



CURRENT STUDENT ENROLLMENT CHECKLIST 2026-2027

Student Name: _____ Date: _____ Grade Entering: _____

ALL CURRENT KCS STUDENTS ARE REQUIRED TO COMPLETE AN CURRENT STUDENT ENROLLMENT PACKET EACH SCHOOL YEAR.

Please review the enrollment checklist to ensure you have all required documents.

Any questions, please contact the school office at 808-690-9909

Packet Documents

- Parent Handbook Acknowledgement Form - Access Handbook on KCSHawaii.org., review, signature required
- Parent Information Form
- Health Form
- Media Release Form
- Parent Partnership Agreement
- Fee Schedule Form
- User Agreement and Parent Permission Form
- Emergency and Authorization to release Form

DOE Forms

- Family Household Survey- Title 1 Allocation Form
- McKinney-Vento Homeless Assistance Act Form
- FERPA Form - Student Publication/Audio/Video Release Form
- DOE Technology Responsible Use Form

Decrees

- UPDATED and/or NEW decrees, if any (divorce, adoption, foster parenting, Power of Attorney, etc.) must be submitted. It is a requirement.

Student Fee

- Student fee of \$50.00 is required upon first day of school. Fee covers (3) school uniforms and the balance will go toward student yearly fees.



IMPORTANT:
Handbook access: kcshawaii.org
Please read and review the entire Student and Parent Handbook 2026-2027. Once fully completed, please read the acknowledgment form below, sign, date, and return to KCS office administration.

Kapolei Charter School
SY: 2026-2027

PARENT ACKNOWLEDGEMENT FORM

I have received a copy of parent handbook dated School Year 2026-2027. I understand that the Handbook is not a contract, but rather a general overview of some of Kapolei Charter School's policies and procedures.

I understand that it is my responsibility to read the guidelines and procedures contained in this Handbook. If I do not understand anything in the Handbook, I will seek clarification from the Kapolei School Director.

I understand that Kapolei Charter School, in its sole discretion, may add, modify or cancel this handbook and any of its contents at any time.

I understand that compliance with the rules and policies contained in the handbook is a requirement for continued enrollment and that failure to follow the rules and policies may result in consultation and disciplinary action.

I understand that this version of the Parent/Student Handbook replaces and supersedes all previous versions and any other communications related to the same subject matter. If a previous policy, notice or communication conflicts with any provision of this handbook, I understand the provision in this handbook shall govern.

_____ Date

_____ Signature Parent/Legal Guardian Date

_____ Signature Parent/Legal Guardian Date

Please read and sign the form and return to Kapolei Charter School no later than **August 15th, 2026**



PARENT INFORMATION FORM 2026-2027

Please update information for new school year. Information may have change from previous year.

| | | | | |
|--|--|--|---------------------------------|--|
| Parent/Guardian 1: | | <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Other(specify): |
| Parent Full Name: | | | | |
| Does parent have legal custody? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Joint | | Does student reside with parent/guardian 1? <input type="checkbox"/> full-time <input type="checkbox"/> part-time | | |
| If step-parent, does he or she have permission to see educational records and discuss the student with staff? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Phone contacts: | | Email Address: | | |
| Cell | | Occupation: | | |
| Work | | Home Address: | | |
| Other | | Mailing Address | | |
| Parent/Guardian 2: | | <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Other(specify): |
| Parent Full Name: | | | | |
| Does parent have legal custody? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Joint | | Does student reside with parent/guardian 2? <input type="checkbox"/> full-time <input type="checkbox"/> part-time | | |
| If step-parent, does he or she have permission to see educational records and discuss the student with staff? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Phone Contacts: | | Email Address: | | |
| Cell | | Occupation: | | |
| Work | | Home Address: | | |
| Other | | Mailing Address | | |
| Parent/Guardian 3: | | <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Other(specify): |
| Parent Full Name: | | | | |
| Does parent have legal custody? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Joint | | Does student reside with parent/guardian 3? <input type="checkbox"/> full-time <input type="checkbox"/> part-time | | |
| If step-parent, does he or she have permission to see educational records and discuss the student with staff? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Phone Contacts: | | Email Address: | | |
| Cell | | Occupation: | | |
| Work | | Home Address: | | |
| Other | | 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.

PARENT SIGNATURE: _____ DATE: _____



HEALTH FORM 2026-2027

Student's Last Name: _____ First Name: _____

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

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 _____

THIS SECTION INTENTIONALLY LEFT BLANK



MEDIA / DIRECTORY RELEASE FORM 2026-2027

In order to respect the privacy of our students while achieving 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 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 FORM 2026-2027

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 FORM 2026-2027

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 \$50.00:

Uniform Fee (3 T-shirts at \$10 ea.) \$30 **Circle Size:** S M L XL XXL

Mailing/Text Fees: \$5 Tech Lab Fee: \$8 Class Dues: \$7

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 2026-2027 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



USER AGREEMENT AND PARENT PERMISSION FORM 2026-2027

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 _____



EMERGENCY AND AUTHORIZATION FOR EARLY RELEASE 2026-2027

| | | | |
|--------------------|--|---------|--|
| Student Name | | | |
| Parent/Guardian #1 | | Phone # | |
| Parent/Guardian #2 | | Phone # | |

I certify that I am custodial parent/legal guardian of the above named student, and I grant permission for my child to be released to any of the following individuals. *(each section must be completed)*.

PARENT IS **REQUIRED** TO CALL SCHOOL OFFICE TO NOTIFY THAT STUDENT WILL BE PICKED UP BY ONE OF THE SPECIFIED MEMBER(S) LISTED BELOW. ALL AUTHORIZED MEMBERS WILL BE REQUIRED TO SHOW A VALID I.D. UPON RELEASING STUDENT. SCHOOL WILL CALL PARENT IF ANY CONTACT BELOW ARRIVES ON CAMPUS TO REQUEST FOR STUDENT RELEASE WITHOUT NOTIFICATION FROM PARENT/GUARDIAN #1 OR #2.

If student becomes ill or is injured at school and parent/legal guardian cannot be contacted after 2 phone call attempts, school authorities are to contact and release student to contact #1 and/or #2 without notice. The first 2 contacts will be emergency contacts as well.

My child may be released to the following individuals:

EMERGENCY CONTACT #1: other than parent #1 and 2.

Name: _____ relation to child: _____

Address: _____ Phone: _____

EMERGENCY CONTACT #2: other than parent #1 and 2.

Name: _____ relation to child: _____

Address: _____ Phone: _____

CONTACT #1:

Name: _____ relation to child: _____

Address: _____ Phone: _____

CONTACT #2:

Name: _____ relation to child: _____

Address: _____ Phone: _____

CONTACT #3:

Name: _____ relation to child: _____

Address: _____ Phone: _____

CONTACT #4:

Name: _____ relation to child: _____

Address: _____ Phone: _____

I understand that my child will not be released to anyone other than those listed on this form. If there is an emergency, the first 2 listings will be contacted. If there are any changes, adjustments, deletions, additions to this list, I will submit the new information required to school office immediately.

Parent/Guardian Signature

Date:



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 she 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 make \$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.**

Charter Commission's Family Household Survey for SY 2025-2026

Instructions on how to complete this form are on the back.

SECTION A: Student Information

Last Name _____

First Name _____

Grade _____

Birthdate _____
(MM/DD/YYYY)

Student SIS ID# _____

SECTION B: Household Information

Teacher or Room # _____

(optional)

Step 1: What is your household size? _____ individuals

LEVEL A

LEVEL B

LEVEL C

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 6 and your total annual income is \$52,000, you would fill in the bubble under \$0 - \$62,738.

| | | | |
|-----------------------------------|---|---|--|
| If household size is 2 ... | \$0 - \$30,550 <input type="radio"/> | \$30,551 - \$43,475 <input type="radio"/> | \$43,476 or more <input type="radio"/> |
| If household size is 3 ... | \$0 - \$38,597 <input type="radio"/> | \$38,598 - \$54,927 <input type="radio"/> | \$54,928 or more <input type="radio"/> |
| If household size is 4 ... | \$0 - \$46,644 <input type="radio"/> | \$46,645 - \$66,378 <input type="radio"/> | \$66,379 or more <input type="radio"/> |
| If household size is 5 ... | \$0 - \$54,691 <input type="radio"/> | \$54,692 - \$77,830 <input type="radio"/> | \$77,831 or more <input type="radio"/> |
| If household size is 6 ... | \$0 - \$62,738 <input type="radio"/> | \$62,739 - \$89,281 <input type="radio"/> | \$89,282 or more <input type="radio"/> |
| If household size is 7 ... | \$0 - \$70,785 <input type="radio"/> | \$70,786 - \$100,733 <input type="radio"/> | \$100,734 or more <input type="radio"/> |
| If household size is 8 ... | \$0 - \$78,832 <input type="radio"/> | \$78,833 - \$112,184 <input type="radio"/> | \$112,185 or more <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.

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).



State of Hawaii • Department of Education
OFFICE OF STUDENT SUPPORT SERVICES



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

- Unsheltered**
Campground, car, beach/park, abandoned building, street or any other inadequate living space 06
- Shelter**
Emergency, transitional or domestic violence shelter, name of shelter: _____ 04
- Hotel/Motel**
*Due to lack of other suitable housing, **excludes** temporary lodging for military persons awaiting housing* 02
- Doubled Up**
Temporarily with family or other person due to loss of housing or as a result of economic hardship 03
- Permanent Housing**
Student who is living in a fixed, regular, and adequate housing situation  **If this box is checked, stop here and sign below; form is complete** 07

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

- 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.



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

Student Publication/Audio/Video Release

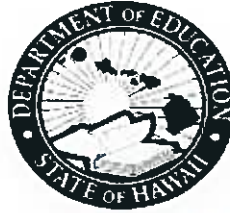
By providing Hawaii Department of Education (HIDOE) your permission, the student's names and/or likenesses, photo, video, and/or audio may be used in HIDOE school-related publication print and analog/digital media.

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.



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 |



Annual Notice of Asbestos 2026-2027

Dear Faculty, Staff, and Parents/Guardians:

In 1986, congress passed the Asbestos Hazard Emergency Response Act (AHERA) mandated the Asbestos-Containing Materials in Schools Rule, 40 CFR Part 763, which requires all primary and secondary school buildings to be inspected by AHERA accredited inspectors and to identify all asbestos containing building materials. The rule further requires the development of a management plan by an AHERA accredited management planner that is based on the findings of the inspection. The management plan outlines our intent in controlling the potential for exposure to asbestos fibers in our school.

In February 2001, Hawaii Administrative Rules Chapter 11-502 was adopted by the Hawaii State Legislature. These rules essentially mirror the requirements of the AHERA regulations. In both cases, the rule requires our school to notify parents, teachers, and employees of the presence and status of asbestos containing material in our school buildings.

The building that Kapolei Charter School occupies was constructed in 2008 to 2010 and has inspection data and/or exclusion statements verifying that no asbestos containing building materials were specified or used in construction. Any future renovations will also be documented as asbestos-free. In the future, if any suspect asbestos containing materials (ACM) that are not documented as asbestos-free will be added to the asbestos management plan as assumed ACM and be subject to biannual periodic surveillance to assure that the materials are in good condition and pose no health and safety risk.

A copy of the management plan is on file in the administrative office and is available for your review during our regular school hours.

Should you have any questions, please call the school at: 808-690-9909.

Sincerely,

Dr. Wanda Villareal
Kapolei Charter School Director