

# **KAMAILE ACADEMY PCS**

## **REGISTRATION AND ENROLLMENT**

*Kamaile Academy PCS is a public conversion charter school and serves PreK-12 students. Our K-6 elementary school is the home school, which serves the districted geographic area. Our secondary school, grades 7<sup>th</sup> -12<sup>th</sup> is a choice school.*

*Kamaile Academy enrolls any student who resides within the school's geographic service area for grades K-6.*

Student applications to Kamaile Academy PCS will be accepted year round in the registration office; however, applications from students who reside outside the geographical service area for grades K-6 received after the first day of the school year for students will automatically be waitlisted if no seats are available in that grade level.

### **Grades K-6**

For grades K-6, Kamaile Academy fills excess capacity in grade levels in order of the following priorities:

1. Siblings of current students and children of faculty and staff members will be given first priority, based on space availability. Children of faculty and staff shall not comprise more than 10% of the total student enrollment.
2. For any seats still available, Kamaile will accept applications from students who reside outside of the geographic service area. A public lottery will take place if the number of applications exceeds the grade level capacity. The lottery will take place a week before the students' first day once Kamaile has determined the number of available seats in each grade level.
3. After grade level capacity is met, applicants will be waitlisted in the priority listed above. At the end of the school year, all waitlisted applicants must re-apply for the following school year.
4. For students who move out of the geographic service area mid-year, the child may continue attending Kamaile through the end of the current school year. However, the family must submit an application for enrollment the following school year.
5. Students enrolled who are living outside the geographical service area will have to re-apply annually and may be subject to the lottery.

## **Grades 7th-12th**

For students entering 7th grade, a public lottery will take place if the number of applications exceed the grade level capacity. This takes place in early spring each year. All parents who indicate in writing that they are interested in grade 7 placements at Kamaile will be entered into a lottery. Names will be pulled by administration and parent/guardian will be notified of the results if they were not present at the lottery. Remaining students will be on a waitlist based on the order of the lottery pull.

All seventh graders must complete a physical examination pursuant to state law. For more information about the 7th grade physical examination requirement, visit [www.hawaiipublicschools.org](http://www.hawaiipublicschools.org) and search for "Physical Exam."

After the first day of the school year, students will be placed on a waitlist if the grade level the student is applying for is at capacity.

## **PreK Program**

Kamaile Academy offers a free PreK program through a federal grant. The free program is made available to income eligible families whose children are born between August 1, 2012 and July 31, 2013 for school year 2017-2018. For more information, please contact our registration office.

**KINDERGARTEN AND NEW STUDENTS (Private or Out of State):** The following information is required for children enrolling in any Hawaii public School for the first time:

1. Original Birth Certificate
2. Completed and signed Health Record Card (Form 14)
3. Release or transcript from previous school
4. Proof of Residency
  - a. Rental or lease agreement
  - b. Utility bill with name of the legal parent/guardian with current address
5. Hawaii School Attendance Law requires all children entering any school in the State of Hawaii for the first time to complete all health requirements. If not completed, your child will be excluded from school. The health requirements are as follows:
  - a. Tuberculin test (Mantoux) or x-ray test, negative report must be presented before a child can be admitted to school. Tuberculin tests done in foreign countries are not

- acceptable. Completed health record proving that a physical examination was completed within ONE year before school entry .
- b. All immunization requirements have been met.
  - c. Ages 2 - 6: Oiptheria-Pertussin-Tetanus (OPT), Polio Hib (Haemophilus influenza type b - children under 5)
  - d. Ages 6+: OPT, Polis, MMR (Measles, Mumps Rubella), Hepatitis B
6. If your child is exempted from any health requirements for medical or religious reasons, proper forms must be completed before entry.
  7. Should your child require special medical consideration (e.g. allergies, heart condition, etc.) a doctor's note is required.
  8. Transferring students from another state or territory of U.S. must show proof that the health requirements have been met prior to school entry. Out of state records showing physical examination, tuberculin test and immunizations must be shown and verified.
  9. If your child received Special Education services at another school, a copy of the Individualized Education Plan (IEP) would help the school make proper educational decisions and make the proper requests for educational placement and/or evaluations.
  10. All families registering under the McKinney Vento Act (MVA) must inform our registration office.
  11. Identification shall be
    - a. State ID
    - b. Driver's License
    - c. Passport

**ENROLLMENT FROM OTHER HAWAII PUBLIC SCHOOLS:** Students enrolling from another Hawaii public school must present to the school office the official release, which is issued by the releasing school. If your child was receiving Special Education services, please advise the registrar that your child was receiving services. A copy of the Individualized Education Plan (IEP) would help the school make proper educational decisions and make the proper requests for educational placement and/or evaluations.

# **Kamaile Academy - Kindergarten Registration Process**

Children born in 2012

Must be 5 years old on or before July 31, 2017

to enter Kindergarten for SY 2017-2018

The following documents are **REQUIRED** for registration:

1. Completed Kamaile Application
2. Completed Keiki Step Application (Summer Program)
  - a. Children with no pre-school experience will be taken first
3. Child's Birth Certificate (Original)
4. Form 14(Physical Health records from doctor) or Appointment Slip with Date & Time
5. Current TB clearance completed before start of school
  - a. No TB clearance child cannot start school
6. Proof of Residency
  - a. Rental or lease agreement
  - b. Utility bill with name of the legal parent/guardian with current address.
7. All families registering under the McKinney Vento Act (MVA) must inform registration.
8. Identification shall be
  - a. State ID
  - b. Driver's License
  - c. Passport

Note: If any of the following listed above is not attached to enrollment forms the child will not be allowed to enter until all documents have been received.

School Name: <b>KAMAILE ACADEMY PCS</b>		Complex Area: <b>LEEWARD</b>		
<b>STUDENT ENROLLMENT FORM SIS-10W (Revised)</b>		Student ID No. _____	Entry Date _____	Entry Code _____ <i>For school use only</i>
<b>INSTRUCTIONS: PRINT YOUR ENTRIES LEGIBLY</b>		Ethnicity/Race Observed: _____ Initial _____ Date _____		
<b>STUDENT PERSONAL DATA</b>				
Legal Last Name: _____		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Grade Level: _____	
Legal First Name: _____		Birth Date: _____		
Middle Initial: _____	Suffix: (Jr, II, III, etc): _____	Verification of DOB: _____		
<input type="checkbox"/> Not Homeless		<input type="checkbox"/> Homeless*		<input type="checkbox"/> Completed MVA Packet
_____ DOE Representative Signature		_____ Parent/Legal Guardian Signature		
<p>*"Homeless" means individuals who lack a fixed, regular and adequate nighttime residence (within the meaning of section 42 USCS §11302(a)(1)) and includes:</p> <ul style="list-style-type: none"> <li>(i) children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement.</li> <li>(ii) children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of 42 USCS §11302(a)(2)(C));</li> <li>(iii) children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings; and</li> <li>(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle.</li> </ul> <p style="text-align: center;">If you have any questions regarding the above, please call 1-866-927-7095</p>				
<b>PRESCHOOL EXPERIENCE</b>		<b>LAST HAWAII PUBLIC SCHOOL ATTENDED</b>		
Preschool Experience <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" – attended: <input type="checkbox"/> less than 6 months <input type="checkbox"/> between 6 and 12 months <input type="checkbox"/> more than 1 year		Name: _____ Last Grade Attended: _____ Year: _____		
Pre-School Program: (if applicable) <input type="checkbox"/> EOEL <input type="checkbox"/> KALO <input type="checkbox"/> PDG				
<b>PRIOR SCHOOL ATTENDED (If not Hawaii Public School)</b>				
Name: _____		U.S. Phone: _____		
Address: _____		U.S. Fax: _____		
<b>CITIZENSHIP</b>				
Country of Birth: _____		If Country of Birth is other than US, give year of arrival: _____		
US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		If not US Citizen, indicate status: Refugee _____ Immigrant _____ Non-Immigrant _____		
<b>LANGUAGE INFORMATION</b>				
Language Codes: (Select a letter from the list and fill in the blanks below)				
_____ Language (Spoken) at Home		_____ First (Acquired) Language		_____ Language Most Used
A – English	F – Cebuano/Visayan	K – Vietnamese	Q – Fijian	V – Pangasinan
B – Cantonese	G – Hawaiian	M – Chuukese	R – Hmong	W – Portuguese
C – Mandarin	H – Japanese	N – Pohnpeian	S – Lao	X – Spanish
D – Ilocano	I – Korean	O – Cambodian	T – Marshallese	Y – Thai
E – Tagalog	J – Samoan	P – Chamorro	U – Pampango	Z – Tongan
L – Other (Specify): _____				



Please complete ETHNICITY INFORMATION, RACE INFORMATION, and PRIMARY ETHNICITY/RACE INFORMATION

ETHNICITY INFORMATION

Are you (J) Hispanic (Ex. Cuban, Mexican, Puerto Rican, Spanish, Other Hispanic)?  Yes  No

RACE INFORMATION

Check all that apply:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> A - American Indian or Alaska Native | <input type="checkbox"/> E - Native Hawaiian | <input type="checkbox"/> K - Samoan   | <input type="checkbox"/> P - Tongan                 |
| <input type="checkbox"/> B - Black                            | <input type="checkbox"/> G - Japanese        | <input type="checkbox"/> L - White  | <input type="checkbox"/> Q - Guamanian/Chamorro     |
| <input type="checkbox"/> C - Chinese                          | <input type="checkbox"/> H - Korean          | <input type="checkbox"/> N - Indo-Chinese (Ex. Cambodian, Laotian, Vietnamese)  | <input type="checkbox"/> R - Other Asian            |
| <input type="checkbox"/> D - Filipino                         | <input type="checkbox"/> I - Portuguese      | <input type="checkbox"/> O - Micronesian (Ex. Chuukese, Marshallese Pohnpeian,) | <input type="checkbox"/> S - Other Pacific Islander |

PRIMARY ETHNICITY/RACE INFORMATION

What is the student's primary race? (Select only ONE letter from either the ethnicity or race list and fill in the blank) \_\_\_\_\_

I decline to provide ethnicity and race information. I understand that if I do not provide this information, a school representative will designate the ethnicity and race categories for my child.

LEGAL PARENT/GUARDIAN LIVING IN THE HOUSEHOLD WITH STUDENT

FIRST PARENT/GUARDIAN

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

Marital Status:  Married  Divorced  Separated  Single Custody of Child:  Yes  No

Custody Documentation Submitted:  Yes  No Custody Type:  Sole Custody  Physical Custody  Joint Legal

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_

Home Address: \_\_\_\_\_ APT# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (# different from Home Address): \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cellular Phone # \_\_\_\_\_ Pager # \_\_\_\_\_ Work Phone # (include ext.) \_\_\_\_\_

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

Allow this person access to: (circle all that apply) mailing / portal (if applicable) / messenger

EMERGENCY CONTACT: (circle one) Call Sequence 1 2

Is this parent/guardian a member of the Armed Services, National Guard or Reserves?  Yes  No

Military Status (check one):  Traditional Reservist / M-Day  Active Duty (Title 10)  Federal Technician (Title 32)

Deployed?  Yes  No

Branch of Service (check one):

- |                                    |  |   |   |
|------------------------------------|--|---|---|
| <input type="checkbox"/> Army      | <input type="checkbox"/> Marine              | <input type="checkbox"/> Air National Guard | <input type="checkbox"/> Navy Reserves        |
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Coast Guard         | <input type="checkbox"/> Army Reserves      | <input type="checkbox"/> Marine Reserves      |
| <input type="checkbox"/> Navy      | <input type="checkbox"/> Army National Guard | <input type="checkbox"/> Air Force Reserves | <input type="checkbox"/> Coast Guard Reserves |

Does this person work for the Federal Government or work on Federal Property?  Yes  No

## LEGAL PARENT/GUARDIAN LIVING IN THE HOUSEHOLD WITH STUDENT

SECOND PARENT / GUARDIAN

Check one:  Mr.  Mrs.  Ms.  Other (specify): \_\_\_\_\_ Relation: \_\_\_\_\_  
 Marital Status:  Married  Divorced  Separated  Single Custody of Child:  Yes  No  
 Custody Documentation Submitted:  Yes  No Custody Type:  Sole Custody  Physical Custody  Joint Legal

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_

Home Address: \_\_\_\_\_ APT# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from Home Address): \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cellular Phone # \_\_\_\_\_ Pager # \_\_\_\_\_ Work Phone # (include ext.) \_\_\_\_\_

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

Allow this person access to: (circle all that apply) mailing / portal (if applicable) / messenger

EMERGENCY CONTACT: (circle one) Call Sequence 1 2

Is this parent/guardian a member of the Armed Services, National Guard or Reserves?  Yes  No

Military Status (check one):  Traditional Reservist / M-Day  Active Duty (Title 10)  Federal Technician (Title 32)

Deployed?  Yes  No

Branch of Service (check one):

- |                                    |  |   |   |
|------------------------------------|--|---|---|
| <input type="checkbox"/> Army      | <input type="checkbox"/> Marine              | <input type="checkbox"/> Air National Guard | <input type="checkbox"/> Navy Reserves        |
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Coast Guard         | <input type="checkbox"/> Army Reserves      | <input type="checkbox"/> Marine Reserves      |
| <input type="checkbox"/> Navy      | <input type="checkbox"/> Army National Guard | <input type="checkbox"/> Air Force Reserves | <input type="checkbox"/> Coast Guard Reserves |

Does this person work for the Federal Government or work on Federal Property?  Yes  No

## PARENT/GUARDIAN NOT LIVING WITH STUDENT

PARENT / GUARDIAN

Check one:  Mr.  Mrs.  Ms.  Other (specify): \_\_\_\_\_ Relation: \_\_\_\_\_  
 Marital Status:  Married  Divorced  Separated  Single Custody of Child:  Yes  No

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_

Home Address: \_\_\_\_\_ APT# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from Home Address): \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cellular Phone # \_\_\_\_\_ Pager # \_\_\_\_\_ Work Phone # (include ext.) \_\_\_\_\_

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

Allow this person access to: (circle all that apply) mailing / portal (if applicable) / messenger

EMERGENCY CONTACT: (circle one) Sequence 1 2 3



## LEGAL PARENT/GUARDIAN NOT LIVING WITH STUDENT (cont.)

GUARDIAN

Is this parent/guardian a member of the Armed Services, National Guard or Reserves?  Yes  No

Military Status (check one):  Traditional Reservist / M-Day  Active Duty (Title 10)  Federal Technician (Title 32)

Deployed?  Yes  No

Branch of Service (check one):

<input type="checkbox"/> Army	<input type="checkbox"/> Marine	<input type="checkbox"/> Air National Guard	<input type="checkbox"/> Navy Reserves
<input type="checkbox"/> Air Force	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Army Reserves	<input type="checkbox"/> Marine Reserves
<input type="checkbox"/> Navy	<input type="checkbox"/> Army National Guard	<input type="checkbox"/> Air Force Reserves	<input type="checkbox"/> Coast Guard Reserves

Does this person work for the Federal Government or work on Federal Property?  Yes  No

### EMERGENCY CONTACT INFORMATION

FIRST

(Person To Notify In Case Of Emergency Other than First or Second Parent/Guardian Contact)

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

\_\_\_\_\_  
Last Name First Name Email Address

\_\_\_\_\_  
Home Phone # Cellular Phone # Pager # Work Phone # (include ext.)

EMERGENCY CONTACT: (circle one) Call Sequence 1 2 3 4 5

SECOND

(Person To Notify In Case Of Emergency Other than First or Second Parent/Guardian Contact)

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

\_\_\_\_\_  
Last Name First Name Email Address

\_\_\_\_\_  
Home Phone # Cellular Phone # Pager # Work Phone # (include ext.)

EMERGENCY CONTACT: (circle one) Call Sequence 1 2 3 4 5

### SCHOOL SUPPLEMENTARY INFORMATION

	Legal First, Middle Initial & Last Name	HIDOE School Attending	DOB	Grade	Relationship
Other Children In HIDOE Schools:	1. _____	_____	_____	_____	_____
	2. _____	_____	_____	_____	_____
	3. _____	_____	_____	_____	_____
	4. _____	_____	_____	_____	_____

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

FOR SCHOOL USE:



**OFFICE USE ONLY:**

Student ID: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Modified by: \_\_\_\_\_

FILE IN CUMULATIVE FOLDER

**Student Information Update Form****REQUIRED INFORMATION:**\_\_\_\_\_  
Student's Legal Name (Last, First, MI)\_\_\_\_\_  
Grade\_\_\_\_\_  
Date of Birth\_\_\_\_\_  
Parent/Legal Guardian Signature\_\_\_\_\_  
Date

Please fill out only the information that has changed. Information provided will be entered into the Hawaii Department of Education Student Information System. Address changes require proof of residence. Other legal changes require official documentation.

**HOUSEHOLD INFORMATION**

A household is the designation of a group of people in one nuclear family who live in the same home. All households must include at least one parent or legal guardian. Any school-aged siblings residing in the same house and attending a Hawaii DOE school should also be listed as household members. Changing demographic information for one sibling in a household will change the information for all siblings in the household.

Primary Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Primary Address: \_\_\_\_\_ City: \_\_\_\_\_ State: HI Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: HI Zip Code: \_\_\_\_\_

1) **Legal Parent/Guardian** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to student:      Father      Mother      Legal Guardian

Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Work: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Other: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address if different from student's:

\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing contact: yes no

Indicate if applicable: Military/Branch of Service: \_\_\_\_\_ or Works on Federal Gov't property?

**OFFICE USE ONLY:**

Student ID: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Modified by: \_\_\_\_\_

FILE IN CUMULATIVE FOLDER

## Student Information Update Form

### REQUIRED INFORMATION:

\_\_\_\_\_  
Student's Legal Name (Last, First, MI)

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date of Birth

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

\_\_\_\_\_  
Date

Please fill out only the information that has changed. Information provided will be entered into the Hawaii Department of Education Student Information System. Address changes require proof of residence. Other legal changes require official documentation.

### HOUSEHOLD INFORMATION

A household is the designation of a group of people in one nuclear family who live in the same home. All households must include at least one parent or legal guardian. Any school-aged siblings residing in the same house and attending a Hawaii DOE school should also be listed as household members. Changing demographic information for one sibling in a household will change the information for all siblings in the household.

Primary Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Primary Address: \_\_\_\_\_ City: \_\_\_\_\_ State: HI Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: HI Zip Code: \_\_\_\_\_

1) Legal Parent/Guardian Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to student:      Father      Mother      Legal Guardian

Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Work: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Other: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address if different from student's:

\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing contact: yes no

Indicate if applicable: Military/Branch of Service: \_\_\_\_\_ or Works on Federal Gov't property?





Dear Parent/Guardian of Kamaile Academy student:

Our school is participating in the Community Eligibility Provision (CEP) pilot program which allows *all students* to receive one breakfast and one lunch each school day at no charge to the family. All enrolled students will receive these free meals, and we will not be administering the free/reduced priced meal applications that we have used in previous years. Instead, we will be collecting the Family Household Survey (see page 3) for students at our school.

The information these surveys provide the school is very important for our school and your child to be considered for other benefits and funding opportunities. Many state and federal programs use socioeconomic status (that is, household and income information) to determine eligibility for their programs. Although your child will receive free breakfast and lunch for the entire school year at Kamaile Academy even if this survey is not returned, returning this form will help to ensure that your child and our school will receive benefits that support your child's education.

**If I have more than one child, do I need to fill out a form for each child?**

- Yes, for *each* child attending schools participating in CEP please return a separate form. You should receive a form for each child who is attending a school that is participating in CEP.
- If other children in your household attend a school that is *not* participating in CEP, they will not automatically get free meals. You will need to submit a Free/Reduced Meal Application in order for them to be eligible to receive free or reduced price meals.

*For a list of the schools participating in CEP and other information about the CEP pilot, visit <http://bit.ly/HawaiiCEP>.*

Please complete and return the attached survey (page 3) to your child's teacher or to the school office at Kamaile Academy. If you have any questions about the purpose of this form or how to complete it, please contact our school at (808) 697-7110. Thank you for your support.

Sincerely,

Anna Winslow, Principal

### 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 3.
- 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 2017-18

for Hawai'i Public Schools participating in the Community Eligibility Provision (CEP) Pilot

Please refer to Page 2 for instructions/guidelines to complete this form.

## SECTION A: Student Information

Last Name

First Name

Grade

Birthdate

Teacher or Room # (optional)

Student SIS ID# (10-digit)

## SECTION B: Household Information

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

Refer to the guidelines on page 2.

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 \$48,050 you would bubble in the range \$0- \$52,337.

\$0 - \$52,337



If household size is **2**...

\$0 - \$34,540



\$34,541 or more



If household size is **3**...

\$0 - \$43,438



\$43,439 or more



If household size is **4**...

\$0 - \$52,337



\$52,338 or more



If household size is **5**...

\$0 - \$61,235



\$61,236 or more



If household size is **6**...

\$0 - \$70,134



\$70,135 or more



If household size is **7**...

\$0 - \$79,032



\$79,033 or more



If household size is **8**...

\$0 - \$87,931



\$87,932 or more



If household size is **9 or more** please write in...

Total Annual Income: \$

## SECTION C: Parent/Guardian Signature

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

X

Parent/Guardian Signature

Date

Printed Name of Parent/Guardian

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

Please complete and return page 3 to your child's teacher or the office at your child's school.