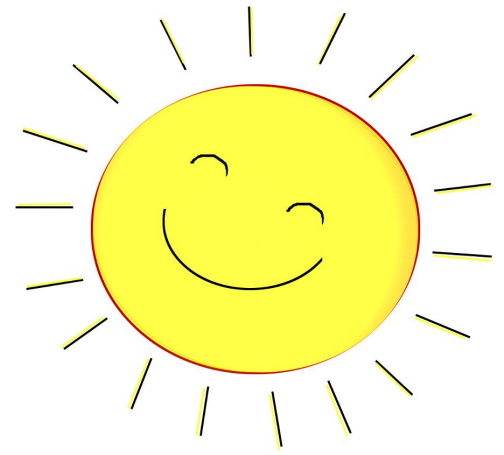


KEA'AU MIDDLE SCHOOL

2024 SUMMER PROGRAMS



Looking for a summer program with learning and hands on activities that is FREE? Spend the summer at KMS!

Summer Boost: June 17 - July 12

Who: Current 6th and 7th graders

When: June 17-July 12, 8am - 11:45pm

Where: KMS

Why: To BOOST reading & math skills and engage in motivating and fun enrichment activities!

How: Applications will be sent home with students and are accessible at www.keaumiddle.org.

Application deadline: May 10 (Submit to KMS Front Office)

*Space is limited, apply today!

** Soon-to-be 9th graders can attend the KHS summer program

FREE TRANSPORTATION WILL BE PROVIDED FOR ALL PROGRAMS!

FREE BREAKFAST AND LUNCH FOR ALL STUDENTS!

BREAKFAST: SERVED 7:30AM - 8:00AM

LUNCH: SERVED AT 11:45

QUESTIONS? CALL Ms. McCracken AT (808)313-4868.



Kea'au Middle School

2024 SUMMER BOOST APPLICATION

Please complete all forms included in this packet. *Please print clearly.*

DEADLINE: MAY 10, 2024

STUDENT INFORMATION:

SY24-25 GRADE (CIRCLE ONE): 7 8

LAST NAME: _____ FIRST NAME: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1

LAST NAME: _____ FIRST NAME: _____

Phone Number: _____ Email: _____

Parent/Guardian 2

LAST NAME: _____ FIRST NAME: _____

Phone Number: _____ Email: _____

All Summer programs (Bridge, BOOST, Credit Recovery) will follow Kea'au Middle's School-Wide Expectations.

As a participant, I agree:

- To be in class on time.
- To show consideration and responsibility for self and others so everyone can learn without distraction.
- To follow all schoolwide expected behaviors and all class rules.

I understand that appropriate behavior is expected and I agree to abide by all school rules. I acknowledge that if I choose to misbehave I will be dismissed for the Summer Program.

STUDENT Signature

Date

I have talked to my child about the program, including information on this sheet.

PARENT/GUARDIAN Signature

Date

EMERGENCY CARD

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

Student Address Label

School _____ Date _____

Grade _____ Room _____ Language Spoken at Home _____

Name _____ Sex: M F Birthdate

Month	Day	Year

Home Address _____ Apt. No. _____ City _____ Zip Code _____

Mailing Address _____ Zip Code _____ Child resides with _____

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

Family Physician _____ Phone _____ Dentist _____ Phone _____

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one.
To assure prompt attention to your child,

PLEASE NOTIFY SCHOOL OF ANY CHANGE IN PHONE NUMBER OR ADDRESS. _____
Parent's/Legal Guardian's Signature

INSURANCE INFORMATION:

My child has health insurance: Yes No If YES, check: QUEST/Medicaid **OR** Private
If private, check your plan: HMSA Kaiser Tri-Care Other _____

MEDICAL CONDITIONS:

- My child does not have any medical conditions.
- My child has a medical condition(s).

Please check below:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Chronic Cough/Wheezing | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Blood Disorders | <input type="checkbox"/> Diabetes Type I | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Skin Problems |
| <input type="checkbox"/> Bone/Joint Disorders | <input type="checkbox"/> Diabetes Type II | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Vision Problems |
| <input type="checkbox"/> Cancer/Leukemia | <input type="checkbox"/> Genetic Condition | <input type="checkbox"/> Metabolic Disorder | <input type="checkbox"/> Other _____ |

- ALLERGIES:** Bee Sting Food Medications Other _____

For the above allergy(ies), reaction occurs by: Skin contact By inhalation By ingestion Other _____

Date of last reaction: _____

Describe the allergic reaction that occurs: _____

- MEDICATION(S) TAKEN:**

My child takes the following medication(s): _____

Reason for taking the medication(s): _____

- OTHER HEALTH CONCERNS:** _____

Other children:	Name	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Ka'ū Kea'au Pāhoa Complex Area
Application For Student To Ride School Bus
Summer 2024

Please complete all parts of this form. Submit a separate form for each child attending summer school to the school office.

Part I: Acknowledgement

Parent/Legal Guardian must initial each statement and sign.

____ I acknowledge and accept HIDOE's No Refund policy on all school bus pass purchases.

____ I acknowledge and accept that HIDOE utilizes video cameras to monitor student behavior on school buses.

____ I acknowledge and accept that HIDOE school buses only operate on public roadways.

____ I have read and agree to comply with the transportation policies and procedures of HIDOE.

____ I have reviewed the Passenger Safety Code with my child and understand that non-compliance could result in suspension of bus privileges.

The HIDOE highly recommends a responsible adult be present at the bus stop in the morning and in the afternoon for children and under 10. Bus drivers are not responsible to match each child with a specific adult.

____ I acknowledge and accept that my child will be dropped off at their designated bus stop with or without an adult present. I understand it is my responsibility to ensure a responsible adult is at the bus stop or make alternative arrangements for my child if they are unable to walk alone to/from the bus stop.

Parent/Guardian signature: _____

Date: _____

Part II: Student Information (must fill out completely)

School name: _____

Student's legal name: _____ Grade: _____
Last name First name Current

Home Address: _____
Street no. Street name Apt no. City Zip Code

Parent/Guardian: _____ Contact phone: _____
Last name First name

Part III: Bus Service Selection (must fill out completely)

Service plan (choose ONE of the following):

- Round Trip (Home to school; school to home; same route)
- Morning Only (Home to school only)
- Afternoon Only (School to home only)



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



State of Hawaii
Department of Education

Student Publication/Audio/Video
Release Form-Event

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/HIDOERESEARCH> or <http://www.hawaiipublicschools.org/VisionForSuccess/SchoolDataAndReports/HawaiiEdData/Pages/Data-Requests.aspx>

In order to protect students' 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 and/or use digital/electronic or print media of students' name, voice, likeness or images of student work for the purposes described in this form.

Check one:

YES, I agree to the provision above and HIDOE has

NO, HIDOE does not have

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 educational purpose listed below:

This form is valid for the purpose or event occurring on the date(s) listed below:

Ka'u Kea'au Pahoia Summer Learning Programs

Purpose or Event:

Provide Instructional Interventions and Learning Enrichment Opportunities for students in KKP Complex.

Any media captured will be used for documentation of summer learning activities

Date(s) of Purpose or Event: June 3, 2024 - July 25, 2024

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.

Student's Name (Please Print)

Parent/Guardian/Eligible Student Name (Please Print)

School

Signature

Home Address

Date

City, State, Zip Code

Student Publication/Audio/Video Release-Event (RS 21-0479)

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.

Potential HIDOE uses:

- A playbill, showing the student's role in a drama production
- Annual yearbook
- 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 recordings capturing those memorable moments, such as graduation ceremonies and May Day and other holiday programs or school events
- Student photographs for classroom, teacher, school and/or HIDOE use
- Officially recognized activities and events
- Participation in distance learning lessons or school activities

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 (RS 21-0479) parents, guardians, and eligible students provide permission for the potential HIDOE uses as described in the front under "Purpose or Event" for HIDOE non-commercial and/or educational purposes.

By checking "No" and signing the Student Publication/Audio/Video Release Form (RS 21-0479), HIDOE and school will not publish or display the student's photo, names, their school work, and any recordings related to the "Purpose or Event" described in the front.

If parent, guardians, or eligible students do not turn in the signed release form or the form is signed but neither the "yes" or "no" boxes are checked, HIDOE or the school will return the form to be completed in full. School is required to make every reasonable attempt to notify the parent/guardian or eligible student of the activity and to obtain signature and consent.