

STATE OF HAWAII
DEPARTMENT OF EDUCATION
Kailua Elementary

Dear Parent/Guardian,

Welcome to Kailua Elementary School. To assist with the registration process, please complete the information below. If you have any questions, please ask the office staff for assistance. During the school year, if you have any questions or concerns, please feel free to discuss the situation with your child's teacher, counselor, or an administrator.

Student Name: _____ Birth date: _____ Grade: _____

Previous School: _____

Please check ALL of the services that your child is currently receiving or was involved with at his/her former school.

Special Education (1, 2, 7, 9) Section 504 (5) Speech/Language (1, 10)

ELL (3) Occupational Therapy (1) Physical Therapy (1)

School Counseling (5) Gifted and Talented (11) PSAP (5, 2)

Mental Health Services (1, 8, 9) I DON'T KNOW (1)

In the process of a referral for _____ (1)

Other/Outside agencies: _____ (1)

I have copies of the following: (If applicable)

Temporary Restraining Order (TRO) Legal custody of child

Individualized Education Program (IEP) (1, 2, 6, 7) Guardianship of child

Medications: (List below)

Any other information that may be helpful to the school/Comments:

The above information is shared with the school
to the best of my knowledge

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY

Copies sent to:

1. ___ SSC 2. ___ SPED Teacher 3. ___ ELL Teacher 4. ___ Admin 5. ___ Counselor 6. ___ HR Teacher

7. ___ SPED DH 8. ___ Social Worker 9. ___ BHS Counselor 10. ___ Sp. Path. 11. ___ AC 12. ___ PSAP

Revised 7/10/2017