

Wheeler Middle School
REQUEST FOR RELEASE

Dear Parents/Guardians,

Please complete this form if your child will be transferring to another school **prior to or at the end of the school year**. This form may be emailed to registration@wheelermiddle.k12.hi.us or faxed to (808) 622-6529. If you have any questions, please call our school office at (808) 305-9000. Thank you for being a part of Wheeler Middle School!

Student's Full Legal Name: _____

Date of Birth: _____ **Present Grade:** _____ **Last Date of Attendance:** _____

Reason for Release (check one):

☐ Transfer to another Hawaii School: _____
Name of HIDOE School

Reason for Transfer: _____

☐ Transfer to a Mainland or Overseas School: _____
Name of School, City, State or Country

Reason for Transfer: _____

☐ Homeschooling from my area HIDOE Public School (*Please **complete the 4140 Form** - Exceptions to Compulsory Education*)

☐ Other (please specify): _____

A **Release Packet** will be available at the end of your child's last day of attendance. **Please clear all obligations and fees before the end of your child's last day** (return textbooks, P.E. locks, band instruments and/or mouthpieces, and pay any mandatory school fees or fees for lost or damaged books and equipment).

Please let us know how you would like to receive this packet:

☐ Make it available to: ☐ Student ☐ Parent/Guardian ☐ New School (upon school request)

☐ Mail to this forwarding name and address: _____
Name, Address, City, State, Zip Code

Please check **YES or NO** to each of the following:

My child is currently receiving special education services ☐ Yes ☐ No

My child is currently receiving English as Second Language (ESLL) services ☐ Yes ☐ No

My child is currently receiving Free or Reduced Lunch ☐ Yes ☐ No

If YES, please circle: Free or Reduced

Parent / Guardian Signature

Relationship to Student

Date

Phone No.



**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, Maili 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.