

**Ilima Intermediate School
School Year 2024-2025
SCHEDULE PICK UP**

8th GRADE – JULY 18, 2024 FROM 8 AM TO 1 PM

7TH GRADE – JULY 19, 2024 FROM 8 AM TO 1 PM

**In order to pick up your schedule, you must complete
ALL HIGHLIGHTED ITEMS SHOWN BELOW
(You must complete the online forms and bring pictures of your completed confirmation
and bring the completed paper forms with you)**

NO BILLS LARGER THAN A \$20 WILL BE ACCEPTED

ONLINE ONLY FORMS

- School Lunch Application ****MANDATORY**** FOR Bus Application – Site: EZMealapp.com
 - Only fill in the District: “Hawaii”
 - **Take a picture of your confirmation code or print it out to bring with you**
- Bus Application – Site: <https://hi.etrition.com/busapplication>
- Uniforms – Site: <https://www.kulathreads.com/collections>

**PAPER FORMS LISTED BELOW MUST ALSO BE COMPLETED AND YOU MUST BRING THEM
WITH YOU TO PICK UP YOUR SCHEDULE**

The following forms can be picked up at the office

BEGINNING JULY 8th (Mon-Fri between 7:30 am to 3 pm)

or will be available at schedule pick up.

- Emergency Card
- Student Publication/Audio/Video Release Form
- Technology Responsible Use Form (TRUF)
- Questionnaire to Determine Eligibility MV1
- Bring \$20 in Cash for Dues – **NO BILLS LARGER THAN \$20** (Mandatory to participate in school activities) & \$35 in Cash for Yearbook (Optional)

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 _____

Note: Please complete health information on back of card. ➡

RS 17-1251 May 2017 (Rev. of RS 13 1113)

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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 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 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 legitimate educational purposes:

- Publication on HIDOE websites or in print or other digital media (see back page for examples)
- 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.

Please check one:

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

Form is valid for the purpose occurring on the date(s) as stated below:

Student's Name (Please Print)	Parent/Guardian/Eligible Student Name (Please Print)
School	Signature of Parent/Guardian/Eligible Student
Purpose or Event	Date(s) of Activity
Purpose or Event <i>cont'd.</i>	

Student Publication/Audio/Video Release

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

Examples of HIDOE- or school-related publications, include but are not limited to:

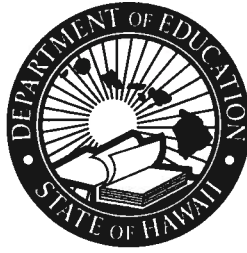
- A playbill, showing the student's role in a drama production
- Name and picture in the annual yearbook
- Honor roll or other recognition lists and programs
- Graduation programs and announcements
- Sports activity programs or sheets, such as for wrestling, showing weight and height of student
- School newsletters
- Audio and video recording 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 HIDOE use
- Officially recognized activities and events (such as running for student body office, prom court, etc.)
- Third-party vendors or organization participation (i.e. Lion's Club sponsored contest, photograph of students, news media coverage of the event/activity, etc.)

Hawaii student teachers participating in educator preparation programs and staff in professional development courses within the HIDOE may have access to student work and/or other student publications during the course of their studies.

By checking "Yes" and signing the Student Publication/Audio/Video Release Form, parents, guardians, and eligible students provide permission for the publication item(s) as described in the front under "Purpose" for HIDOE non-commercial and/or educational purposes.

By checking "No" and signing the Student Publication/Audio/Video Release Form, HIDOE and school will not publish or display the student's photo, names, their school work, and any recordings related to the "Purpose" 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.



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



475 22nd Avenue
Honolulu, Hawaii 96816
Telephone: 808-305-9869
Toll Free: 1-866-927-7095

**QUESTIONNAIRE TO DETERMINE ELIGIBILITY
MV1**

This form is intended to address the McKinney-Vento Act (MVA) and must be completed for each student

Questionnaires are filed for one (1) year for all students and seven (7) years for any student identified as living in unstable housing.

Student's Name: _____ Date of Birth: _____

School: _____ Grade: _____

Student's current residence such as address, cross streets, landmarks, etc.

Primary Contact Name: _____ Relationship: _____ Phone: _____

Alternate Contact Name: _____ Relationship: _____ Phone: _____

CHECK ONE BOX

STUDENT'S CURRENT LIVING ARRANGEMENT

MVA CODE

<input type="checkbox"/>	Unsheltered <i>Campground, car, beach/park, abandoned building, street or any other inadequate living space</i>	06
<input type="checkbox"/>	Shelter <i>Emergency, transitional or domestic violence shelter, name of shelter: _____</i>	04
<input type="checkbox"/>	Hotel/Motel <i>Due to lack of other suitable housing, <u>excludes</u> temporary lodging for military persons awaiting housing</i>	02
<input type="checkbox"/>	Doubled Up <i>Temporarily with family or other person due to loss of housing or as a result of economic hardship</i>	03
<input type="checkbox"/>	Permanent Housing <i>Student who is living in a fixed, regular, and adequate housing situation</i>	07



If this box is checked, stop here and sign below; form is complete

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

<input type="checkbox"/>	Unaccompanied Youth	05
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List all siblings living in the same arrangement, including children 0-5 years of age:

Name	Age	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The information you provide above will determine what services you or your child may be eligible to receive under the McKinney-Vento Homeless Assistance Act - 42 U.S.C. §11434a(2). If eligible under the Act, you or your child are entitled to immediate enrollment in school and free school meals. Transportation may be provided to and from school of origin. This questionnaire allows a Homeless Concerns Liaison to contact you for additional support. By signing, you grant permission to share/release pertinent information among shelter and school personnel, to support school enrollment and full participation.

Parent/Legal Guardian/Unaccompanied Youth Signature

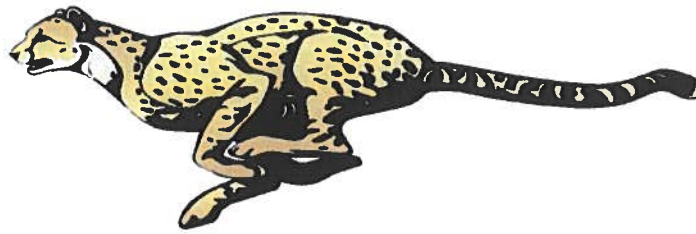
Print Name

Date

Free and Reduced Price Meal Applications Go Online for Faster Results

Starting July 15, 2022 online applications will be available at ezmealapp.com

Please do not submit a paper application if an online application is submitted.



Helpful tips for applying online:

1. Type **hawaii** in Search for District, then "DOE – Honolulu, Central,..." will pop up. Just click on it.
2. Step 1: Application Information – Entering phone number and email is highly recommended in case we need to contact you. For Benefit Type, if you are applying with SNAP or TANF, please refer #7 below. If you are not, just leave it as None and go to Next.
 - ❖ If email address is entered for Application Information, a notification letter of the result will be sent **by email**. (We recommend you to check your junk / spam mail tray also once you apply.)
3. Step 2: Child Household Members (up to grade12):
 - Student must be enrolled in a DOE school (excludes charter schools) for an application to be processed.
 - Enter the student legal names. Entering birthdates is recommended to help the system to match.
 - For non-DOE (charter or private) students and baby/infant, click "No" for Student. College students should be added to Adult Household Members (Step 4)
4. Step 3: Child Income
If applicable, enter the total income of all Child Household. If child has no income, do not enter anything and click on Next.
5. Step 4: Adult Household Members:
For each adult with income, enter: a. **Gross earnings** (before taxes or deductions), and
b. how often the amount entered is received.

Enter net income **only** if the adult is self-employed.
For adult without income, just click on Save after entering First Name, (middle initial) and Last Name.
6. Step 5: Electronic Signature Select your name from the drop-down and type your name in Signature box.
7. If applying with SNAP or TANF case number:
 - a. Select SNAP or TANF in STEP 1: Application Information, under Benefit Type, and enter valid case number.
 - b. After listing the student(s) in STEP 2: Child Household Members, the application will skip to Step 5: Electronic Signature. Adult must sign.
8. A confirmation number appears when the application is submitted. Write down this number for future reference.
9. Once the application is processed (up to 10 working days), the notification letter will be sent home either by email (if email was provided when you applied) or school.

ezSchoolPay is also available! Go to ezschoolpay.com or install an app.

With ezSchoolPay, you can:

- Make online payments - There is a minimal fee when making online payments
- Monitor account balances (set low balance alerts), and
- Monitor student's buying history

There is no cost to set up and monitor student's account.

This institution is an equal opportunity provider.



Hima Intermediate

Grade 7 | Uniforms SY 2024-25

Order On-line by:

July 1st, 2024 to ensure selection.

Distribution:

Grade 7 | Friday, July 19th, 2024 8am-1pm

Ship to Home:

FedEx/USPS delivery to home for a flat rate of \$7.50. Orders start to ship out on July 15th.



Starter Package

(5) Cotton T-Shirt | Set
Carolina Blue | Grade 7

\$40.00

+GET Sales Tax



Cotton T-Shirt

100% Cotton 5.4 oz
Carolina Blue | Grade 7

\$9.00

+GET Sales Tax



Dri-Fit

100% Polyester 5.2 oz
Carolina Blue | Grade 7

\$12.00

+GET Sales Tax



Cotton Long Sleeve

100% Cotton 5.4oz
Carolina Blue | Grade 7

\$12.00

+GET Sales Tax



PE Cotton T-Shirt

100% Cotton 5.4oz
Grey | All Grades

\$7.00

+GET Sales Tax



Dri-Fit Shorts

100% Polyester 5.2 oz
Black | All Grades

\$9.00

+GET Sales Tax



Scan the QR Code for updated information and uniform specials. Please note, larger sizes are additional



KULA THREADS, INC.

2016 COLBURN STREET | HONOLULU, HI 96819
CUSTOMER SERVICE | 808-847-6600
EMAIL | ADMIN@NCHAWAII.COM

www.kulathreads.com



Ilima Intermediate

Grade 8 | Uniforms SY 2024-25

Order On-line by:
July 1st, 2024 to ensure selection.
Distribution:
 Grade 8 | Thursday, July 18th, 2024 8am-1pm.
Ship to Home:
 FedEx/USPS delivery to home for a flat rate of \$7.50. Orders start to ship out on July 15th.



Starter Package

(5) Cotton T-Shirt | Set
Royal Blue | **Grade 8**

\$40.00

+GET Sales Tax



Cotton T-Shirt

100% Cotton 5.4 oz
Royal Blue | **Grade 8**

\$9.00

+GET Sales Tax



Dri-Fit

100% Polyester 5.2 oz
Royal Blue | **Grade 8**

\$12.00

+GET Sales Tax



Cotton Long Sleeve

100% Cotton 5.4oz
Royal Blue | **Grade 8**

\$12.00

+GET Sales Tax



PE Cotton T-Shirt

100% Cotton 5.4oz
Grey | All Grades

\$7.00

+GET Sales Tax



Dri-Fit Shorts

100% Polyester 5.2 oz
Black | All Grades

\$9.00

+GET Sales Tax



Scan the QR Code for updated information and uniform specials. Please note, larger sizes are additional



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