



THE GEOGRAPHIC EXCEPTION FORM DOES NOT APPLY TO HOMELESS STUDENTS

SECTION I – To be completed by parent/legal guardian of student and submitted to the Home School if the student is new to the D.O.E. or to the current school where the student is currently enrolled. Submit to the Principal with a self-addressed, stamped envelope attached to each Geographic Exception Request Form.

Requesting Geographic Exception to Attend: _____ For School Year _____ - _____
Name of School _____ For Grade Level _____

1. Student's Legal Name _____
Last First Middle Initial

2. Birth Date / / Gender Male Female
mm / dd / yy

3. Current School _____ Current Grade Level _____

4. Residential Address _____
City _____ State _____ Zip Code _____

5. Requester's Name _____
Address _____

City _____ State _____ Zip Code _____

Phone: (H) _____ (Bus) _____ (Cell) _____

Email _____

Parent Guardian 18-year-old student

6. Indicate reason for requesting a Geographic Exception (Check 1 item and/or briefly explain)

- a. *NCLB Choice b. Physical residence c. Sibling at same school
- d. Child of school staff member e. Program of study (describe) _____
- f. Other (describe) _____

I understand that falsification of information will be grounds for denial and/or rescinding of this Geographic Exception Request (Hawaii Revised Statutes 710-1063).

Signature _____ Date ____ / ____ / ____

**Certain NCLB Choice students may be eligible to apply for transportation subsidy, contingent upon availability of funds.*

FOR SCHOOL USE ONLY	
Student ID# (10 Digits)	_____
Home School Code	_____
Current School Code	_____
Receiving School Code	_____
Date of Approval or Denial	____/____/____
	<i>mm / dd / yy</i>

SECTION II – To be completed by the public school the child is currently attending OR the Home School for incoming kindergarten and new students to the HIDOE system.

School _____ Date Stamp Receipt of Application _____

List information regarding special student accommodations if applicable _____

NCLB G.E. - Priority Ranking _____

Regular G.E.

Home/Current School Authorized Official Signature _____ Date ____ / ____ / ____

SECTION III – To be completed by the Receiving School

Lottery Number _____

APPROVED G.E. - To begin on: / / School Name _____
mm / dd / yy

DENIED G.E. - Filled to capacity

Receiving School Authorized Official Signature _____ Date ____ / ____ / ____

Request for Review of Denial may be made within ten (10) business days of the postmark date of this notice to the Complex Area Superintendent (CAS) by submitting Form CHP 13-2. The decision made by the CAS is final.

THE GEOGRAPHIC EXCEPTION FORM DOES NOT APPLY TO HOMELESS STUDENTS

**GENERAL INSTRUCTIONS FOR COMPLETION OF THE GEOGRAPHIC
EXCEPTION REQUEST FORM CHP 13-1 (Rev. February 2013)**

Parents/Legal Guardians and students who are eighteen (18) years of age should submit Geographic Exception (G.E.) Request Forms to the Home School/DOE Current Public School Principal/Office. G.E. Request Forms may be obtained from any DOE public school office.

DEADLINE:

The normal window for submitting G.E. Request Forms is January 1st through March 1st of a calendar year for the upcoming new school year. When schools receive more applications than available space, a lottery will be conducted on the first Friday of April of that same calendar year. All completed request forms that do not meet this deadline will not be part of the lottery and may be considered after those applications that were received within the established time period.

Besides the January 1st through March 1st window, applications will also be accepted when there are changes to the NCLB status of schools resulting from the publication of the Hawaii State Assessment results before the start of the new school year.

GENERAL INFORMATION:


- If your child is enrolled in the Hawaii Public School System, submit this form to the public school your child is currently attending.
- If applying for Kindergarten, submit this form to the Home School where your child should attend Kindergarten.
- Applications submitted during the summer for students promoted to middle or high school should be turned in to the Home School your child would attend at the start of the school year.
- If your child is entering from a private, mainland, or foreign school, submit the form to the Home School for the school year to which this form applies.
- Certain NCLB Choice students may be eligible to apply for transportation subsidy, contingent upon availability of funds.
- Request for review of denial may be made within ten (10) business days of the postmark date of the notice to the Complex Area Superintendent (CAS) by submitting Form CHP13-2 which is available from any public school and/or district office. A written letter to the CAS can also be submitted. The decision by the CAS is final.

Please attach a self-addressed, stamped envelope for each G.E. Request Form. The results of the lottery (approval or denial) will be mailed within two weeks thereafter.

Falsification of information will be grounds for denial and/or rescinding of the geographic exception. (HRS 710-1063).

TERMINOLOGY:

- Home School: The public school that the student should be attending without a Geographic Exception.
- Current School: The public school where the student is presently enrolled.
- Receiving School: The school that determines the acceptance or denial of the application.

	<p>State of Hawaii Department of Education HOMELESS CONCERNS OFFICE 475 22nd Avenue, Room 126 Honolulu, Hawaii 96816 Telephone: 808-203-5521 Toll Free: 1-866-927-7095 FAX: 808-735-8229</p>	<p align="center">QUESTIONNAIRE TO DETERMINE ELIGIBILITY</p> <p align="center">McKinney-Vento Homeless Assistance Improvements Act ("MVA")</p>	<p>Schools are required to keep a chronological file of completed Questionnaires for each school year.</p>
---	--	---	--

STUDENT'S NAME: _____ **SCHOOL:** _____

Section 1. Action Requested: *(A copy of this form must be attached to each of the following forms.)*

- Enrollment Geographical Exception* Exit, Release or Transfer Transportation (ONLY when a box in Section 3 is checked)

Section 2. **Student / Parent / Guardian IS NOT in a homeless situation.**

If Section 2 is checked, stop and complete Parent/Guardian signature below; form is complete.

Section 3. Does The Student / Parent / Guardian: *(Check the box that applies – you may be eligible for services)*

- Live with friends or family due to economic hardship such as loss of housing or income;
- Live on the beach, at a campground, in a park, or in a hotel;
- Live in a tent, car, bus, or other non-permanent structure;
- Live in a domestic violence shelter;
- Live in an emergency or transitional shelter: *(Please circle or if your shelter is not listed, please write in the name.)*
 - Kaua`i:** Manaolana, Kuapo, Other _____;
 - Hawai`i:** Kihei Pua, Beyond Shelter, Kaloko Transitional, Other _____;
 - Maui:** Ho`olanani, Ka Hale A Ke Ola, Ka Hale A Ke Ola - Westside, Other _____;
 - O`ahu:** Family Promise, Institute for Human Service (IHS), Loliana, Ohana Ola O Kahumana, Mailland, Next Step, Vancouver House, Onemalu, Onelauena (Hope for a New Beginning), Pai`olu Kaiaulu (Waianae Civic Center), Weinberg Village Waimanalo, Ulu Ke Kukui (Villages of Malli), Ka Ohu Hou o Manoa, Lighthouse Shelter, Kahi Koulu Ohana Hale O Wai`anae, Other _____
- Have no regular place to stay at night.
- The student is awaiting foster care.
- The student is an unaccompanied youth.

Parent / Guardian Signature	Print Name	Date
-----------------------------	------------	------

When any box in **Section 3. "Does The Student / Parent / Guardian:"** is checked, the student may be eligible to receive MVA services. School personnel are to assist the parent, guardian or unaccompanied youth with the completion of the reverse side of this form and the McKinney-Vento Act (MVA) School Packet.

DOE Representative's Signature	Print Name	Date
--------------------------------	------------	------

** Geographical exceptions apply to MVA eligible students ONLY WHEN there is a request to have the student attend a school other than the student's school of origin or home school.*

This questionnaire is intended to address the McKinney-Vento Act (42 U.S.C. 11434a(2)).
 The answers provided help determine appropriate and comparable MVA services.

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.

Section 4. Name of School: _____

Student Name: _____ Male _____ Female

Date of Birth _____ / _____ / _____ Grade _____ Student ID# _____

Section 5. Is current residence a temporary living arrangement? _____ NO _____ YES, for _____ Months _____ Years

If the answer is NO, you may stop here. If the answer is YES, please complete the remainder of this form.

Section 6. Student is living with family or friends due to economic hardship such as:

_____ Loss of Housing _____ Loss of Income _____ Other: _____

Address: _____ City: _____ Telephone: _____

Section 7. Student is applying for the following:

_____ Free/Reduced-Price Meals _____ Transportation to and from school (when feasible) _____ Other: _____

NOTE: Services provided will be comparable to services provided to all other students attending this school.

Section 8. Parent or Guardian, please initial agreement to the following:

_____ YES. I understand and agree that the Homeless Concerns Liaison may contact me.

_____ I will immediately inform the school administrator in writing if any changes occur to this information.

Signature of Parent or Guardian: _____ Telephone: _____ Date: _____

Section 9. For School Use Only

_____ Home School (school within the geographic area of student's current residence)

_____ School of Origin (school attended when permanently housed / last school attended)

_____ GE

_____ Other _____

PRINT Name of School Representative: _____ Title: _____

Signature of School Representative: _____ Date: _____

By signing above, the school representative acknowledges that the parent or guardian has been provided with MVA information and a copy of this form.