



Hālau Kū Māna

New Century Public Charter School

2101 Makiki Heights Drive Honolulu, Hi. 96822

Phone: (808) 945-1600 Fax: (808) 945-1604

Website: www.halaukumana.org

Aloha e nā makua,

Welcome to Hālau Kū Māna's learning 'ohana. There are many new and exciting things happening this school year. We look forward to working closely with you to accomplish our shared goal of promoting quality Hawaiian-focused education by helping our 'ōpio realize their highest potential. Mahalo for your commitment and continued support!

The following forms are required and must be returned to Hālau Kū Māna's main office along with your student fee payment by **Friday July 13, 2018**.

Forms included in this packet are:

- 'Ae Like Contract
- Authorization, Consent and Release for Treatment of a Minor
- Emergency Card
- McKinney Vento Questionnaire
- Non-Disclosure of Information (OPT OUT)
- 'Ohana Contact Information Form
- Release and Waiver of Liability and Indemnity Agreement
- Student Publication/Audio/Video Release Form
- Tech Use/Computer Agreement (Grades 7-12)

When turning in completed packets to the office, you will need to pick up a Student Information Privacy booklet.

YOU MUST COMPLETE ALL FORMS FOR EACH OF YOUR CHILDREN.

If you have any questions, please feel free to call us at (808) 945-1600.

Na mākou me ka 'oia'i'o,
Hālau Kū Māna Public Charter School Administration



Hālau Kū Māna

New Century Public Charter School

'Ae Like

Collective Values and Actions

As members of Hālau Kū Māna's learning 'ohana, we recognize the following values, traits, attitudes, and actions as essential ingredients for building and maintaining a thriving family-oriented, community-based place of learning:

'Ōpio (Student):

- **Kū i ka māna, Kūlia i ka nu'u, Kūpono** – Strive for māna, reach for your highest potential, and be pono!
- **Mālama** – Demonstrate concern and care toward our environment and all members of our learning 'ohana, Hālau Kū Māna
- **Makawalu** – Always be open to multiple perspectives and ways of learning
- **Laulima** – Accept responsibilities, contribute to the 'ohana, Hālau Kū Māna
- Learn and actively perpetuate **Hawaiian language, culture, and values**
- **Attend Hālau EVERY DAY as scheduled and on time** unless there is legitimate illness, injury, or emergency
- **Communicate with a makua any problems or frustrations** concerning the Hālau, other makua, 'ōpio, or your own life situations
- **Kōkua, Mahalo, a me Aloha kekahi i kekahi** – Help, respect and appreciate, and show aloha to one another

Makua ('Ohana, Parent/Guardian):

- All expectations and commitments mentioned above, except for attending Hālau every day!
- Attend Hālau Kū Māna's quarterly pā'ina, Lā 'Ohana (at least one makua per 'ohana)
- Attend quarterly 'Ohana Conferences with staff to review your 'ōpio's progress (at least one makua per 'ohana)
- Read memos and initial your child's assignment book DAILY
- APPRECIATE YOUR CHILD'S DAILY SUCCESS
- Provide input and feedback on overall well-being of your child as necessary, and return calls from HKM staff within 24 hours
- Participate fully in at least two school wide fundraisers each year. This helps strengthen relations within the 'ohana, and raise awareness and support in the community.
- Kōkua 16 hours per year, contributing to the needs of our 'ōpio and 'ohana overall (see the 'Pehea la e kōkua ai' list)
- Join at least one committee
- Be familiar with and abide by HKM's 'Ohana Handbook

Makua A'o ('calabash' parent, a.k.a. HKM Staff):

- All expectations and commitments mentioned above
- Maintain passion, commitment, and perseverance in providing the highest quality learning experience for our 'ōpio
- Know each student personally as an individual – for their strengths, challenges, and specialties
- Engage in respectful collaboration with all members of the learning 'ohana
- Join at least one committee
- Participate in all required professional development events and opportunities
- Written and verbal evaluations prepared for each makua/'ōpio conference, and as necessary to monitor progress of 'ōpio
- Initial response to 'ōpio or makua concerns by the same or next day



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STUDENT AND PARENT CONTRACT

Failure to abide by the conditions of this contract may result in loss of privilege to attend HKM.

STUDENT COMMITMENT:

I want to join HKM and become an active member of the Hālau Kū Māna Public Charter School learning 'ohana. As an active member of this learning 'ohana, I agree to: perpetuate Hawaiian language, culture and traditions, and to kūlia i ka nu'u (strive to reach my highest level).

This means I will make every effort to attend school every day and on time, work as hard as I can on all my projects and assignments, become fluent in the Hawaiian language and knowledgeable in Hawaiian culture, practice Hawaiian values such as aloha, mālama, kōkua and mahalo, help my fellow school mates and teachers whenever I can, and contribute to the collective growth of HKM.

PARENT/GUARDIAN COMMITMENT:

I agree to have my son/daughter join Hālau Kū Māna Public Charter School. Since research indicates a strong relation between parent involvement and student success, I agree to become an active member of the Hālau Kū Māna learning 'ohana, to help my son/daughter perpetuate Hawaiian language, culture and traditions, and help him/her to reach his/her highest level. I also agree to support my son/daughter in achieving excellence by making every effort that my son/daughter will come to school every day and on time and that he/she will complete all assigned work. I further agree to contribute to the collective success of HKM in every way I can, and contact HKM immediately should I have any questions or concerns regarding my son/daughter's performance, attitude or behavior.

II. RESEARCH PARTICIPATION RELEASE

I consent to HKM producing visual images and/or audio representations and reproductions of the undersigned student and his/her schoolwork (Materials). I consent to HKM's use of the Materials in any manner and purpose deemed appropriate by HKM. I waive any rights to approve the Materials and I understand that HKM is not obligated to use any of the Materials. I understand that any proceeds generated by the sale or use of the Materials will be used for the benefit of all HKM students.

I grant permission for my son/daughter to be a part of any HKM research project, and any tapes, videos, photographs or other reproductions of voice and image may be utilized for the purposes of the research project(s). I understand that my son/daughter's name and other demographic information, which might identify him/her, will not be used without permission. I will contact the Head of School at 945-1600 should I have any questions or concerns regarding HKM's research projects.

Name of Student

Signature of Research Participant

Date

Name of Parent/Guardian

Signature of Parent/Guardian

Date



'Ohana Contact Information Form

Please write neatly and clearly. It is important that Hālau Kū Māna has your current contact information at all times to keep communication and in case of emergencies.

Student Information:

Student's Name: _____ Student Grade: _____

Student Address: _____

Home Phone: _____

Parental Authority (please circle or explain): Parents / Mother / Father / Legal Guardian

Other: _____

Hālau Kū Māna must be notified of any changes in your child's custodial status during or after enrollment. Any court or legal documents must be submitted to the office in a timely manner. Legal documents to include temporary restraining orders (TROs), child custody orders, divorce decee, legal guardianship, name changes, power of attorney, etc.

Parent/Guardian Information:

Mother/Guardian Name: _____ Email: _____

Work Phone: _____ Mother's Cell: _____

Father/Guardian Name: _____ Email: _____

Work Phone: _____ Father's Cell: _____

*Contact information will also be used for 'Aha Mākua to send event notifications, solicitations for volunteers/donations, and school news.

Please indicate the phone number you would like us to use for One Call Now, our phone messaging system, that will send calls for school-wide messages, absences, etc.

Circle One: Mother/Guardian Father/Guardian

Phone Number: _____

Email: _____

EMERGENCY CARD

(This card needs to be completed every school year.)

School: Hālaui Kū Māna Public Charter School Date: _____

Name: _____ Sex: M F Birthdate: _____
[Last Name] [First Name] [Middle Initial] [Month] [Day] [Year]

Home Address: _____ Apt. No.: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____ Zip Code: _____

Child resides with: _____

Father's/ Guardian's Name: _____	Mother's/ Guardian's Name: _____
Employer: _____	Employer: _____
Active Duty: Yes <input type="checkbox"/> No <input type="checkbox"/>	Active Duty: Yes <input type="checkbox"/> No <input type="checkbox"/>
Branch of Military Service: _____	Branch of Military Service: _____
Home Phone: _____	Home Phone: _____
Business Phone: _____	Business Phone: _____
Cellular Phone: _____	Cellular Phone: _____
E-mail Address: _____	E-mail Address: _____

EMERGENCY CONTACTS In case child listed above becomes ill or is injured at school and I cannot be contacted, the school authorities have my permission to contact and release my child to the custody of one of the following:

	Name	Relationship	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for school authorities to take appropriate action for the safety and welfare of my child.

Parent's/Guardian's Signature



Hālau Kū Māna
New Century Public Charter School

Authorization, Consent and Release for Treatment of a Minor

I/We, the undersigned legal parents/guardians of _____, a minor, give my full consent for any reasonable or necessary medical examination, treatment and care to be provided to said minor, as deemed advisable by an attending medical physician and/or nurse practitioner or as required by state or local law. I/We fully understand that in the event of a medical injury or emergency, I/We may not be reached to provide consent for necessary treatment, psychiatric treatment or hospital care, including but not limited to surgical procedures, as deemed necessary by a medical physician or nurse practitioner. I/We fully understand that Hawai'i law may provide this minor certain rights of access and confidentiality in these medical services.

I/We fully understand that this medical authorization is given in advance of any specific diagnosis, treatment and/or care provided. I/We fully understand and agree that Hālau Kū Māna is not responsible for any and all bills incurred due to medical care provided to this minor.

I/We agree not to hold Hālau Kū Māna, it's agents or employees liable for any illness or injury suffered by this minor, or for any course of medical treatment provided (or not provided) to this minor, or for any decisions regarding medical care and treatment for this minor made pursuant to this authorization.

I/We acknowledge that I/We have read and fully understand each provision of this authorization, consent and release and agree to abide by and be legally bound by each of these terms.

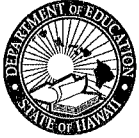
Print Parent/Guardian Name

Phone

Parent/Guardian Signature

Date

State of Hawaii · Department of Education
HOMELESS CONCERNS OFFICE



475 22nd 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: _____
 - Maui:** 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.



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 Form SY18-19

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 a 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 the student's name, voice, likeness or images of student work for the purposes described in this form.

I hereby give my permission to Hālau Kū Māna 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 legitimate educational purposes:

- Publication on HKM websites or in print or other digital media (see back page for examples) • HKM staff professional development, including peer and advisory observations
- HKM 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 HKM 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 HKM 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.

Please check one:

<input type="checkbox"/> Yes, I agree to the provisions above and HKM has OR	<i>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</i>
<input type="checkbox"/> No, HKM does not have	<i>educational purpose stated below.</i>

Student's Name _____

Parent/Guardian/Eligible Student Name (Please Print) _____

Signature of Parent/Guardian/Eligible Student _____



Hālau Kū Māna

New Century Public Charter School

Technology Responsible Use Form

(for digital devices, network, and internet serviced owned and leased by Hālau Kū Māna 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 Hālau Kū Māna 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 Hālau Kū Māna 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 HKM-owned or leased digital devices outside of HKM property/school.
- HKM may bar access by students to certain material not deemed for educational purposes; however, I also understand it is impossible for HKM to restrict access to all controversial and inappropriate materials. Therefore, I will hold harmless HKM 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 HKM-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 HKM. 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 HKM providing my child with HKM network and Internet access, agree to indemnify HKM for any losses, costs, or damages (including reasonable attorney fees) incurred by HKM relating to, or arising out of, any breach of these or other HKM rules by the student in using HKM-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.
- HKM 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 attending HKM for the 2018-2019 school year, unless rescinded by the parent or the TRUG has been revised.

Student Signature	Printed Name	Date
Parent/Guardian Signature	Printed Name	Date
Parent/Guardian Signature	Printed Name	Date



Hālau Kū Māna
New Century Public Charter School

One-to-One Laptop Agreement
(Grades 7 – 12 ONLY)

HKM offers a One-to-One Laptop program for students in grades 7 -12. Student in these grades are offered the utilization of a school issued laptop for school related purposes. Ohana who elect to utilize a school issued laptop will check one out at the beginning of the school year, along with a charger. At the end of the year, all laptops and chargers must be returned *prior to the last day of the school year*. The use of an HKM issued laptop is a privilege and not a right, as such students must abide by the guidelines noted below. Although not required, it is strongly recommended that each student take advantage of this opportunity. Students who do not check out a laptop for the year, **WILL NOT BE ALLOWED TO BORROW LAPTOPS ON A DAILY BASIS** – as our inventory does not allow for it.

STUDENTS who are issued a school laptop agree to:

- Assume full personal responsibility for their assigned laptop
- *Mālama* the laptop as if it is their own;
- Bring the laptop to school fully charged daily;
- Utilize the laptop for school/class related purposes ONLY (see Technology Responsible Use Form). Use of HKM laptop for entertainment purposes such as playing games, watching YouTube, accessing music sites, social media is **NOT PERMITTED**;
- Not allow others to use your assigned laptop;
- Knowing the whereabouts of their laptop at all times;
- Immediately report any damage, lost or stolen laptop to the school office; and

PARENTS also agree to:

- Regularly inspect the school issued laptop for appropriate use and/or damages;
- Immediately report any damage, lost or stolen laptop to the school office;
- Assume full financial responsibility for any damages as a result of abuse, neglect, loss or theft. Parents are required to repair or replace the laptop at its current value.

Replacement laptops cost between \$500 – \$1,200; Replacement chargers cost between \$25 - \$100

Students who bring their own laptop to school shall assume all risk and liability for the device, including damages, lost or stolen. Further, the same expectations noted above and on the Technology Responsible Use Form apply, no exceptions.

CONSEQUENCES FOR MISUSE AND MISPLACED LAPTOPS

(Applies to HKM Laptops AND Personal Laptops)

OFFENSE	CONSEQUENCES
First Offense	If a laptop is confiscated, there is NO borrowing privileges. Students will still be expected to complete any assignment using other means (home computer, hand-written, etc.) Laptop is confiscated and returned at the end of the school day.
Second Offense	Laptop is confiscated and returned to a parent, <u>one week</u> later.
Third Offense	Laptop is confiscated for the <u>remainder of the current quarter</u> . If offense occurs within <u>2 weeks</u> of the end of the quarter, the consequence will apply during the new quarter.
Fourth Offense	Laptop is confiscated for the <u>remainder of the school year</u>



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SELECT ONE below

1. _____ (Student Initials) _____ (Parent Initials) After reading and discussing the terms outlined above, we will be checking out an HKM laptop for this school year.

Your signatures below indicated that you have read and agree to the terms outlined above and understand the consequences for non-compliance to said terms. Further, your signature affirms that you are assuming full responsibility of an HKM issued laptop, including all costs associated with any necessary repairs and replacements for damaged laptops as a result of abuse, neglect, loss or theft.

(Student Signature)

(Parent Signature)

2. _____ (Student Initials) _____ (Parent Initials) After reading and discussing the terms outlined above, we will **NOT** be checking out an HKM laptop for this school year and will access to our own laptop/computer device for the current school year. I also understand that I (student) will not be allowed to borrow an HKM computer, with the exception of testing.

For Office Use Only:

Serial Number:

Charger: _____(yes) _____(no)

Check OUT

Student Sign

Date

Staff Sign

Date

Check IN

Student Sign

Date

Staff Sign

Date