



Financial Form for Boarding Students

Return form by June 30, 2010 to: HPA Enrollment, 65-1692 Kohala Mountain Road, Kamuela, Hawai'i 96743 -or- Fax: 808-881-4045

INSTRUCTIONS

Please initial next to each item you wish your child to enroll in. *If you do not make a selection, your child will not be enrolled in that program.*

STUDENT INFORMATION

Name: _____ Grade: _____

OTHER ITEMS

- Refrigerator Electricity Fee for Grades 9-12 - Students who install a refrigerator in their rooms are charged an electricity fee. Permission from the Director of Student Life is required.\$120
- Yearbook for Grades K-8.35
- Yearbook for Grades 9-12.75

STUDENT BANK ACCOUNT for Grades 6-12

- YES. Open/continue my student bank account. I permit my child to charge his/her student bank account under the stated student bank guidelines.
 - ALLOWANCE: Please give my child a weekly allowance of \$ _____ .
 - SPECIAL WITHDRAWALS: I permit my child to withdraw extra funds for expenses during (please indicate the amounts):
 - Thanksgiving: \$ _____ Spring Break: \$ _____
 - Winter Break: \$ _____ End of School: \$ _____
 - PHONE AUTHORIZATION CODE: I hereby give my approval for HPA to assign my child a personal phone authorization code. Long-distance calls made using the code will be billed directly to my child's student bank account.
- NO. I do not wish to open/continue a student bank account. I understand that my child will be responsible for paying cash for any and all expenses incurred at school. These expenses will include, but are not limited to, books, school supplies, dances, athletic events, and other items that students normally are allowed to charge.

INSURANCE PLANS (Note: Payments must be received before your child is deemed enrolled in any insurance plan.)

Accident Plan - Refer to the Health Services Enrollment Information or the brochure for more information on the Accident Plan. *To enroll, please initial below and sign and return the Student Accident Plan Authorization Letter (provided with the brochure).*

- YES. I wish to enroll in the Student Accident Plan.
- NO. I do not wish to enroll in the Student Accident Plan.

Health Plan - All students must be covered by health insurance. Refer to the Health Services Enrollment Information for more information on the health plan.

- YES. I wish to RE-ENROLL in the HMSA Student Plan (for students already enrolled in Student Plan).
- YES. I am interested in enrolling; please send me the brochure and enrollment material..
- NO. I am not interested in enrolling my child in the HMSA Student Plan.

AUTHORIZATION

I authorize HPA to charge my child's student bank account for the optional items I have elected above.

Signature of Parent 1: _____ Date: _____

Printed Name of Parent 1: _____

Signature of Parent 2: _____ Date: _____

Printed Name of Parent 2: _____