



# Consent to Use Electronic Signature

Return form to: HPA Registration, 65-1692 Kohala Mountain Road, Kamuela, Hawai'i 96743 -or- Fax: 808-881-4045

## ADVANCE CONSENT

I hereby consent to the use of electronic signatures for enrollment agreements and other documents (e.g. medical consent forms) in connection with my child(ren)'s enrollment at Hawai'i Preparatory Academy (HPA). I agree to inform HPA promptly of any change in my e-mail address. I understand that my electronic signatures on these documents, if provided, may not be invalidated solely on the basis that the signatures were electronically obtained.

I hereby represent that such e-mail is only accessible by the undersigned.

Student Name(s): \_\_\_\_\_

Name of Parent 1: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

E-mail Address of Parent 1: \_\_\_\_\_

Signature of Parent 1: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent 2: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

E-mail Address of Parent 2: \_\_\_\_\_

Signature of Parent 2: \_\_\_\_\_ Date: \_\_\_\_\_