



ENROLLMENT CHECKLIST 2022-2023

Student Name: _____ Date: _____ Grade Entering: _____

- ☐ **Transfer Packet**
 - Packet provided by previous school.
- ☐ **Student Enrollment Form**
- ☐ **Parent Handbook Acknowledgement 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.
- ☐ **Family Household Survey- Title 1 Allocation Form**
 - **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.
- ☐ **FERPA Form**
 - Student Publication/Audio/Video Release Form
- ☐ **DOE Technology Responsible Use Form**
 - For digital devices, network, and internet services owned/leased by DOE for its students.
- ☐ **KCS Student Information From**
 - Primary/Emergency contact information



INSTRUCTIONS: *To be completed upon acceptance only!*

School Name: Kapolei Charter School Date Accepted: _____ Notified Via: _____

STUDENT ENROLLMENT FORM 2022-2023	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	Q-Fijian
C-Mandarin	H-Japanese	M-Chuukese
D-Ilocano	I-Korean	R-Hmong
E-Tagalog	J-Samoan	S-Lao
	P-Chamorro	T-Marshallese
		U-Pampango
		Z-Tongan
		V-Pangasinan
		W-Portugese
		X-Spanish
		Y-Thai
		L-Other (Specify): _____
		N-Indo-Chinese (Camb, Viet, Lao)

ETHNICITY INFORMATION (For Demographic Purposes Only)

Ethnicity Code: _____ (Select up to 2 choices from the list below and fill in the bland(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	

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
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PRIOR SCHOOL ATTENDED

Name:	
Address:	

ADDITIONAL INFORMATION

A.	Does this student have a current IEP, or related services? 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 ArmedServices, National Guard, or Reserves?	Yes _____	No _____

Parent/Legal Guardian Signature:	Date:
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PARENT INFORMATION FORM 2022-2023

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/mailling 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/mailling 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/mailling 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.

EYEGLASSES: 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

Name (Last) (First) (Middle Initial) Female ☐ Preschool: / / Entry Date / /
Male ☐ Elementary: / / Entry Date / /
Intermediate/Middle: / / Entry Date / /
High: / / Entry Date / /

Birthdate Month Day Year

Parent's Name (Mother/Legal Guardian) (Father/Legal Guardian) Allergies:

Please complete the following sections (CHECK IF YES)

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

PHYSICIAN'S EXAMINATION CODE: N-NORMAL; A-ABNORMAL; C-CORRECTED; R-RECEIVING CARE																										
Date	Grade	Height	Weight	BMI	Blood Pressure	Vision	Hearing	Eyes	Ears	Nose	Throat	Teeth	Heart	Lungs	Abdomen	Nervous System	Skin	Scoliosis	Extremities	Nutrition	Varicella Immunity Secondary to Disease (DATE)	Reviewed Immunization Record (Check if Yes)	Completed PPD Screening (Check if Yes)	See Health Below	Provider's Signature	Provider's Stamp or Printed Name
/ /																										
/ /																										

TUBERCULOSIS EVALUATION	
Check one box below, complete date assessment, test or x-ray was administered.	Physician, APRN, PA, Clinic
Negative TB Risk Assessment	Date: / /
Negative test for TB infection	Date: / /
Positive test, and negative chest x-ray	Date: / /

DENTAL EXAMINATION	
Dental Check-Up	Date: / /
Dental Check-Up	Date: / /

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		/ / /
Hepatitis A	Type		/ / /
	Date		/ / /
MMR	Type		/ / /
	Date		/ / /
HPV	Type		/ / /
	Date		/ / /
Other	Type		/ / /
	Date		/ / /

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 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 2022-2023

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 2022-2023 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 _____



2022-2023 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 _____

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 2022-2023

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)

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.

If household size is 2 ...	\$0 - \$24,271 ○	\$24,272 - \$34,540 ○	\$34,541 or more ○
If household size is 3 ...	\$0 - \$30,524 ○	\$30,525 - \$43,438 ○	\$43,439 or more ○
If household size is 4 ...	\$0 - \$36,777 ○	\$36,778 - \$52,337 ○	\$52,338 or more ○
If household size is 5 ...	\$0 - \$43,030 ○	\$43,031 - \$61,235 ○	\$61,236 or more ○
If household size is 6 ...	\$0 - \$49,283 ○	\$49,284 - \$70,134 ○	\$70,135 or more ○
If household size is 7 ...	\$0 - \$55,536 ○	\$55,537 - \$79,032 ○	\$79,033 or more ○
If household size is 8 ...	\$0 - \$61,789 ○	\$61,790 - \$87,931 ○	\$87,932 or more ○
If household size is 9 or more ...	(Please write in) Total Annual Income: \$ _____		

\$0 - \$52,337

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.

Page 2 of 2



475 22nd Avenue
Honolulu, Hawaii 96816
Telephone: 808-305-9869
Toll Free: 1-866-927-7095

QUESTIONNAIRE TO DETERMINE ELIGIBILITY MV1

This form is intended to address the McKinney-Vento Act (MVA) and must be completed for each student

Questionnaires are filed for one (1) year for all students and seven (7) years for any student identified as living in unstable housing.

Student's Name: _____ Date of Birth: _____

School: _____ Grade: _____

Student's current residence such as address, cross streets, landmarks, etc.

Primary Contact Name: _____ Relationship: _____ Phone: _____

Alternate Contact Name: _____ Relationship: _____ Phone: _____

CHECK
ONE BOX

STUDENT'S CURRENT LIVING ARRANGEMENT

MVA
CODE

- | | | |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----|
| <input type="checkbox"/> | Unsheltered
<i>Campground, car, beach/park, abandoned building, street or any other inadequate living space</i> | 06 |
| <input type="checkbox"/> | Shelter
<i>Emergency, transitional or domestic violence shelter, name of shelter: _____</i> | 04 |
| <input type="checkbox"/> | Hotel/Motel
<i>Due to lack of other suitable housing, <u>excludes</u> temporary lodging for military persons awaiting housing</i> | 02 |
| <input type="checkbox"/> | Doubled Up
<i>Temporarily with family or other person due to loss of housing or as a result of economic hardship</i> | 03 |
| <input type="checkbox"/> | Permanent Housing
<i>Student who is living in a fixed, regular, and adequate housing situation</i> | 07 |



If this box is checked, stop here and sign below; form is complete

If the student is NOT in the physical custody of a parent or legal guardian, also check below:

- | | | |
|--------------------------|----------------------------|----|
| <input type="checkbox"/> | Unaccompanied Youth | 05 |
|--------------------------|----------------------------|----|

List all siblings living in the same arrangement, including children 0-5 years of age:

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

The information you provide above will determine what services you or your child may be eligible to receive under the McKinney-Vento Homeless Assistance Act - 42 U.S.C. §11434a(2). If eligible under the Act, you or your child are entitled to immediate enrollment in school and free school meals. Transportation may be provided to and from school of origin. This questionnaire allows a Homeless Concerns Liaison to contact you for additional support. By signing, you grant permission to share/release pertinent information among shelter and school personnel, to support school enrollment and full participation.

Parent/Legal Guardian/Unaccompanied Youth Signature

Print Name

Date

For School Use Only: School designee to complete this page if the student is identified as living in unstable housing.

NOTE: The McKinney-Vento Act requires immediate enrollment for students living in unstable housing, even if the student is unable to provide documents, such as school records, immunization records and other health records, proof of residency, or other documents. 42 U.S.C. §11432(g)(3)(C).

* "Enrolled" means attending classes and participating fully in school activities. 42 U.S.C. §11434a(1)

Student ID #: _____

Date Student Enrolled: ____ / ____ / ____

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: _____

By acknowledging below, the school designee agrees that the form is complete and the parent/legal guardian/unaccompanied youth has been provided MVA information and a copy of this form.

Designee Signature

Print Name

Date

By signing below, the principal indicates that he/she has reviewed this form and understands the school's responsibility under the **McKinney-Vento Homeless Assistance Act**.

The school principal determines the student as:

- ☐ Eligible under McKinney-Vento Act
☐ Not eligible under McKinney-Vento Act Reason: _____
MV2 Initiated: ☐ Yes ☐ No Date MV2 Initiated: ____ / ____ / ____

Principal Signature

Print Name

Date

Notes/Updates:

Date	Action Taken	Remarks	Initials

Note: Please forward a copy of this form to your Homeless Concerns Liaison within 3 business days.

Student Publication/Audio/Video Release

By providing Hawaii Department of Education (HIDOE) your permission, the student's names and/or likenesses, photo, video, and/or audio may be used in HIDOE school-related publication print and analog/digital media.

Examples of HIDOE school-related publications, include but are not limited to:

- A playbill, showing the student's role in a drama production
- Annual yearbook
- Student photographs for classroom / teacher use
- Honor roll or other recognition lists and programs
- Graduation programs and announcements
- Sports activity programs or sheets, such as for wrestling, showing weight and height of student
- School newsletters
- Audio and video recordings to aid with reinforcing appropriate behaviors
- Audio and video recording capturing those memorable moments, such as graduation ceremonies and May Day and other holiday programs or school events
- Student photographs for classroom and teacher use
- Officially recognized activities and events

Hawaii student teachers participating in educator preparation programs and staff in professional development courses within the HIDOE may have access to student work and/or other student publications during the course of their studies.

By checking "yes" and signing the Student Publication/Audio/Video Release Form, parents, guardians, and eligible students provide permission for all publication items for HIDOE non-commercial, educational purposes and cannot select individual items.

Form SP/VR


 State of Hawaii
 Department of Education

Student Publication/Audio/Video Release Form

This form supersedes all previous Student Permission to Videotape/Record, Reproduce Work and Student Publication/Audio Release Forms.

Note: This form does not apply to the creation or use of digital or print media of students for research purposes, including post-secondary degree requirements. For more information visit <http://bit.ly/HIDOEdata-research>

In order to protect student's rights to privacy as outlined in the Family Educational Rights and Privacy Act (FERPA) and the Protection of Pupil Rights Amendment (PPRA), parents/guardians or eligible students (those aged 18 or over) are being asked to give the Hawaii State Department of Education (HIDOE) permission to create or use digital or print media of student's name, voice, likeness or images of student work for the purposes described in this form.

I hereby give my permission to HIDOE to create or use the media described above of my child (if parent/guardian) / me (if eligible student) or my child's / my work — which may include, but are not limited to, video and audio recordings, photographs, and images — for the following educational purposes:

- Publication on HIDOE websites or in print or other digital media
- HIDOE staff professional development, including peer and advisory observations
- HIDOE training, including but not limited to preparation programs

I understand that the distribution of these media may include print, online, or digital media and open-circuit broadcast, closed-circuit, or cable television transmission within or outside of the State of Hawaii.

I understand that there will be no compensation, financial or otherwise, by HIDOE for its use of these media, either for initial or subsequent transmission or playback.

I understand that granting permission includes a potential risk of loss of privacy. I hereby release HIDOE from any liability resulting from or connected with the creation or use of these media.

I understand that permission is granted for the life of the media. I release all interest in the media for which I am giving permission.

I understand that I may withdraw my permission at any time without any negative consequences by submitting a written statement to my child's/my school. I understand that withdrawing consent will not affect my child's/my standing in school, nor any publication or work using these media which has already been produced.

☐ Yes ☐ No HIDOE has my permission to create or use digital or print media of my child's / my name, voice, likeness or images of my child's/my work exclusively for the non-commercial, educational purposes stated above.

By signing this form, I agree to the terms and conditions stated in this form, unless I checked the "no" box.

Student's Name (Please Print)

Parent/Guardian/Eligible Student Name (Please Print)

School

Signature

Home Address

City, State, Zip Code

Date



Technology Responsible Use Form

(for digital devices, network, and internet services owned and leased by the
Hawaii State Department of Education for its students)

Each student and his or her parent(s)/guardian(s) ("parent" or "parents") must review the *Technology Responsible Use Guidelines for digital devices, network, and internet services owned or leased by the Hawaii State Department of Education for its students*, known as "Technology Responsible Use Guidelines" or "TRUG", and sign this "Technology Responsible Use Form" or "TRUF" for access to digital devices, internet and network services, including online educational services.

STUDENTS who will be using Hawaii State Department of Education (HIDOE) owned or leased digital devices, network, and internet services:

- I have read the Technology Responsible Use Guidelines (RS 17-0051) in the separate document and agree to, and will abide by, its terms/guidelines stated therein, and as may be subsequently modified.

As a PARENT, I also agree that:

- I am responsible for monitoring my child's use of HIDOE-owned or leased digital devices outside of HIDOE property/school.
- HIDOE may bar access by students to certain material not deemed for educational purposes; however, I also understand it is impossible for HIDOE to restrict access to all controversial and inappropriate materials. Therefore, I will hold harmless HIDOE and its employees from any cause of action related to my child obtaining access to materials or software which may be deemed inappropriate.
- I have discussed the TRUG with my child and, therefore:
 - If available at the school, I agree that my child be assigned a HIDOE-owned or leased digital device;
 - I agree that my child be allowed access to HIDOE's internet/network services; and
 - I agree that my child be allowed access to the online educational services provided by the school.
- I understand that all software loaded on the device upon issuance to the assigned student is the property of the HIDOE. Copying this software to another device is not permitted and may violate copyright laws. Students/parents should not download or install any software on this device other than printer drivers for home printing or software specifically for access to a home network.
- By signing below, I, in consideration of HIDOE providing my child with HIDOE network and Internet access, agree to indemnify HIDOE for any losses, costs, or damages (including reasonable attorney fees) incurred by HIDOE relating to, or arising out of, any breach of these or other HIDOE rules by the student in using HIDOE-owned or leased digital devices, Network, and Internet. I shall assume responsibility for any damages to HIDOE-owned or leased digital devices while the student is using it, including paying for repairs.
- HIDOE assumes no responsibility for any unauthorized charges or fees, including telephone charges, long-distance charges, per-minute surcharges, and/or equipment on-line costs. Ordinary internet and network access and use will incur no such charges. Any such charges are the responsibility of the parent signing below.

This TRUF is valid for the student while attending _____, unless rescinded by the parent or
the TRUG has been revised. (school name)

Student Signature	Printed Name & Student ID#	Date
Parent/Guardian Signature	Printed Name	Date
Parent/Guardian Signature	Printed Name	Date



Student Information Form School Year 2022-2023

Student Name: _____ Grade Level: _____

All areas need to be filled out; DO NOT LEAVE BLANK

Address: *Mailing address will be used to send report cards, grade checks, important school documents, etc.*

Home Address:

Mailing Address:

Emergency: *Will be used when school is not able to contact Parent/Guardian 1 and 2*

Emergency Contact #1 _____

Phone: _____

Relationship to student: _____

Emergency Contact #2: _____

Phone: _____

Relationship to student: _____

Parent Notification: *Please check one area to indicate which parent(s) would like to receive notifications*

Check One:

_____ Parent #1 Only

_____ Parent #2 Only

_____ Both Parent 1 and 2 (Make sure to provide 2 different emails)

This includes:

- Student conflict, issues, concerns
- School Events
- Grade Checks

Comments: _____



Student Name: _____

Grade Level: _____

Parent/Guardian 1 Information:

Parent/Guardian Name

Relationship

Email Address:

Please provide a legible email as this will be used to send important info throughout the school year.

Work phone

Cell phone

Home phone

Does Parent have legal custody of child? Yes or No
If yes, please provide a copy of custody documents

Parent/Guardian 2 Information:

Parent/Guardian Name

Relationship

Email Address:

Please provide a legible email as this will be used to send important info throughout the school year.

Work phone

Cell phone

Home phone

Does Parent have legal custody of child? Yes or No
If yes, please provide a copy of custody documents

Parent/Guardian Signature: _____

Date: _____