



Hālau Kū Māna

New Century Public Charter School

2101 Makiki Heights Drive Honolulu, Hi. 96822

Phone: (808) 945-1600 Fax: (808) 945-1604

Website: www.halaukumana.org

Aloha!

Mahalo nui for your interest in Hālau Kū Māna New Century Public Charter School (HKM)! As a Hawaiian-focused public school of choice, HKM aims to serve and meet the educational goals and needs of students dedicated to perpetuating Hawaiian language, culture and traditions and committed to reaching their highest level of achievement. HKM seeks enthusiastic motivated students of all ethnicities who can contribute to, and will benefit from, the school's culturally driven programs.

HKM is open to all students, grades 6 through 12. HKM does not discriminate on the basis of race, sex, color, religion, national origin, ancestry, or disability, unrelated to the ability to enjoy the benefits of the school's programs, facilities, or services. All persons are encouraged to apply.

Application to HKM follows a four (5) step process listed below. Students are selected for admission to HKM on the basis of available openings at particular grade levels, academic potential, cultural engagement and interest, student and family readiness for the school's unique programs and settings, and the ability of the school to meet the needs of your child. In addition, family willingness to actively participate in the educational process is essential for admission.

All new students are initially accepted on a "provisional" basis for the first year. If academic and/or behavioral concerns arise during the provisional period, or if there is a need for special services that cannot be met by HKM, HKM may withdraw provisional acceptance. In all cases, the school retains the right to determine, at its sole discretion, whether or not to select a student for admission.

HKM'S 5-STEP PROCESS:

STEP 1: Submit to the HKM office (Incomplete applications will not be considered)

- Completed Application – with Questionnaires
- 1 Letter of recommendation
- Copy of latest report card (Semester or Year)
- Birth Certificate

STEP 2: Review of completed application by application committee, based on application rubric and the match between the needs and qualifications of the student with the needs of the school, followed by decision on whether or not a candidate is granted an interview.

STEP 3: Interview of student and parent(s)/guardian(s).

STEP 4: Reading and Math assessment test.

STEP 5: Letter to students regarding acceptance/non-acceptance to HKM.

NOTE: An IEP meeting must be held prior to the start of school for all students accepted to HKM who are identified as IDEA or 504.

Mahalo,

Mahinapoepoe Duarte
Principal & Director

School Name: _____		Complex Area: _____		
STUDENT ENROLLMENT FORM SIS-10W (Revised)		Student ID No. _____	Entry Date _____	Entry Code _____
		For school use only		
INSTRUCTIONS: PRINT YOUR ENTRIES LEGIBLY		Ethnicity/Race Observed: _____ Initial _____ Date _____		
STUDENT PERSONAL DATA				
Last Name: _____		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Grade Level: _____	
First Name: _____		Birth Date: _____		
Middle Initial: _____	Lineage: (Jr, II, III, etc): _____		Verification of DOB: _____	
Home Phone: _____		Unlisted: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Residence (Identifiable location required)			Mailing Address (if different from home address)	
Number _____	Street _____	Apt. # _____	Number/P.O. Box # _____	Street _____
City _____	State _____	Zip code _____	City _____	State _____
<input type="checkbox"/> Not Homeless		<input type="checkbox"/> Homeless*		<input type="checkbox"/> Completed MVA Packet
_____ DOE Representative Signature			_____ Parent/Legal Guardian Signature	
**"Homeless" means individuals who lack a fixed, regular and adequate nighttime residence (within the meaning of section 42 USCS §11302(a)(1)) and includes:				
(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.				
(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));				
(iii) children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings; and				
(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.				
If you have any questions regarding the above, please call 1-866-927-7095				
PRESCHOOL EXPERIENCE			LAST HAWAII PUBLIC SCHOOL ATTENDED	
Preschool Experience <input type="checkbox"/> Yes <input type="checkbox"/> No			Name: _____	
If "Yes" – attended: <input type="checkbox"/> less than 6 months			Last Grade Attended: _____	
<input type="checkbox"/> between 6 and 12 months			Year: _____	
<input type="checkbox"/> more than 1 year				
PRIOR SCHOOL ATTENDED (If not Hawaii Public School)				
Name: _____				
Address: _____				
CITIZENSHIP				
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 _____		

LANGUAGE INFORMATION

Language Codes: (Select a letter from the list and fill in the blanks below)

_____ Student's First Acquired Language	_____ Language Most Often Spoken at Home	_____ Language Most Often Used by Student
A – English	F – Cebuano/Visayan	K – Vietnamese
B – Cantonese	G – Hawaiian	M – Chuukese
C – Mandarin	H – Japanese	N – Pohnpeian
D – Ilocano	I – Korean	O – Cambodian
E – Tagalog	J – Samoan	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): _____

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.

PARENT/GUARDIAN CONTACT INFORMATION

P A R E N T / G U A R D I A N	Check one: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other (specify): _____	Relation: _____
	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single	
	_____ Last Name	_____ First Name
	_____ Home Phone #	_____ Cellular Phone #
	_____ Employer's Name	_____ Pager #
	_____ Address (if different from student's)	_____ Work Phone # (include ext.)
	_____ Email Address	
	Custody of Child: <input type="checkbox"/> Yes <input type="checkbox"/> No	Child lives with this contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is this parent/guardian a member of the Armed Services, National Guard or Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Military Status (check one): <input type="checkbox"/> Traditional Reservist / M-Day <input type="checkbox"/> Active Duty (Title 10) <input type="checkbox"/> Federal Technician (Title 32)	
Deployed? <input type="checkbox"/> Yes <input type="checkbox"/> 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		

PARENT/GUARDIAN CONTACT INFORMATION

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

Marital Status: Married Divorced Separated Single

Last Name First Name Employer's Name

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

Address (if different from student's) Email Address

Custody of Child: Yes No Child lives with this contact: Yes No

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 |

MISCELLANEOUS INFORMATION

Does student's father, mother, or guardian work for the Federal Government or work on Federal Property? Yes No

EMERGENCY CONTACT INFORMATION

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

**F
I
R
S
T**

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

Last Name First Name Employer's Name

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

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

**S
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C
O
N
D**

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

Last Name First Name Employer's Name

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

Doctor's Name or Clinic Name Office Phone #

SCHOOL SUPPLEMENTARY INFORMATION

	Name	Age	Name	Age
Other Children In The Family:	1. _____	_____	4. _____	_____
	2. _____	_____	5. _____	_____
	3. _____	_____	6. _____	_____

Parent/Legal Guardian Signature: _____ Date: _____



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SY2012-2013 CONTINUED STUDENT APPLICATION TO BE COMPLETED BY PARENTS

SPECIAL EDUCATION

Please provide the following information so that we may better serve your child.

My son or daughter is currently a student receiving services or related services under the IDEA(SPED) _____ (Yes or No)

If Yes, please provide a copy of the current IEP. As part of your application we require that you provide a copy of your child's IEP to ensure that your child continues to receive FAPE.

My son or daughter is currently a student receiving services under Section 504 _____ (Yes or No)

If Yes, please provide a copy of the current Modification Plan. As part of your application we require that you provide a copy of your child's Modification Plan/504 Plan to ensure that your child continues to receive 504 services.

Hālau Kū Māna New Century Public Charter School does not discriminate on the basis of race, color, national origin, sex, disability, or age in employment or in its programs and activities. The school does not discriminate in admission, treatment, or access to its programs or activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Student Services Coordinator Address: 2101 Makiki Heights Drive Honolulu, Hi. 96822 Phone No. 945-1600



Hālau Kū Māna

New Century Public Charter School

'Ae Like

Collective Values and Actions

As members of Hālau Kū Māna's learning 'ohana, we recognize the following values, traits, attitudes, and actions as essential ingredients for building and maintaining a thriving family-oriented, community-based place of learning:

'Ōpio (Student):

- **Kū i ka māna, Kūlia i ka nu'u, Kūpono** – Strive for māna, reach for your highest potential, and be pono!
- **Mālama** – Demonstrate concern and care toward our environment and all members of our learning 'ohana, Hālau Kū Māna
- **Makawalu** – Always be open to multiple perspectives and ways of learning
- **Laulima** – Accept responsibilities, contribute to the 'ohana, Hālau Kū Māna
- Learn and actively perpetuate **Hawaiian language, culture, and values**
- **Attend Hālau EVERY DAY as scheduled and on time** unless there is legitimate illness, injury, or emergency
- **Communicate with a makua any problems or frustrations** concerning the Hālau, other makua, 'ōpio, or your own life situations
- **Kōkua, Mahalo, a me Aloha kekahi i kekahi** – Help, respect and appreciate, and show aloha to one another

Makua ('Ohana, Parent/Guardian):

- All expectations and commitments mentioned above, except for attending Hālau every day!
- Attend Hālau Kū Māna's quarterly pā'ina, Lā 'Ohana (at least one makua per 'ohana)
- Attend quarterly 'Ohana Conferences with staff to review your 'ōpio's progress (at least one makua per 'ohana)
- Read memos and initial your child's assignment book DAILY
- APPRECIATE YOUR CHILD'S DAILY SUCCESS
- Provide input and feedback on overall well-being of your child as necessary, and return calls from HKM staff within 24 hours
- Participate fully in at least two school wide fundraisers each year. This helps strengthen relations within the 'ohana, and raise awareness and support in the community.
- Kōkua 16 hours per year, contributing to the needs of our 'ōpio and 'ohana overall (see the 'Pehea la e kōkua ai' list)
- Join at least one committee
- Be familiar with and abide by HKM's 'Ohana Handbook

Makua A'o ('calabash' parent, a.k.a. HKM Staff):

- All expectations and commitments mentioned above
- Maintain passion, commitment, and perseverance in providing the highest quality learning experience for our 'ōpio
- Know each student personally as an individual – for their strengths, challenges, and specialties
- Engage in respectful collaboration with all members of the learning 'ohana
- Join at least one committee
- Participate in all required professional development events and opportunities
- Written and verbal evaluations prepared for each makua/'ōpio conference, and as necessary to monitor progress of 'ōpio
- Initial response to 'ōpio or makua concerns by the same or next day



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I. STUDENT AND PARENT CONTRACT (Failure to abide by the conditions of this contract may result in loss of privilege to attend HKM.)

STUDENT COMMITMENT:

I want to join HKM and become an active member of the Hālau Kū Māna learning ‘ohana for SY 2012-2013. As an active member of this learning ‘ohana, I agree to: perpetuate Hawaiian language, culture and traditions, and to kūlia i ka nu‘u (strive to reach my highest level).

This means I will make every effort to attend school every day and on time, work as hard as I can on all my projects and assignments, become fluent in the Hawaiian language and knowledgeable in Hawaiian culture, practice Hawaiian values such as aloha, mālama, kōkua and mahalo, help my fellow school mates and teachers whenever I can, and contribute to the collective growth of HKM.

PARENT/GUARDIAN COMMITMENT:

I agree to have my son/daughter join HKM for SY 2012-2013. Since research indicates a strong relation between parent involvement and student success, I agree to become an active member of the Hālau Kū Māna learning ‘ohana, to help my son/daughter perpetuate Hawaiian language, culture and traditions, and help him/her to reach his/her highest level. I also agree to support my son/daughter in achieving excellence by making every effort that my son/daughter will come to school every day and on time and that he/she will complete all assigned work. I further agree to contribute to the collective success of HKM in every way I can, and contact HKM immediately should I have any questions or concerns regarding my son/daughter’s performance, attitude or behavior.

II. RESEARCH PARTICIPATION RELEASE

I consent to HKM producing visual images and/or audio representations and reproductions of the undersigned student and his/her schoolwork (Materials). I consent to HKM’s use of the Materials in any manner and purpose deemed appropriate by HKM. I waive any rights to approve the Materials and I understand that HKM is not obligated to use any of the Materials. I understand that any proceeds generated by the sale or use of the Materials will be used for the benefit of all HKM students.

I grant permission for my son/daughter to be a part of any HKM research project, and any tapes, videos, photographs or other reproductions of voice and image may be utilized for the purposes of the research project(s). I understand that my son/daughter’s name and other demographic information, which might identify him/her, will not be used without permission. I will contact Mahina Duarte at 945-1600 should I have any questions or concerns regarding HKM’s research projects.

_____	_____	_____
Name of Student	Signature of Research Participant	Date

_____	_____	_____
Name of Parent/Guardian	Signature of Parent/Guardian	Date

_____	_____	_____
Name of Research Coordinator	Signature of Research Coordinator	Date

_____	_____	_____
Name of School Administrator	Signature of School Administrator	Date



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THIS FORM IS TO BE GIVEN TO YOUR CHILD'S CURRENT SCHOOL TEACHER AND COUNSELOR OR VICE PRINCIPAL.

LETTER OF RECOMMENDATION

To Whom It May Concern:

The student whose name is listed below has applied for admission to Hālau Kū Māna New Century Public Charter School for SY 2012-2013. As a Hawaiian-focused public school of choice, HKM aims to serve and meet the educational goals and needs of students dedicated to perpetuating Hawaiian language, culture and traditions and committed to reaching their highest level of achievement. HKM seeks enthusiastic motivated students of all ethnicities who can contribute to, and will benefit from, the school's culturally driven programs. A letter of recommendation must be completed by the student's current school Teacher and Counselor or Vice Principal. The letter must include the student's educational needs, student motivation and any behavioral disciplinary actions. Please return the letter of recommendation and this form to Hālau Kū Māna New Century Public Charter School by July 1, 2012.

Address:

**Hālau Kū Māna Public Charter School
2101 Makiki Heights Drive
Honolulu, Hi. 96822**

Mahalo!
Hālau Kū Māna Admissions Committee

Name of Applicant

Grade: _____ School Year: _____

Print Name of Parent/Guardian/Foster Parent

Signature of Parent/Guardian/Foster Parent

Date