Custody of Child**  Yes  No

**Guardian** Is legal guardian court appointed?  Yes  No If yes, place & date appointed? \_\_\_\_\_  
 If legal guardian has been appointed, please submit certified copy of Court Order or Letter of Guardianship.

OVER

<b>(Circle) Mother / Guardian Name:</b>	Last:	First:	M. I.:
	Home Address: Mailing Address: (If different)		City: Zip:
Telephone:	Cell Phone:	E-mail:	
Occupation:		Place of Employment:	
Work Phone #:			
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single		<b>Custody of Child</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Guardian</b>	Is legal guardian court appointed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, place & date appointed? _____		
	If legal guardian has been appointed, please submit certified copy of Court Order or Letter of Guardianship.		
<b>If student lives with other than above, please provide contact information:</b>			
Student resides with:	Last	First	M. I.:
Address:		City:	Zip:
Telephone:	Cell Phone:	E-mail:	
If there is no legal guardian, indicate relationship of student to person(s) [other than parent] with whom he/she currently resides, and indicate reason(s) for location	Relationship:	Reasons for location:	
<b>EMERGENCY CONTACT INFORMATION</b>			
Contact Person #1: _____			
Home Phone _____	Unlisted: <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail _____	
Cell Phone _____	Unlisted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship _____	
Contact Person #2: _____			
Home Phone _____	Unlisted: <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail _____	
Cell Phone _____	Unlisted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship _____	
<b>MISCELLANEOUS INFORMATION</b>			
Does student's father, mother or guardian work for the federal government or work on federal property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is student's father, mother or guardian an active member of the Armed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, enter member's rank:	
	Father	Mother	Guardian