



Day Student Financial Form

Return form by June 30, 2010 to: HPA Re-enrollment, 65-1692 Kohala Mountain Road, Kamuela, Hawai'i 96743 -or- Fax: 808-881-4003

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: _____

LUNCH for Grades K-8 (Note: For students in grades 9-12, the cost of lunch is included with tuition.)

- Initial your selection { Annual payment plan:
 - Grades K-3 \$690/year
 - Grades 4-5 715/year
 - Grades 6-8 740/year
- Monthly payment plan (Grades K-8): August - \$35, September - \$105, October - \$105, November - \$105, December - \$40, January - \$105, February - \$105, March - \$40, April - \$105, May - \$60

AFTER SCHOOL PROGRAM for Grades K-6

- Initial your selection { Annual payment plan \$850/year
- Semester payment plan 450/semester
- Monthly payment plan (Grades K-8): August - \$55, September - \$120, October - \$120, November - \$120, December - \$60, January - \$120, February - \$120, March - \$55, April - \$120, May - \$90
- Daily payment plan 13/day

OTHER ITEMS

- Initial your selection { Yearbook for Grades K-8 \$35
- Yearbook for Grades 9-12 75

STUDENT BANK ACCOUNT for Grades 6-12

- Initial your selection { YES. Open/continue my student bank account. I permit my child to charge his/her student bank account under the stated student bank guidelines.
- 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).*

- Initial your selection { 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.

- Initial your selection { 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: _____