

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](mailto: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.**

<p><b>State of Hawaii • Department of Education</b>  <b>HOMELESS CONCERNS OFFICE</b>            475 22<sup>nd</sup> Avenue          Honolulu, Hawaii 96816          Telephone: 808-305-9869          Toll Free: 1-866-927-7095          FAX: 808-735-8229</p>	<p><b>QUESTIONNAIRE TO DETERMINE ELIGIBILITY</b>  <b>MV1</b>  <b>McKinney-Vento Homeless Assistance Act</b>  <b>(MVA)</b></p>	<p>Questionnaires are filed for one (1) year for all students and seven (7) years for any student checking a box in Section 2.</p>
---	---	--

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.***