

Additional Required Documentation

Part 1: (The pages supplied in this packet)

- Home Language Survey
- Release of Student Records (except if applying to Kindergarten)
This form is required to transfer your student's previous school records. If your student is entering Kindergarten or was not previously enrolled in a school, write "Not Applicable" on the form. THIS IS NOT A WITHDRAWAL FORM. Contact your student's school to follow proper withdrawal procedures.
- Hawaii Technology Academy Network and Internet User Agreement
- McKinney-Vento Eligibility Questionnaire
- Epi-pen/inhaler consent form
- Physical Examination For Athletes (Required IF your child will be participating in OIA HS athletic program)
- Student's Health Record
- Immunization Waiver (if applicable)

Part 2: (Items you will need to supply)

Before you send in your enrollment packet, please be sure you have completed and included copies (do not include originals) of the following:

- A copy of the Birth Certificate for each student applying to our program (Passport or visa if the student is from a foreign country)
- Current proof of residency (copy of rental or mortgage document, current utility bill, notice of base housing assignment, or notarized statement of residence if living with relative.)
- A copy of your student's Immunization Record and results of a Tuberculosis examination.
- Guardianship documentation, if child doesn't live with parents
- A copy of your child's most recent report card.

Fax or mail the required documents listed in both parts 1 and 2 to the Hawaii Technology Academy. The fax number for Hawaii Technology Academy is 1.808.676.5470. If you are unable to fax, please mail the documents to:

Hawaii Technology Academy
94-810 Moloalo Street
2nd Floor
Waipahu, HI 96797



Hawaii Technology Academy
94-810 Moloalo Street
2nd Floor
Waipahu, HI 96797

Ph. 1.808.676.5444
Fx. 1.808.676.5470
url://hawaiiotechnologyacademy.org

Home Language Survey

In order to comply with state requirements, please answer the following questions about your child's language. Thank you for your assistance. All your answers are for school purposes only.

Student's Name: _____
last first middle

Date of Birth: _____ Place of Birth: _____
City State Country

Address: _____

Phone: _____ Cell: _____

DIRECTIONS: For each of the following questions, please fill in the appropriate letter from the list below. If "Other", please fill in what language "Other" represents:

A – English B – Cantonese C – Mandarin D – Ilocano E – Tagalog F – Cebuano/Visayan G – Hawaiian H – Japanese I – Korean

J – Samoan K – Vietnamese M – Chuukese N – Pohnpeian O – Cambodian P – Chamorro Q – Fijian R – Hmong S – Lao

T – Marshallese U – Pampango V – Pangasinan W – Portuguese X – Spanish Y – Thai Z – Tongan L – Other (Specify): _____

1. Student's first acquired language: _____

2. Language most often spoken at home: _____

3. Language most often used by the student: _____

Person Completing Form (please print) _____

Relationship to student _____

Parent/Guardian's Signature: _____

Date: _____

Student's Name:

Student's Home Phone:



HAWAII
TECHNOLOGY ACADEMYSM

Hawaii Technology Academy
94-810 Moloalo Street
2nd Floor
Waipahu, HI 96797

Ph. 1.808.676.5444
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url://hawaiiotechnologyacademy.org

Release of Student Records

Please accept this document as formal approval for the release of all official school records (including the record of transcripts, testing information, special education, confidential files, and health and immunization records).

Student Information

Student's Full Name: _____
first middle last

Student's Date of Birth: _____ Student's Social Security Number: _____

Student's Legal Address: _____
street apt #

_____ city county state zip

Home Phone: (____) _____

Prior School Information

Name of Prior School: _____

School's Address: _____
street

_____ city county state zip

School's Phone: (____) _____ School's Fax: (____) _____

Name of Parent or Legal Guardian: _____
first last

Parent/Guardian's Signature: _____ Date: _____

SCHOOL OFFICIALS ONLY:

Send student records to: Hawaii Technology Academy
94-810 Moloalo Street
2nd Floor
Waipahu, HI 96797

Student's Name:

Student's Home Phone:

Hawaii Technology Academy Network and Internet User Agreement

Welcome to the Hawaii Technology Academy Network and the Internet

CONDITIONS, RULES, AND ACCEPTABLE USE AGREEMENT

The Hawaii Technology Academy (HTA) has actively pursued making advanced technology and increased access to information available to our students and staff. We are pleased to offer Internet and networking services. We believe this computer technology will help propel our schools into the information age by allowing students and staff to access and use a variety of information sources, communicate and share information with individuals or groups of other students and staff, and significantly expand their knowledge base. The Internet is a tool for lifelong learning and only begins to open the door to expand your student's education experience.

PROPER AND ETHICAL USE:

With this new learning tool students and staff must understand and practice proper and ethical use.

HTA recognizes that technology provides ways to access the most current and extensive sources of information. Technology also enables students to practice skills and to develop reasoning and problem-solving abilities.

ONLINE SERVICES/INTERNET ACCESS:

HTA intends that the Internet and other online resources provided are to be used to support the instructional program and further student learning.

As the Internet contains an unregulated collection of resources, HTA cannot guarantee the accuracy of the information or the appropriateness of any material that a student may encounter. Therefore, before using the online resources, each student and his/her parent shall sign and return the Acceptable Use Agreement. This agreement shall specify user obligations and responsibilities and shall indemnify HTA for any damages. The student and parent shall agree to not hold HTA responsible for materials acquired by the student on the system, for violations of copyright restrictions, user mistakes or negligence, or any costs incurred by users.

Parents shall supervise students while using online services.

CONDITIONS AND RULES FOR USE:

1. Acceptable Use
 - a) The purpose of the Internet is to facilitate communications in support of research and education, by providing access to unique resources and an opportunity for collaborative work. To remain eligible as a user, the use of your account must be in support of and consistent with the educational objectives of HTA.
 - b) Transmission of any material in violation of any state regulation is prohibited. This includes, but is not limited to, copyrighted material, threatening or obscene material, or material protected by trade secret.
 - c) Use for commercial activities is generally not acceptable. Use for product advertisement or political lobbying is also prohibited.
2. Privilege

The use of the Internet is a privilege, not a right. Inappropriate use, including any violation of these conditions and rules, may result in cancellation of the privilege.
3. Monitoring

HTA reserves the right to review any material on HTA-issued accounts and to monitor HTA files and Internet server space in order to make determinations on whether specific uses of the network is appropriate. In reviewing and monitoring user accounts and Internet server space, HTA shall respect the privacy of user-accounts.
4. Network Etiquette

All users are expected to abide by the generally accepted rules of network etiquette. These include, but are not limited to, the following:

 - a) Be polite. Do not get abusive in your messages to others.
 - b) Use appropriate language. Do not swear, use vulgarities, or any other offensive language. Do not engage in activities that are prohibited by state or federal law.
 - c) Do not reveal your personal address or phone number or similar information to others.
 - d) Note that electronic mail (e-mail) is not guaranteed to be private. Messages relating to or in support of illegal activities will be reported to the authorities and may result in loss of user privileges.
 - e) Do not use the network in such a way that you would disrupt the use of the network by other users.
 - f) All communications and information accessible via the network should be assumed to be private property.
5. Network Integrity

Network personnel will be granted sufficient latitude to test for network security and Web-access filtering.

6. No Warranties

The Hawaii Technology Academy make no warranties of any kind, whether expressed or implied, for the service they are providing. HTA will not be responsible for any damages a user suffers. This includes loss of data resulting from delays, no-deliveries, misdeliveries, or service interruptions caused by HTA's negligence or by user errors or omissions. Use of any information obtained via the Internet is at the user's own risk. HTA specifically denies any responsibility for the accuracy or quality of information obtained through its services. All users need to consider the source of any information they obtain and consider how valid that information may be.

7. Security

- a) Security on any computer system is a high priority, especially when the system involves many users. Users must never allow others to use their password. Users should also protect their password to ensure system security and their own privilege and ability to continue use.
- b) If you feel you can identify a security problem on the Internet, you must notify HTA. Do not demonstrate the problem to other users.
- c) Do not use another individual's account (except network personnel in system setup and maintenance functions).
- d) Any user identified as a security risk for having a history of problems with other computer systems may be denied access to the Internet as provided by HTA.

8. Vandalism and Harassment

- a) Vandalism and/or harassment will result in loss of user privilege.
- b) Vandalism is defined as any malicious attempt to harm, modify, and destroy data of another user. This includes, but is not limited to, the uploading or creating of computer viruses.
- c) Harassment is defined as the persistent annoyance of another user or the interference with another user's work. Harassment includes, but is not limited to, the sending of unwanted e-mail.

9. Encounter of Controversial Material

Although HTA provides a filtering system, users may encounter material that is controversial and that users, parents, teachers, or administrators may consider inappropriate or offensive. However, on a global network it is impossible to control effectively all content of data, and an industrious user may discover controversial material. It is the user's responsibility not to initiate access to such material.

PENALTIES FOR IMPROPER USE:

- 1. Any user violating these rules, applicable state or federal rules, or those posted by HTA, are subject to loss of network privilege and other potential HTA disciplinary options.

USER: I understand and will abide by the above Conditions, Rules, and Acceptable Use Agreement. I further understand that any violation of the above conditions, rules, and acceptable use agreement may be unethical and/or may constitute a criminal offense. Should I willfully commit any violation, my access privilege may be revoked, disciplinary action may be taken, and/or appropriate legal action taken.

Date: _____

Name (printed): _____
first middle last

Signature: _____

Position: Student Staff Administrator

IF UNDER 18 YEARS OF AGE, A PARENT/GUARDIAN SIGNATURE IS ALSO REQUIRED.

PARENT/GUARDIAN: As the parent/guardian of the above listed student, I have read and understand the Internet and Network User Agreement. I understand that this access is designated primarily for students under the age of 18 years, for educational purposes. I understand that HTA is taking reasonable steps to safeguard students from inappropriate material; however, access to such material is still possible. I WILL NOT hold HTA responsible for inappropriate materials accessed on the network.

Date: _____

Name (printed): _____
first middle last

Signature: _____

Student's Name:	Student's Home Phone:	5
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**QUESTIONNAIRE TO DETERMINE ELIGIBILITY FOR
MCKINNEY-VENTO SERVICES**

STUDENT NAME: _____ **SCHOOL:** _____

Section 1. ACTION REQUESTED:

- Enrollment Geographic Exception* Transfer, Exit or Release from School Transportation to/from School

Section 2. DOES THE STUDENT/PARENT/GUARDIAN:

(Check the box that applies – you may be eligible for services)

- Live with friends or family because you can't afford rent
- Live on the beach, at a campground, in a park, or in a hotel
- Live in a tent, car, bus, or other non-permanent structure
- Live in an emergency or transitional structure
- Live in a domestic violence shelter
- Live at any of the following:
 - On Kauai:** Kauai Economic Opportunity Shelter
 - On Hawaii:** Kawaihea Transitional House, Office for Social Ministry
 - On Maui:** Kahele A Ke Ola, Ha Hale O Wainee
 - On Oahu:** Family Promise, Institute for Human Services (HIS), Loliana, Maililand, Next Step, Ohana Ola, Onemalu, Hope for a New Beginning, Waianae Civic Center, Weinberg Village, Lighthouse Shelter
- Have no regular place to stay at night
- None of the above**

Parent/Guardian Signature	Printed Name	Date
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*Geographical Exceptions DO NOT apply to McKinney-Vento eligible students, unless the parent/guardian wants the student to attend a school other than the students' geographic home school or school of origin.

OFFICIAL USE ONLY:

If any box in Section 2 (other than "None of the above") is checked, identify the student as eligible for McKinney-Vento services. Contact Homeless Concerns Liaison, if appropriate.

School Representative Signature	Printed Name	Date
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SELF-ADMINISTRATION OF MEDICATION FOR SY: _____

A. Parent's Request and Authorization

I, THE UNDERSIGNED, request and authorize my child _____ to self-administer his/her medication: **inhaler** **auto-injectable epinephrine (EpiPen)** while at school.

(Circle one or both as appropriate)

This authorization is given based on the following:

- My child is capable of and has been instructed in the proper method of self-administration of this medication.
- I understand that my child shall be permitted to carry at all times his/her medication as long as he/she does not endanger him/herself, or endanger other persons, and will not misuse the medication.
- I understand that if my child misuses or exceeds the prescribed dosage, or endangers others with the medication, school employees or agents may confiscate the medication.

Parent/Guardian Signature: _____ **Date:** _____

I, THE UNDERSIGNED,

- understand that the Department of Education, its employees or agents shall not incur any liability as a result of any injury arising from the self-administration of the medication by my child;
- shall exempt from liability and hold harmless school employees or agents against any claims arising out of the self-administration of medication by my child;
- understand that this authorization shall be effective for this current school year and must be renewed annually.

Parent/Guardian Signature: _____ **Date:** _____

B. Physician's Certification

I, THE UNDERSIGNED, certify that _____ has asthma,
(student's name)
anaphylaxis or another related potentially life-threatening illness _____, and
(specify)

he/she is capable of and has been instructed in the proper method of self-administration of

his/her own asthma and/or auto-injectable epinephrine (EpiPen) medication.
(circle appropriate medication)

Physician's Name: _____ **Physician's Signature:** _____
(type/print)

Address: _____ **Telephone:** _____ **Date:** _____

Reviewed/Accepted by: _____ **Date:** _____
Principal or DOE Designee

Received by PHN/SHA: _____ **Date:** _____

DOE: July, 2004

Inhaler and EpiPen Consent Form

**Hawaii State Department of Education
PHYSICAL EXAMINATION FOR ATHLETES**

Student's Name _____ M/F _____ Date of Birth _____ / _____ / _____ Grade _____
(Print) Last First MI Month Day Year
 Address _____ Home Phone _____ Student Resides With _____
Street No. City State Zip Code

Fall Sport _____ Winter Sport _____ Spring Sport _____

Father's/Guardian's Name _____ Bus. Phone _____ Cell or Pager _____

Mother's/Guardian's Name _____ Bus. Phone _____ Cell or Pager _____

Emergency Contact _____ Bus. Phone _____ Cell or Pager _____
Name & Relationship

Health and/or Insurance Carrier _____ Policy # _____

To be completed by Physician only

Height _____ feet & inches Weight _____ lbs Blood Pressure _____ / _____ Pulse _____ bpm
 Vision: R 20/ _____ L 20/ _____ Corrected: Yes No Pupils: Equal _____ Unequal _____
 Asthma _____ (Medication Used) Diabetes _____ (Medication Used) Allergies _____ (Medication Used)

MEDICAL	NORMAL	COMMENTS	INITIALS
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart/Murmurs			
Pulses			
Lungs			
Abdomen			
Skin			
Genitalia			
MUSCULOSKELETAL			
Neck			
Back/Spine			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Calf/ankle			
Foot/toes			
Other			

Clearance:

- A. Cleared for all sports _____
- B. Cleared after completing evaluation/rehabilitation for _____
- C. Not cleared for:
 - Collision
 - Contact
 - Non contact
 - Strenuous
 - Moderately Strenuous
 - Non-strenuous

Due to _____

Physician's Recommendation _____

Name of Physician _____ Date of Physical Exam _____

Address _____ Telephone _____

Signature of Physician _____ Fax Number _____

(Over)

Parent/Guardian and Student to fill out before Physical Examination

Explain "Yes" answers below. Circle question you don't know the answer to.

	Yes	No		Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	24. Do you cough, wheeze or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>	25. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or nonprescription (over the counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	26. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have allergies to medicines, pollens, foods or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	27. Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever passed out or nearly passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	29. Have you had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had discomfort, pain or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	30. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	31. Have you been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has a doctor ever told you that you have: (circle all that apply) High blood pressure A heart murmur High Cholesterol A heart infection	<input type="checkbox"/>	<input type="checkbox"/>	32. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>	33. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has anyone in your family died for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	34. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	35. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	36. When exercising in the heat, do you have severe muscle cramps, or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does anyone in your family have Marfan Syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	37. Has a doctor told you that you, or does someone in your family have sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	38. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	39. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever had an injury, like sprain, muscle or ligament tear, or tendonitis, that caused you to miss a practice or game? If yes, list affected area: _____	<input type="checkbox"/>	<input type="checkbox"/>	40. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you had any broken or fractured bones or dislocated joints? If yes, list affected area: _____	<input type="checkbox"/>	<input type="checkbox"/>	41. Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you have a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, list affect area: _____	<input type="checkbox"/>	<input type="checkbox"/>	42. Would you like to lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
			43. Would you like to gain weight?	<input type="checkbox"/>	<input type="checkbox"/>
			44. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	45. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	<input type="checkbox"/>	<input type="checkbox"/>	46. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	FEMALES ONLY	<input type="checkbox"/>	<input type="checkbox"/>
23. Has a doctor ever told you that you have asthma or wheezing?	<input type="checkbox"/>	<input type="checkbox"/>	47. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
EXPLAIN "YES" answers here: (Add additional pages if necessary)			48. How many periods have you had in the last 12 months?	_____	

I hereby verify to the best of my knowledge that the answers which have been provided to the above questions are correct.

Signature of Student _____ Signature of Parent/Guardian _____ Date _____

The student and parent/guardian consent and authorize school officials through an Athletic Health Care Trainer (AHCT), qualified coach/staff, or physician as determined by the school, to provide any first aid and/or emergency care as well as follow-up first aid or medical treatment that may be reasonably necessary for the student as determined by a school official in the course of athletic practice, competition or travel.

The student and parent/guardian further consent and authorize the school's AHCT to provide appropriate therapeutic modalities in order to return student to athletic competition, such care to be conducted under the direction of a physician.

The student and parent/guardian hereby consent to the release of medical information by physician to school to obtain information regarding the medical history, records of injury or surgery, serious illness, and rehabilitation results of the student from his/her physician(s). We understand that the purpose of this request for medical information is to assist the school in the management or rehabilitation of an injury/illness. This information is confidential and except as provided in this release will not be otherwise released by the parties in charge of the information. This release remains valid until revoked by the adult student or parent/guardian in writing.

Signature of Student _____ Signature of Parent/Guardian _____ Date _____

REQUEST FOR EXEMPTION FROM IMMUNIZATION
ON RELIGIOUS GROUNDS

I certify that immunization conflicts with my bona fide religious tenets and practices.

I understand that my child is susceptible to vaccine preventable diseases. If at any time there is, in the opinion of the Department of Health, danger of an outbreak or epidemic from any communicable disease for which immunization is required, this exemption from immunization shall not be recognized. I understand that my child will be excluded from school until the threat of an epidemic is over or he or she receives the proper immunization. (*Hawaii Revised Statutes '302A-1157*).

Pupil's Name _____ Birthdate _____

School _____ Grade _____

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____

Date _____