



Ke Ana La'ahana

Hawaiian-Focused, Culturally & Place-based Public Charter School

Student Application for Enrollment School Year 2020-2021

VISION:

“Like the one from whom he received what he learned, said of a child who behaves like those who reared him.” (Pukui, 1983)

MISSION:

“To recognize, nurture, and foster cultural identity and cultural awareness in an environment that has historical connections and lineal linkage to students. Students engage in critical thinking and demonstrate complete mastery of the academia for their future as a result of this educational program that is driven by family, community, and culture.”

Student Application for Enrollment School Year 2020-2021

INSTRUCTIONS: PRINT YOUR ENTRIES LEGIBLY

Complex Area: Hawai'i

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

1) PLEASE INITIAL NEXT TO THE FIRST TWO BOXES

The student has successfully completed sixth (6th) grade level requirements.
 The student and family shall adhere to the mission, vision of Ke Ana La'ahana Public Charter School.

How did you hear of Ke Ana La'ahana PCS?

KAL Parent KAL Staff Member Family/Friend Advertisement Staff from current school Other

2) STUDENT'S GENERAL STUDENT DATA

| | |
|---|---|
| Legal Last Name _____ Legal First Name _____ Middle Initial _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: _____ The student and family show genealogical and historical linkage to the community of Keaukaha. <input type="checkbox"/> Yes <input type="checkbox"/> No The student lives in the community of Keaukaha at the time of request of admission. <input type="checkbox"/> Yes <input type="checkbox"/> No | 7 th grade immunization records complete? <input type="checkbox"/> Yes <input type="checkbox"/> No [Please attach copy] School immunizations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No [Please Attach copy] Grade Entering: 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th Current Lunch Status: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Paid |
|---|---|

3) LAST HAWAII PUBLIC SCHOOL ATTENDED

School Currently Attending: _____ Current Grade: _____ Year: _____
 Other Hawaii School: _____ Last Grade Completed: _____ Year: _____

4) PRIOR SCHOOL ATTENDED (IF NOT HAWAII PUBLIC SCHOOL)

School: _____ U.S. Phone #: _____
 Address: _____ U.S. Fax #: _____

5) MCKINNEY - VENTO ACT

Not homeless Homeless * Completed MVA packet

KAL PCS Principal 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 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 Act of 1965) who qualify as homeless for the purpose of this substitute

If you have questions regarding the above, please call 1-800-927-7095

7) STUDENT'S RESIDENTIAL INFORMATION

Student lives with: (Check Applicable)

Parents Guardian (If guardian, check one of the following):
 Mother Father Other (Aunt, Grandparent, foster parent, etc)

Student's Current Residence Address:

Name _____

Street _____ Apt/Suite _____

City _____ State _____ Zip Code _____

8) STUDENT'S MAILING INFORMATION

Mail to ONE of the following (check one):

Parents Guardian (If guardian, check one of the following):
 Mother Father Other (Aunt, Grandparent, foster parent, etc)

Enter Mailing Address only if DIFFERENT from #7:

Name _____

Street _____ Apt/Suite _____

City _____ State _____ Zip Code _____

11) STUDENT'S CONTACT INFORMATION

Contact Person: _____ Cell Phone: _____
 Home Phone: _____ Email: _____
 Unlisted? Yes No

12. INFORMATION FATHER/GUARDIAN INFORMATION

MOTHER/GUARDIAN INFORMATION

If parents are divorced, separated or single, please name custodial parent: _____
(Attach documents)

Print Name

Father/Guardian Information: _____

Mother/Guardian Information: _____

Marital Status: Married Divorced Separated Single

Marital Status: Married Divorced Separated Single

Address (if different from student): _____

Address (if different from student): _____

Occupation: _____

Occupation _____

Education: Did not complete High School Some college
 High School Graduate College graduate

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 High School Graduate College graduate

Birthplace _____ Naturalization Date _____

Birthplace _____ Naturalization Date _____

Ethnic Background (Show Percentage)

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___ Am. Indian ___ Black ___ Chinese ___ Filipino
___ Hawaiian ___ Indo-Chinese ___ Japanese ___ Korean
___ Portuguese ___ Puerto Rican ___ Samoan ___ Spanish
___ Tongan ___ White ___ Other (Specify): _____

___ Am. Indian ___ Black ___ Chinese ___ Filipino
___ Hawaiian ___ Indo-Chinese ___ Japanese ___ Korean
___ Portuguese ___ Puerto Rican ___ Samoan ___ Spanish
___ Tongan ___ White ___ Other (Specify): _____

Are you an active member of the armed services? Yes No

Are you an active member of the armed services? Yes No

If yes, enter member's Serial No. _____

If yes, enter member's Serial No. _____

Do you work for the Federal Government or work on Federal property?

Do you work for the Federal Government or work on Federal property?

Yes No

Yes No

13) OTHER CHILDREN IN THE FAMILY (NAME AND AGE)

- | | |
|----------|----------|
| 1) _____ | 4) _____ |
| 2) _____ | 5) _____ |
| 3) _____ | 6) _____ |

14) STUDENT'S ETHNICITY AND LANGUAGE DATA

Student Ethnic Background Percentage (Show percentage):

___ Am. Indian ___ Black ___ Chinese ___ Filipino ___ Hawaiian ___ Indo-Chinese ___ Japanese ___ Korean
___ Portuguese ___ Puerto Rican ___ Samoan ___ Spanish ___ Tongan ___ White ___ Other (Specify): _____

Student's First language(s) _____

Language(s) spoken at home: _____

15) STUDENT'S CITIZENSHIP

Country of birth: _____ If Country of birth is other than U.S., indicate year of arrival: _____

U.S. Citizen?: Yes No

If not U.S. citizen, Indicate status: Refugee Immigrant Non-immigrant

16) EMERGENCY CONTACTS

Name of Contact #1: _____

Phone: _____

Address: _____

Relationship to student: _____

Name of contact #2: _____

Phone: _____

Address: _____

Relationship to student: _____

17) MEDICAL EMERGENCY INFORMATION

Name of physician/clinic: _____ Phone #: _____

In Case of Emergency (other than Parent/Guardian): _____ Phone #: _____

18) STUDENT SPECIAL INTERESTS AND HOBBIES (Also list recognitions, awards, and certificates)

CERTIFICATION OF RELEASE (PLEASE COMPLETE ALL THREE PAGES OF THIS APPLICATION)

- I certify that the information I have provided on this student application for Ke Ana La'ahana Public Charter School is accurate and true to the best of my knowledge. _____ (initial)
- I understand that providing false or incomplete information may be cause for non-acceptance. _____ (initial)
- I acknowledge that the curriculum at Ke Ana La'ahana is Hawaiian-focused, culturally and place-based. _____ (initial)
- I agree that as the Parent/Guardian I am responsible for updating any vital emergency contact information as soon as the changes occur. _____ (initial)

| | | | |
|--|------|--|------|
| _____ | Date | _____ | Date |
| <i>Printed Name of Father/Guardian</i> | | <i>Printed Name of Mother/Guardian</i> | |
| _____ | Date | _____ | Date |
| <i>Father/Guardian's Signature</i> | | <i>Mother/Guardian's Signature</i> | |
| _____ | Date | _____ | Date |
| <i>Printed Name of Student</i> | | <i>Student's Signature</i> | |

FOR OFFICE ONLY

Date application sent _____
Date application rec'd _____ Completed? Yes No
Interview Date: _____
Acceptance Letter Date: _____
.....

FOR OFFICE ONLY

Student Identification# _____
Class Of _____
Date file requested: _____ Date file received: _____
Date of enrollment: _____ Date of withdrawal: _____
Receiving school: _____ Date files sent: _____

Please forward all completed and signed applications to:

**Ke Ana La'ahana PCS
PO Box 4997
Hilo, HI 967620
For more information contact our office @ 961-6228**

MAHALO!!!!

CONFIDENTIAL DOCUMENT

Ke Ana La'ahana Public Charter School

PO Box 4997 Hilo, HI *Kelepona: 1-808-961-6228 * Kelepa'i: 1-808-961-6229

ADULT PARTICIPATION CHECKLIST & QUESTIONNAIRE

STUDENT (Print): _____ Date: _____

Parents/Guardians (Print): _____

Address: _____ Phone: _____

Ke Ana La'ahana encourages active participation from the Parents/Guardians, Ohana, and the community in all aspects of the program. Please indicate how you will be able to become involved.

- | | |
|---|---|
| _____ Represent parents on School Advisory Board | _____ Volunteer in the class room |
| _____ Serve as Telephone/Information contact person | Days available: _____ Hrs. available: _____ |
| _____ Facilitate a parent Ed or cultural work shop | |
| _____ Help with school maintenance: Simple repair work, plumbing, electrical | _____ Assist on field trips/excursions |
| _____ Help with classroom snack or meal prep (When needed) | Days available: _____ Hrs. available: _____ |
| _____ Help with fundraising for special activities | |

CIRCLE the skills and crafts you can Share, and UNDERLINE a skill or craft that you would like to Learn

Art
Music
Dance
Describe what kind of Art, Music, and Dance:

Hawaiian-Cultural skills:
Lei making
Feather making
Net making

Cooking
Baking
Sewing
Jewelry
Quilting
Knitting
Crocheting
Farming
Gardening
Recycling
Car Repair
Carpentry

Wood carving
Planting
Fishing
Massage
Medicine
Food preparation/Cooking
Genealogy
Hula
Waa
Surfing

Hawaiian food preparation:
specify: _____

Hawaiian craft making:
specify: _____

Ke Ana La'ahana Public Charter School

ADULT PARTICIPATION CHECKLIST & QUESTIONNAIRE

Please answer the following sections completely and thoroughly.

1. Why are you applying for admission in the *Ke Ana La'ahana Public Charter School* for your child?

2. What are your educational expectations that you hope your child will gain in *Ke Ana La'ahana Public Charter School*?

CONFIDENTIAL DOCUMENT

Ke Ana La‘ahana Public Charter School

PO Box 4997 Hilo, HI 96720 * Kelepona: 1-808-961-6228 * Kelepa‘i: 1-808-961-6229

STUDENT PARTICIPATION CHECKLIST

STUDENT (Print): _____ Date: _____

Parents/Guardians (Print): _____

Address: _____ Phone: _____

CHECK () skills and crafts you can share; UNDERLINE a skill/craft that you would like to Learn:

- | | | | |
|-------------------------|--------------------------|-------------------------|-----------------------|
| ___ art | ___ music | ___ cooking | ___ baking |
| ___ sewing | ___ home repair | ___ plumbing | ___ electrical |
| ___ carpentry | ___ quilting | ___ gardening | ___ car repair |
| ___ hula | ___ farming | ___ fishing | ___ canoe paddling |
| ___ lei making | ___ feather making | ___ net making | ___ recycling |
| ___ jewelry making | ___ swimming | ___ surfing | ___ land clearing |
| ___ massage | ___ genealogy | ___ compose music | ___ Hawaiian planting |
| ___ Hawaiian wood craft | ___ Hawaiian instruments | ___ floral arrangements | |

___ Hawaiian food preparation:
specify: _____

___ Hawaiian craft making:
specify: _____

___ Other:
specify: _____

STUDENT PARTICIPATION QUESTIONNAIRE

Please answer the following sections completely and thoroughly.

1. Where do you see yourself?

One (1) year:

Five (5) years:

Ten (10) years:

2. Describe yourself in five (5) words:

1. _____
2. _____
3. _____
4. _____
5. _____