



Enrollment Agreement for School Year 2017-2018

Name of Student: _____

Grade Entering: _____

Name of Parent(s) /Guardian(s)

In consideration of the enrollment of the above student in Kona Pacific Public Charter School, we the undersigned agree to the following:

1. **Health Forms and Records:** Parents/guardians agree to provide completed health forms and records and any other student records or forms required by the school or any local, state, or federal authority. Such forms and records will be treated as confidential by the school and released only with written permission of the parents and/or as required by law.
2. **School Policies and Procedures:** Parents/guardians agree to abide by all school rules; school policies and procedures; and codes of behavior, dress and timeliness.
3. **Parent Support:** Parent support and participation greatly increases student success. Therefore, parents/guardians agree that they will support the educational program offered at Kona Pacific, including the following:
 - participating in school activities, attending class meetings and parent-teacher conferences
 - attending parent education sessions
 - communicating with class teachers and school administration about matters affecting their child's ability to learn and engage in the school program
 - seeking to understand and support the school's curriculum and developmental approach, at home and school.
4. **Attendance:** Daily attendance is mandatory at Kona Pacific. Students may only miss school due to illness and emergencies. Vacations, appointments, club activities, etc. need to be planned around school holidays and operating hours. Please understand and agree to these expectations before enrolling your child at Kona Pacific. As with all charter programs, enrollment is determined by lottery. This process involves a large wait list of students & families waiting in line for the opportunity to attend. As such, we ask that you become familiar with our policies and requirements for enrollment so that your family can continue to benefit from continued enrollment at Kona Pacific. It is our privilege to provide the students and families of South Kona with a high quality charter school option and unique educational program. We look forward to working in partnership with you, and need your support regarding the importance of excellent attendance.
5. **School Communications:** In keeping with our efforts as a school to care for our environment, most school communications are conveyed electronically. If you cannot receive communications electronically and need a paper copy, please indicate below:
 - Yes, I agree to receive Kona Pacific communications electronically (email & telephone).
 - No, I need a paper copy of Kona Pacific communications.
6. **Supply Fee (non-refundable):** Kona Pacific uses specialized, high quality school supplies to meet the needs of our curriculum. In order to save all families money, we order these supplies in bulk so you do



not have to purchase them individually. We request a supply fee of \$100 per student. Kona Pacific does not ask families to purchase typical school supplies required by most schools. We are excited to serve all students and families and have several options, found below, to make the supply fee payment. Further, we respectfully request that if you are able, your family sponsor another in need by an extra donation of \$100.

- Our family is paying in full.
- Our family is able to sponsor another family.
- Our family will make a partial payment, and be invoiced for the remainder.
- Our family will make a payment of \$10 per month.
- The supply fee poses a financial hardship. Our family is requesting a scholarship.

7. **Photo/Video Consent:** From time to time, Kona Pacific may use photos or videos of students for outreach, recruiting, development and other purposes; highlighting our program and the facilities and activities we offer. If you prefer that your student’s likeness not be used, please indicate below:

- My child's likeness may be used for the purposes outlined.
- I do not consent to my student’s likeness being used by Kona Pacific.

8. **Special Considerations:** Kona Pacific has a holistic approach to education and we approach each child as an individual. If there any concerns, individual needs, family circumstances, medical considerations, or other information that would be helpful for administrators and/or teaching staff to know in order to better serve your child, please either check the box or contact Cherie in the school office at (808) 322-4900 or cherieh@kppcs.org.

- Please contact me to schedule a confidential conversation about my child.

The undersigned has (have) read and understand(s) this Enrollment Agreement and agree(s) to be bound by its terms.

Print Parent/Guardian Name: _____

Signature: _____ Date: _____

Print Parent/Guardian Name: _____

Signature: _____ Date: _____