



March 29, 2019

Aloha Prospective Parent/ Guardian/ Student,

**CONGRATULATIONS AND WELCOME TO KAPOLEI CHARTER SCHOOL!**

Your application has been accepted and thank you for considering Kapolei Charter School (KCS). We at KCS are proud of the academic model and anticipate student involvement in the local and global community. This type of educational model is very different from traditional education, and our school offers its own philosophy of education, career pathways, and career exploration.

**To finalize your acceptance and enrollment process you must; complete the enrollment packet and make sure you withdraw your child from the school they were projected to attend (Kapolei High School, Campbell HS, Waianae HS, etc.).**

Please complete and return the entire packet by **April 30, 2019** to our office at 2140 Lauwiliwili Street Kapolei, Hawaii 96707 or email to [info@kcshawaii.org](mailto:info@kcshawaii.org). If we do not receive your completed enrollment packet by April 30, 2019, we will not be able to secure your admission to our school. For more information please visit our website: [www.kcshawaii.org/parents/forms](http://www.kcshawaii.org/parents/forms).

We will not be able to accept incomplete enrollment packets. Please review the enclosed checklist and ensure that you have filled out all the forms. Then, bring an original birth certificate, proof of Hawaii residency, and copies of immunization records and custody papers with you (See the enrollment checklist on the next page for details.)

We look forward to having your family join us at Kapolei Charter School.

Sincerely,

Dr. Wanda Villareal  
School Director

## ENROLLMENT CHECKLIST 2019-2020

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ Grade Entering \_\_\_\_\_

- Student Enrollment Form**
- Parent Information Form**
  - Fill out this form *completely*, including prior school information, sign and date it.
  - If there is a divorce or separation, please *provide custody papers*.
- Health Form**
  - Fill out, sign, and date this form. You must list at least one emergency contact person.
- Department of Education Student's Health Record**
  - Fill out, sign, and date this form.
- Immunization Records**
  - Proof of all immunizations must be provided from documentation from your health care provider. Bring photocopied documentation or bring your originals into the office and we will make copies for you. Request for Immunization Exemption Forms may be requested from office and must be completed IN FULL with all proper initials, dates and signatures to ensure enrollment.
- Hawaii Proof of Residency Form and Documentation**
  - Fill out this form and *bring your proof of residency document* with you so that we may photocopy it.
- Original Birth Certificate or Passport**
  - Bring the ORIGINAL certified birth certificate to the office and we will make a copy. This must be done within 30 days of the first day of attendance.
  -
- Media Release Form**
  - Fill out, sign, and date this form. Check all appropriate boxes.
- Parent Partnership Agreement**
  - Read and sign the Parent Partnership Agreement. Make sure you understand the Agreement and the policies and philosophies of the school. *Keep a second copy for your records.*
- Fee Schedule Form**
  - Read, sign and date the Fee Agreement. Be sure you understand all of the fees outlined. New students are required to include a payment of at least \$52 of their supply fee with their enrollment paperwork.
- OCLC Self-Certification Form**
  - Fill out, sign, and date this form.
- User Agreement and Parent Permission Form**
  - Parents please discuss this form with your child before signing; both Parent and Student to sign/date.
- Title 1 Allocation Form – Family Household Survey**
  - *Regardless of your qualifications, check one of the boxes*, and sign and date this form.
- McKinney-Vento Homeless Assistance Act Form**
  - Fill out questionnaire to determine eligibility and sign, print name, and date this form.mail



**INSTRUCTIONS: *To be completed upon acceptance only!***

School Name: Kapolei Charter School      Date Accepted: \_\_\_\_\_      Notified Via: \_\_\_\_\_

<b>STUDENT ENROLLMENT FORM</b> 2016 2017	Student ID No.	Proof of Age <small>For School Use Only</small>	Proof of Res.	Medical/TB
NAME: _____	Gender: M    F			

**LANGUAGE INFORMATION (For Demographic Purposes Only)**

Language Codes: (Select a letter from the list and fill in the blanks below)

_____ Student's First Acquired Language	_____ Language Most Often Spoken At Home	_____ Language Most Often Used by Student
A-English	F-Cebuano/Visayan	K-Vietnamese
B-Cantonese	G-Hawaiian	M-Chuukese
C-Mandarin	H-Japanese	N-Pohnperian
D-Ilocano	I-Korean	O-Cambodian
E-Tagalog	J-Samoan	P-Chamorro
		Q-Fijian
		R-Hmong
		S-Lao
		T-Marshallese
		U-Pampango
		V-Pangasinan
		W-Portugese
		X-Spanish
		Y-Thai
		Z-Tongan
		L-Other (Specify)

**ETHNICITY INFORMATION (For Demographic Purposes Only)**

Ethnicity Code: \_\_\_\_\_ (Select up to 2 choices from the list below and fill in the blank(s) to the left)

A - American Indian	D - Filipino	G - Japanese	J - Span, Cuba, Mexican, Puerto Rican	M - Other (Specify)
B - Black	E - Hawaiian	H - Korean	K - Samoan	
C - Chinese	F - Part Hawaiian	I - Portuguese	L - White	N-Indo-Chinese (Camb, Viet, La)

**OTHER INFORMATION**

*Person to Notify in Case of Emergency if First or Second Contact cannot be reach*

Check One:     Mr.     Mrs.     Ms.     Other (specify) \_\_\_\_\_      Relation: \_\_\_\_\_

Last Name \_\_\_\_\_      First Name \_\_\_\_\_      Employer's Name \_\_\_\_\_

Home Phone # \_\_\_\_\_      Cellular Phone # \_\_\_\_\_      Work Phone # (include ext) \_\_\_\_\_      Email Address \_\_\_\_\_

**PHYSICIAN INFORMATION**

Doctor's Name or Clinic Name \_\_\_\_\_      Office Phone # \_\_\_\_\_      Medical Insurance \_\_\_\_\_

**PRIOR SCHOOL ATTENDED**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**ADDITIONAL INFORMATION**

- |   |                    |
|---|--------------------|
| A. Does this student have a current IEP, or related services?<br>If so, please describe and/or provide documentation. | Yes _____ No _____ |
| B. Does students, father, mother, or guardian work for the Federal Government or work on Federal Property?            | Yes _____ No _____ |
| C. Is Student's Father, mother, or guardian a member of the Armed Services, National Guard, or Reserves?              | Yes _____ No _____ |

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# PARENT INFORMATION FORM 2019-2020

*Note: If there is a divorce or separation, you must provide custody papers.*

**PRIMARY PHONE = the best phone number school personnel may use to contact you**

**Parent or Guardian 1:**    Mother   Father    Stepmother   Stepfather   Other - specify \_\_

Full Name \_\_\_\_\_ Does this parent have legal custody?   Yes   No   Joint

If step-parent, does he or she have permission to see educational records and discuss the student with staff?   Yes   No

Does student live with this parent   full-time    part-time    not during the school year

**Primary phone:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Occupation/Employer:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_ **Work phone:** \_\_\_\_\_

For volunteering, list special skills: \_\_\_\_\_

Same residence/ mailing address as student?   Yes    No    If different:

Residence address \_\_\_\_\_

Mailing address \_\_\_\_\_

**Parent or Guardian 2:**    Mother   Father    Stepmother   Stepfather   Other - specify \_\_

Full Name \_\_\_\_\_ Does this parent have legal custody?   Yes   No   Joint

If step-parent, does he or she have permission to see educational records and discuss the student with staff?   Yes   No

Does student live with this parent   full-time    part-time    not during the school year

**Primary phone:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Occupation/Employer:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_ **Work phone:** \_\_\_\_\_

For volunteering, list special skills: \_\_\_\_\_

Same residence/ mailing address as student?   Yes    No    If different:

Residence address \_\_\_\_\_

Mailing address \_\_\_\_\_

**Parent or Guardian 3:**    Mother   Father    Stepmother   Stepfather   Other - specify \_\_

Full Name \_\_\_\_\_ Does this parent have legal custody?   Yes   No   Joint

If step-parent, does he or she have permission to see educational records and discuss the student with staff?   Yes   No

Does student live with this parent   full-time    part-time    not during the school year

**Primary phone:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Occupation/Employer:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_ **Work phone:** \_\_\_\_\_

For volunteering, list special skills: \_\_\_\_\_

Same residence/ mailing address as student?   Yes    No    If different:

Residence address \_\_\_\_\_

Mailing address \_\_\_\_\_

*I certify that I have the legal authority to enroll my child at Kapolei Charter School, and that the above information is correct:*



# HEALTH FORM

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

## **AUTHORIZATION FOR PICK UP/TEMPORARY CARE**

List at least two neighbors or relatives who have consented to, and who can pick up and/or assume temporary care of your child either for your convenience, or in case of accident or illness when you cannot be reached.

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## **HEALTH CONDITIONS/RESTRICTIONS/MEDICATIONS**

DESCRIBE any current health conditions, restrictions or medication needs of the above child that Kapolei Charter School should be aware of. This includes any medication allergies. If your child needs any medication for an extended time, or for a chronic condition, you must supply the medication to the school office directly, where the student will come to take the medication. **Students may not carry medication at any time.** EXCEPTION: Children with an asthma inhaler may keep it with them. Please indicate below if your child is using an inhaler.

\_\_\_\_\_  
\_\_\_\_\_

**EYEGASSES:** Does your child wear eyeglasses? Please mark at least one:

NO  Reading Only  Distance Only  All the time

**Acetaminophen:** Occasionally your child may unexpectedly have a need for acetaminophen (such as Tylenol) during a school day. Please indicate by checking below as to whether or not you will allow the office staff to dispense acetaminophen to your student:

I authorize the school designee to be my agent to give acetaminophen to my child:  Yes  No

## **PHYSICIAN CONTACT INFORMATION**

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

BE IT KNOWN that I, the undersigned parent or guardian of the student named above, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as, in the judgment of said doctor or hospital may be required, on an EMERGENCY BASIS, when the need for such treatment is clear, and when all efforts to contact me are unsuccessful. IT IS FURTHER understood that any expense incurred for transportation and/or treatment will be the responsibility of the parent or guardian of the student. I agree that payment of the expense is *not* a school responsibility.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



## Department of Education STUDENT'S HEALTH RECORD

Student Address Label

Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) Female  Preschool: Entry Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Birthdate 

Month	Day	Year								

 Male  Elementary: Entry Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Name \_\_\_\_\_ (Mother/Legal Guardian) \_\_\_\_\_ (Father/Legal Guardian) Intermediate/Middle: Entry Date \_\_\_\_/\_\_\_\_/\_\_\_\_

High: Entry Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Allergies: \_\_\_\_\_

Please complete the following sections (CHECK IF YES)

MEDICAL STATUS							
Allergy (type) <input type="checkbox"/>	Cancer/Leukemia <input type="checkbox"/>	Hearing Problems <input type="checkbox"/>	Hypertension <input type="checkbox"/>	Seizures <input type="checkbox"/>	Vision Problem <input type="checkbox"/>		
Asthma <input type="checkbox"/>	Chronic Cough/Wheezing <input type="checkbox"/>	Heart Disease <input type="checkbox"/>	JRA Arthritis <input type="checkbox"/>	Sickle Cell Anemia <input type="checkbox"/>			
Behavioral Problems <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Hemophilia <input type="checkbox"/>	Rheumatic Heart <input type="checkbox"/>	Skin Problems <input type="checkbox"/>			

PHYSICIAN'S EXAMINATION CODE: N-NORMAL; A-ABNORMAL; C-CORRECTED; R-RECEIVING CARE																													
Date	Grade	Height	Weight	BMI	Blood Pressure	Vision		Hearing		Eye	Ear	Nose	Throat	Teeth	Heart	Lungs	Abdomen	Nervous System	Skin	Boculocic	Extremities	Nutrition	Vaccella Immunity Secondary to Disease (DATE)	Review of Immunization Record (Check if Yes)	Completed PPD Screening (Check if Yes)	Provider's Signature	Provider's Stamp or Printed Name		
						R	L	R	L																				

TUBERCULOSIS EXAMINATION MANTOUX TEST (INTRADERMAL)			
Date Given	Date Read	Results (mm)	Physician, APRN, PA, or Clinic

CHEST X-RAY		
Date	Results	Location

DENTAL EXAMINATION	
Dental Check-Up	

IMMUNIZATIONS (VACCINES, DATES GIVEN: MONTH/DAY/YEAR)				
DTaP, DTP, DT, Tdap or Td	Type			
	Date			
Polio (IPV or OPV)	Type			
	Date			
Hib (Haemophilus influenzae type b)	Type			
	Date			
Pneumococcal Conjugate	Type			
	Date			
Hepatitis B	Type			
	Date			
MMR	Type			
	Date			
Hepatitis A	Type			
	Date			
Other	Type			
	Date			
Other	Type			
	Date			

\*OFFICE USE ONLY (Rev. 2010)

Physician APRN, PA or Clinic \_\_\_\_\_



## **MEDIA/ DIRECTORY RELEASE FORM**

In order to respect the privacy of our students while still celebrating individual and classroom accomplishments, Kapolei Charter School uses photographs and videos of students, as well as artwork and/or writings created by students in a variety of venues which may include print and/or digital media. Please carefully review this media release to ensure you are aware of the school's policy in regard to directory and media information.

### **Photographs/Artwork**

I, \_\_\_\_\_, as parent/guardian of \_\_\_\_\_ do hereby grant unrestricted permission for images of my child as well as artwork and writings created by my child, to be used in materials that include, but are not limited to, school publications, newsletters, school publicity, newspaper articles and digital media including the school's website and Facebook page. I understand that Kapolei Charter School takes special care to protect the safety and identity of all students and that Kapolei Charter School will **NOT** use my child's last name in conjunction with any print, video or digital images, except the school yearbook.\*

### **Directory Information**

I, \_\_\_\_\_, as parent/guardian of \_\_\_\_\_ am aware that Kapolei Charter School publishes a student/parent directory at least once a year that is exclusively for the use of Kapolei Charter School families and is **not distributed to anyone outside Kapolei Charter School**. I hereby grant permission for my student's name, mailing address, parent/guardian names, and phone number to be published in that directory.

**The best phone number** to list in the directory is: \_\_\_\_\_

Note: If there is something you do NOT want listed in the directory (for example, phone number or mailing address) please write it here: \_\_\_\_\_

\_\_\_\_\_  
Student's Name: (please print)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Thank you!**

I understand that my approval can be withdrawn at any time upon written notice delivered to Kapolei Charter School, 2140 Lauwiliwili Street Kapolei, HI 96707

*\*In the absence of a signed media release form, the school will use its best judgment (following school guidelines) in the release of a student's name, photograph, artwork or writing*



## **PARENT PARTNERSHIP AGREEMENT**

Enrolling a child at Kapolei Charter School requires parents to make a strong commitment to the education of their child. Kapolei Charter School believes that education takes place both at home and in the school. Therefore, parents and the school must be active partners in the education of the student. The partnership is intended to be a friendly, supportive, common effort designed to enhance the development of the whole student.

### **Kapolei Charter School Responsibilities**

- Provide and develop an academic program that fulfills the goals expressed in Kapolei Charter School's mission and goals statements.
- Together with parents, provide high-quality education in a supportive and effective learning environment that enables students to meet the State's academic achievement standards through individualized educational plans.
- Ensure the health, safety, and welfare of the students at school. .
- Provide parents with frequent reports on their child's progress and give parents up-to-date grade, assignment and absence information. Notify families of any perceived failure to fulfill their obligations of the agreement.
- Provide parents reasonable access to staff and available to meet with parents before or after school or by appointment. Parents are asked to write a note, send an e-mail or leave a phone message for staff. Staff will respond within 24 hours during the school week.
- Notify families of any disciplinary action regarding their child.

### **Parent Responsibilities**

- Participate in the Kapolei Charter School's orientation program to thoroughly understand the school's philosophy and policies.
- Provide a home support system: provide healthy meals, dress your child appropriately, get your child to school on time, and ensure that your child is well rested and ready to learn. Also, make sure that your child has a daily lunch at school. Note: Kapolei Charter School provides educational services only and should not be expected to provide food, health, or other services that are normally the responsibility of parents.
- Provide a home setting that stimulates learning.
- Support your child in ensuring that he or she completes all homework and long-term projects on schedule.
- Conduct activities with your child to develop personal skills and values using methods that are compatible with those of the school. In partnership with your child's teacher, develop, update, and implement an educational plan that defines the activities you will conduct in the home during the school year. Promote positive use of your child's extracurricular time.
- Involve your family in activities that contribute to your child's development as an active citizen of the local community.
- Stay informed about your child's education by promptly reading all school communications and responding as appropriate.
- If your child is not performing at grade level, support Kapolei Charter School in providing additional provisions like after school and intermission programs.

As Kapolei Charter School staff, Governing Council, and families work together to fulfill the above responsibilities, we will create an extraordinary educational environment for our students.

We, the family of \_\_\_\_\_, enter into this partnership agreement with Kapolei Charter School. This agreement becomes effective when we enroll our child in the school.

\_\_\_\_\_  
Parent/Guardian Signature    Date

\_\_\_\_\_  
Parent/Guardian Signature    Date

**Please keep a copy for your records**





## FEE SCHEDULE 2019-2020

At Kapolei Charter School, we do our best to keep fees to a minimum. While other schools charge enrollment fees, activity fees, scheduling fees, book fees, lab fees, etc., we prefer to keep things simple. Our supply fee for each classroom covers all student costs for the entire school year, except field trips or extra-curricular programs. If your budget does not allow for a one-time payment, you may set up a monthly automatic payment plan.

### Mandatory Fees of \$52:

Uniform Fee (3 T-shirts at \$10 ea.) \$30      Circle Size: S M L XL XXL  
Mailing/Text Fees: \$6      Tech Lab Fee: \$8      Class Dues: \$8

**PAYMENT OPTIONS:** All fees should be paid by the first day of school. However, for those families for which this is financially difficult, we do provide the opportunity to set up a payment schedule contact school office.

**PLEASE NOTE: All fees are non-refundable and cannot be transferred.** In addition, there are other costs throughout the year for individual field trips, after school care or classes, and extra-curricular activities. Because many of these are voluntary events, they are not included on this fee schedule. Please speak with your child's teacher for a list of events, activities and costs for the year.

### PLEASE SIGN AND RETURN TO THE SCHOOL OFFICE WITH YOUR OTHER ENROLLMENT DOCUMENTS

I acknowledge that I have reviewed the 2019-2020 Fee Schedule and I agree to pay the required fee(s) for each student I enroll at Kapolei Charter School. If these fees present a financial hardship, I will contact the school office.

Student Name(s) and Grade(s)

---

Parent/Guardian Name(s)

---

Parent/Guardian Signature

---

Date Signed

***Please keep a copy of this form for your records***



**EXHIBIT G**

**GOODWILL INDUSTRIES OF HAWAII, INC.**  
**Self-Certification of Family Size and Income**

*The Ohana Career and Learning Center Energy Conservation Project was made possible with federal Community Development Block Grant (CDBG) funds provided by the U.S. Department of Housing and Urban Development (HUD) through the City & County of Honolulu (City). The CDBG program requires information on family size and income so that it is evident that a portion of Goodwill Industries of Hawaii, Inc. clients are from low- and moderate-income households. Your cooperation in completing this form is appreciated.*

NOTE: "Income" is the total annual income of all family members living in the same household as of the date of admissions. Income includes wages, interest and dividends, child support, SSI, unemployment, pension, etc. It does not include food stamps or Section 8.

Check box which represents family size and income level:

Family Size	Total Annual Family Income	Total Annual Family Income	Total Annual Family Income	Total Annual Family Income
1	<input type="checkbox"/> \$0 - \$20,150	<input type="checkbox"/> \$20,151 - \$33,550	<input type="checkbox"/> \$33,551 - \$53,700	<input type="checkbox"/> \$53,701+
2	<input type="checkbox"/> \$0 - \$23,000	<input type="checkbox"/> \$23,001 - \$38,350	<input type="checkbox"/> \$38,350 - \$61,350	<input type="checkbox"/> \$61,351+
3	<input type="checkbox"/> \$0 - \$25,900	<input type="checkbox"/> \$25,901 - \$43,150	<input type="checkbox"/> \$43,150 - \$69,000	<input type="checkbox"/> \$69,001+
4	<input type="checkbox"/> \$0 - \$28,750	<input type="checkbox"/> \$28,751 - \$47,900	<input type="checkbox"/> \$47,900 - \$76,650	<input type="checkbox"/> \$76,651+
5	<input type="checkbox"/> \$0 - \$31,050	<input type="checkbox"/> \$31,051 - \$51,750	<input type="checkbox"/> \$51,750 - \$82,800	<input type="checkbox"/> \$82,801+
6	<input type="checkbox"/> \$0 - \$33,350	<input type="checkbox"/> \$33,351 - \$55,600	<input type="checkbox"/> \$55,600 - \$88,950	<input type="checkbox"/> \$88,951+
7	<input type="checkbox"/> \$0 - \$35,650	<input type="checkbox"/> \$35,651 - \$59,400	<input type="checkbox"/> \$59,400 - \$95,050	<input type="checkbox"/> \$95,051+
8	<input type="checkbox"/> \$0 - \$37,950	<input type="checkbox"/> \$37,950 - \$63,250	<input type="checkbox"/> \$63,250 - \$101,200	<input type="checkbox"/> \$101,201+

**APPLICANT STATEMENT.** "I certify that the information given on this form is true and accurate to the best of my knowledge. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal or State funds. Penalties for falsifying information may include immediate repayment of all Federal or State funds received and/or prosecution under the law. I understand that the information on this form is subject to verification."

Name: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



**Kapolei Charter School**

**2019-2020 School Year**

**USER AGREEMENT AND PARENT PERMISSION FORM**

Name of Student (Print) \_\_\_\_\_ Grade (for Fall) \_\_\_\_\_

Age \_\_\_\_\_

**Parents: Please discuss this form with your child before signing and returning.**

**User Agreement:**

As a user of the Kapolei Charter School computer network, including e-mail accounts and access through personal devices, I hereby agree to comply with the stated purposes and rules by utilizing the network in a safe and reliable fashion and honor all relevant laws and restrictions.

I realize that noncompliance will result in my losing access to the school's network services, including e-mail, and that any assignments affected by termination of services will necessitate using alternative means to complete them.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Authorization for Kapolei Charter School Network, Internet Services and School E-Mail:**

As a parent or legal guardian of the minor student signing above, I grant permission for my child to access networked computer services such as network storage, the Internet and a school e-mail account. I understand that individuals and families may be held liable for violations. I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet use – i.e., setting and conveying standards for my child to follow when selecting, sharing or exploring information and media.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Contact Number \_\_\_\_\_

# Kapolei Charter School

## Who should I include in "Household Size"?

You must include yourself and all people living in your household who share income and expenses. These household members could include people who are related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with your children, and who pay a pro-rated share of expenses), do *not* include them.

## What is included in "Annual Household Income"?

Add up income for all members of the household. Annual household income includes the following:

- **Gross earnings from work:** Use your gross income, *not* your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, Alimony:** Include the amount each person living in your household receives from these sources.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits:** Include the amount each person living in your household receives from these sources.
- **All Other Income:** Include worker's compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received. Do not include income from WIC, federal education benefits and foster payments received by anyone in your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances. *Do not* include Military Privatized Housing Initiative or combat pay. If the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn't received before s/he was deployed, combat pay is not counted as income.
- **Overtime Pay:** Include overtime pay *ONLY* if you receive it on a regular basis.

## How do I report income received monthly, twice a month, every two weeks, or weekly?

- Determine each source of household income based on above definitions. Households that receive income at different time intervals must multiply their income as follows:
  - If paid monthly, multiply total pay by 12
  - If paid twice per month, multiply total pay by 24
  - If paid bi-weekly (every two weeks), multiply total pay by 26
  - If paid weekly, multiply total pay by 52

If your income changes, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, put down that you made \$1,000 per month. Only include overtime pay if you receive it on a regular basis. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

## Completing the form

- Determine your household size and write this information in Section B on Page 2.
- Add all of the income sources for all members of the household together to determine the total annual household income.
- In the same row as your household size, fill in the bubble below the range in which your total annual household income falls.
- If your household size is 9 or more, write in the household size and total annual household income in the spaces provided.
- **Sign, date, and print your name in Section C before returning the form to the school.**

# Family Household Survey

SY 2019-2020

For Hawai'i Public Charter Schools who are not participating in Community Eligibility Provision and are not School Food Authorities

Please refer to Page 1 for instructions/guidelines to complete this form.

## SECTION A: Student Information

Last Name

First Name



Grade

Birthdate (MM/DD/YYYY)

Teacher or Room # (optional)

Student SIS ID# (10-digit)





## SECTION B: Household Information

Step 1: What is your household size? \_\_\_\_\_ individuals

\*refer to guidelines on page 1

Step 2:

In the **same row** as your household size, completely fill in the bubble below the income range that matches the total annual income of your household. Include the total annual income for all members of the household before taxes and deductions.

Example: If your household size is 4 and your total annual income is \$48,000, you would bubble in the range \$0-\$52,337.

\$0 - \$52,337

	\$0 - \$24,271	\$24,272 - \$34,540	\$34,541 or more
If household size is <b>2</b> ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If household size is <b>3</b> ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If household size is <b>4</b> ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If household size is <b>5</b> ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If household size is <b>6</b> ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If household size is <b>7</b> ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If household size is <b>8</b> ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If household size is **9 or more**... (Please write in) Total Annual Income:

\$ \_\_\_\_\_

## SECTION C: Parent/Guardian Signature

Step 3: By signing below, I promise that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review.

X

Parent/Guardian Signature

Date

Printed Name of Parent/Guardian

The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to education records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99).

Please complete and return to your child's teacher or the office at your child's school.

State of Hawaii - Department of Education  
HOMELESS CONCERNS OFFICE



475 22<sup>nd</sup> Avenue  
Honolulu, Hawaii 96816  
Telephone 808-305-9869  
Toll Free 1 866-927-7095  
FAX 808 735 8229

**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: \_\_\_\_\_
  - Maul:** 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.**

**Section 3:**

Name of School \_\_\_\_\_

School of Origin \_\_\_\_\_  
(last school attended or last school child attended with a permanent residence)

Student's Name \_\_\_\_\_  Male  Female

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade \_\_\_\_\_

**Siblings, including children aged 0-5:**

Name	Age	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Section 4: Contact Information**

Address \_\_\_\_\_ City \_\_\_\_\_ Telephone \_\_\_\_\_

**Emergency Contacts:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Section 5: Student is applying for the following:**

Free/Reduced-Price Meals  Transportation to and from school of origin  Other \_\_\_\_\_

Note: Services will be comparable to those provided to all other students attending this school.

**Section 6: Parent/Legal Guardian**

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

Parent/Legal Guardian's Signature \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_

**Section 7: For School Use Only**

Student ID # \_\_\_\_\_

**Student Enrolled As:**

- Home School (school within the geographic area of student's current residence)
- School of Origin (school attended when permanently housed/last school attended)
- Geographic Exception (GE)
- Other \_\_\_\_\_

PRINT Name of School Administrator \_\_\_\_\_ Title \_\_\_\_\_

Signature of School Administrator \_\_\_\_\_ Date \_\_\_\_\_

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