

ILIMA INTERMEDIATE SCHOOL

SCHEDULE PICK FORMS

School Year 26 - 27

8TH GRADERS

THURSDAY JULY 16TH

8AM - 1 PM

PLEASE BRING EXACT AMOUNT AND NOTHING BIGGER THAN \$20.00

- STUDENT DUES / ID / PLANNER - \$20.00
- YEARBOOK - \$30.00 - ONLY FOR JULY 16TH
- **OBLIGATIONS** they will need to be paid in order to pick up the schedule.
 - **CASH ONLY NOTHING BIGGER THAN \$20.00**
- UNIFORM WEBSITE - <https://www.kulathreads.com> -

KULA THREADS WILL BE ON CAMPUS ONLY DURING SCHEDULE PICK UP

FORMS THAT ARE REQUIRED TO PICK UP SCHEDULE

- Emergency Card
- Questionnaire to Determine Eligibility MV1
- Student Demographic Change Request - **ONLY** if there is a change in mailing address, email, phone, contact information
 - **TURN FORM INTO ILIMA FRONT OFFICE**

ONLINE APPLICATIONS THAT NEED TO BE SUBMITTED

- SCHOOL LUNCH APPLICATION - Website - ezmealapp.com - **OPEN ON JULY 13, 2026**
 - ClickStart now, Terms of use, Select State (Hawaii)
 - FAQ - Search for district type in HAWAII the selection will automatically pop up below select the DOE - Honolulu, Central, Leeward...
- SETUP ACCOUNT - ezschoolpay.com - ADDING MONEY FOR LUNCH / PAYMENTS FOR BUS
 - FAQ's - Selecting Districts - Click the magnifying glass type in **District Name - Hawaii - LEAVE EVERYTHING ELSE BLANK AND CLICK SEARCH.**
 - Click on the box next to HAWAII-ST. Of Hawaii Dept of Ed
 - Click on Use Selected District and Close

BUS APPLICATIONS YOU ONLY CAN APPLY FOR ONE

- SCHOOL BUS APPLICATION - Website - <https://hi.etrition.com/busapplication> - **Q1: July 13, 2026 - August 7, 2026**
 - **ETRITION WEBSITE WILL SHOW WHEN BUS APPLICATIONS ARE OPEN - MUST APPLY QUARTERLY**
 - Once you get approval by email you can login to ezschoolpay.com to make payments for the bus if needed.
 - The email you provided on the application will be the email you will receive the instructions on how to print your child's temporary bus pass.
PLEASE REMEMBER TO PRINT OUT YOUR CHILD'S TEMPORARY BUS PAS
Permanent passes will be given once Ilima receives the passes from Ground Transportation.
- EXPRESS COUNTY BUS PROGRAM - Link can be found on our website - Services/Bus Transportation
 - https://www.thebus.org/Fare/YouthFare_submitFormNew.asp
 - This pass is good for the whole year no need to apply quarterly

APPLICATIONS WEBSITES AND INFORMATION

School Lunch Application Reduced/Free Lunch Applications:

Please go to EZMEALAPP.COM to apply.

School Lunch Payments can ONLY be made on

EZSCHOOLPAY.COM

Uniforms (KULA THREAD):

<https://www.ilimaintermmediate.k12.hi.us/uniform-shirt>

Contact for Kula Thread

as of 11/01/25 new address is: 743-D Waiakamilo Road Honolulu, HI. 96817

Email: admin@nchawaii.com

Telephone: (808) 847-6600

School Bus Application

Website: <http://hi.etrition.com/busapplication>

Applications must be submitted on a **QUARTERLY** basis and will not be accepted outside of the indicated periods.

Please plan accordingly.

Application periods for School Year 2026-2027

Quarter 1: July 13, 2026 - August 7, 2026

Quarter 2: September 14, 2026 - October 12, 2026

Quarter 3: December 7, 2026 - January 8, 2027

Quarter 4: February 22, 2027 - March 22, 2027

The flat rates for student bus passes are:

Quarterly Round Trip: \$72.00

Quarterly One Way: \$36.00

Replacement Passes: \$5.00 - Ilima Front Office (CASH ONLY)

Eligibility - Students in Grades 6-12 must reside 1.5 miles or more from the school within their attendance area to qualify for regular school bus service.

EXPRESS County Bus Pass Program

Holo Card Important eligibility updates for free county pass applicants:

- Be a Hawai'i public school student attending middle and/or intermediate or high school with an active HIDEO ID number; and
- Attend their home school (no Geographical Exemptions); and
- Reside 1.5 miles or more from their home school in their public school attendance area. Walkzone is calculated from the recorded home address in Infinite Campus to the nearest public access for the school campus (not from the main office).

To Purchase a Youth HOLO card:

https://www.thebus.org/Fare/YouthFare_submitFormNew.asp

Bus Schedules: <https://www.thebus.org/Route/Routes.asp>

Plan Your Trip: <https://www.thebus.org/PlanYourTrip.asp>

Rider Rules/Safety Information: <https://www.thebus.org/howtoride/RulesReg.asp?l=>

Phone Number: (808) 768-4656 (HOLO)

Phone Number: (808) 848-5555, ext 5 (TheBus Customer Service)

Email: info@holocard.net

Download the app: HEA-TheBus (available on iOS and Android)

For lost or stolen HOLO cards (O'ahu only)

Option 1: For an online replacement — https://www.thebus.org/Fare/YouthFare_submitFormNew.asp

Replacements are free and will be mailed in 5-7 business days once the card arrives. Call the HOLO helpline to activate the replacement card 808-7684656.

Option 2: Go to the Transit Pass Office (at Kalihi Transit Center, corner of Middle Street and Kamehameha Hwy) between 7:30 a.m.– 4 p.m., Monday–Friday (except City Holidays). Replacement cards are \$2 each at the Transit Pass Office. It is suggested you arrive no later than 3 p.m. in case there is a line.

EMERGENCY CARD

(This card needs to be completed every school year.)

School _____ Date _____

Grade _____ Room _____ Language Spoken at Home _____

Name _____ Sex: M F Birthdate _____

Home Address _____ (Last) _____ (First) _____ (Middle Initial) _____ Apt. No. _____ City _____ Zip Code _____

Mailing Address _____ Zip Code _____ Child resides with _____

Father's/Legal Guardian's Name: _____		Mother's/Legal Guardian's Name: _____	
Employer: _____		Employer: _____	
Active Duty: Yes <input type="checkbox"/> No <input type="checkbox"/> Branch of Military Service: _____		Active Duty: Yes <input type="checkbox"/> No <input type="checkbox"/> Branch of Military Service: _____	
Home Phone: _____ Bus. Phone: _____		Home Phone: _____ Bus. Phone: _____	
Cellular Phone: _____		Cellular Phone: _____	
E-mail Address: _____		E-mail Address: _____	

EMERGENCY CONTACTS: In case child listed above becomes ill or is injured at school and I cannot be contacted, the school authorities have my permission to contact and release my child to the custody of one of the following:

- | Name | Relationship | Phone |
|------------------------|--------------|-------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| Family Physician _____ | _____ | Phone _____ |
| _____ | _____ | Phone _____ |
| _____ | _____ | Phone _____ |

if my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. To assure prompt attention to your child,

PLEASE NOTIFY SCHOOL OF ANY CHANGE IN PHONE NUMBER OR ADDRESS.

Parent's/Legal Guardian's Signature _____

Note: Please complete health information on back of card. ➡

INSURANCE INFORMATION:

My child has health insurance: Yes No If YES, check: QUEST/Medicaid **OR** Private
If private, check your plan: HMSA Kaiser Tri-Care Other _____

MEDICAL CONDITIONS:

- My child does not have any medical conditions.
- My child has a medical condition(s).

Please check below:

- Asthma
- Blood Disorders
- Bone/Joint Disorders
- Cancer/Leukemia
- ALLERGIES: Bee Sting Food Medications Other _____
- Chronic Cough/Wheezing
- Diabetes Type I
- Diabetes Type II
- Genetic Condition
- Hearing Problems
- Heart Condition
- High Blood Pressure
- Metabolic Disorder
- Seizures
- Skin Problems
- Vision Problems
- Other _____

For the above allergy(ies), reaction occurs by: Skin contact By inhalation By ingestion Other _____

Date of last reaction: _____

Describe the allergic reaction that occurs: _____

MEDICATION(S) TAKEN:

My child takes the following medication(s): _____

Reason for taking the medication(s): _____

OTHER HEALTH CONCERNS: _____

Other children: _____

Name

School

Grade



475 22nd Avenue
Honolulu, Hawaii 96816
Telephone: 808-305-9869
Toll Free: 1-866-927-7095

QUESTIONNAIRE TO DETERMINE ELIGIBILITY MV1

This form is intended to address the McKinney-Vento Act (MVA) and must be completed for each student

Questionnaires are filed for one (1) year for all students and seven (7) years for any student identified as living in unstable housing.

Student's Name: _____ Date of Birth: _____

School: ILIMA INTERMEDIATE SCHOOL Grade: _____

Student's current residence such as address, cross streets, landmarks, etc.

Primary Contact Name: _____ Relationship: _____ Phone: _____

Alternate Contact Name: _____ Relationship: _____ Phone: _____

CHECK ONE BOX

STUDENT'S CURRENT LIVING ARRANGEMENT

MVA CODE

<input type="checkbox"/>	Unsheltered <i>Campground, car, beach/park, abandoned building, street or any other inadequate living space</i>	06
<input type="checkbox"/>	Shelter <i>Emergency, transitional or domestic violence shelter, name of shelter: _____</i>	04
<input type="checkbox"/>	Hotel/Motel <i>Due to lack of other suitable housing, <u>excludes</u> temporary lodging for military persons awaiting housing</i>	02
<input type="checkbox"/>	Doubled Up <i>Temporarily with family or other person due to loss of housing or as a result of economic hardship</i>	03
<input type="checkbox"/>	Permanent Housing <i>Student who is living in a fixed, regular, and adequate housing situation</i>	07



If this box is checked, stop here and sign below; form is complete

If the student is NOT in the physical custody of a parent or legal guardian, also check below:

<input type="checkbox"/>	Unaccompanied Youth	05
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List all siblings living in the same arrangement, including children 0-5 years of age:

Name	Age	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The information you provide above will determine what services you or your child may be eligible to receive under the **McKinney-Vento Homeless Assistance Act - 42 U.S.C. §11434a(2)**. If eligible under the Act, you or your child are entitled to immediate enrollment in school and free school meals. Transportation may be provided to and from school of origin. This questionnaire allows a Homeless Concerns Liaison to contact you for additional support. By signing, you grant permission to share/release pertinent information among shelter and school personnel, to support school enrollment and full participation.

Parent/Legal Guardian/Unaccompanied Youth Signature _____

Print Name _____

Date _____

For School Use Only: School designee to complete this page if the student is identified as living in unstable housing.

NOTE: The McKinney-Vento Act requires immediate enrollment for students living in unstable housing, even if the student is unable to provide documents, such as school records, immunization records and other health records, proof of residency, or other documents. 42 U.S.C. §11432(g)(3)(C).

* "Enrolled" means attending classes and participating fully in school activities. 42 U.S.C. §11434a(1)

Student ID #: _____

Date Student Enrolled: ____ / ____ / ____

Student Enrolled As:

- Home School (school within the geographic area of student's current residence)
- School of Origin (school attended when permanently housed/last school attended)
- Geographic Exception (GE)
- Other: _____

By acknowledging below, the school designee agrees that the form is complete and the parent/legal guardian/unaccompanied youth has been provided MVA information and a copy of this form.

Designee Signature

Print Name

Date

By signing below, the principal indicates that he/she has reviewed this form and understands the school's responsibility under the McKinney-Vento Homeless Assistance Act.

The school principal determines the student as:

- Eligible under McKinney-Vento Act
 - Not eligible under McKinney-Vento Act Reason: _____
- MV2 Initiated: Yes No Date MV2 Initiated: ____ / ____ / ____

Principal Signature

Print Name

Date

Notes/Updates:

Date	Action Taken	Remarks	Initials

Note: Please forward a copy of this form to your Homeless Concerns Liaison within 3 business days.

2026-2027 Free and Reduced Price Meal Applications Go Online for Faster Results

Please do not submit a paper application if an online application is submitted.

Helpful tips for applying online:

1. Type **hawaii** in Search for District, then "DOE – Honolulu, Central,..." will pop up. Just click on it.
2. Step 1: Application Information – Entering phone number and email is highly recommended in case we need to contact you. For Benefit Type, if you are applying with SNAP or TANF, please refer #7 below. If you are not, just leave it as None and go to Next
 - o If email address is entered for Application Information, a notification letter of the result will be sent **by email**. (We recommend you to check your junk / spam mail tray also once you apply.)
3. Step 2: Child Household Members (up to grade12):
 - o Student must be enrolled in a DOE school (excludes charter schools) for an application to be processed.
 - o Enter the student legal names. Entering birthdates is recommended to help the system to match.
 - o For non-DOE(charter or private) students and baby/infant, click "No" for Student. College students should be added to Adult Household Members (Step 4)
4. Step 3: Child Income
If applicable, enter the total income of all Child Household. If child has no income, do not enter anything and click on Next.
5. Step 4: Adult Household Members:
For each adult with income, enter:
 - a. **Gross earnings** (before taxes or deductions), and
 - b. how often the amount entered is received.Enter net income only if the adult is self-employed.
For adult without income, just click on Save after entering First Name, (middle initial) and Last Name.
6. Step 5: Electronic Signature Select your name from the drop-down and type your name in Signature box.
7. If applying with SNAP or TANF case number:
 - a. Select SNAP or TANF in STEP 1: Application Information, under Benefit Type, and enter valid case number.
 - b. After listing the student(s) in STEP 2: Child Household Members, the application will skip to Step 5: Electronic Signature. Adult must sign.
8. A confirmation number appears when the application is submitted. Write down this number for future reference.
9. Once the application is processed (up to 10 working days), the notification letter will be sent home either by email (if email was provided when you applied) or school.

ezSchoolPay is available! Go to ezschoolpay.com or install an app

With ezSchoolPay, you can:

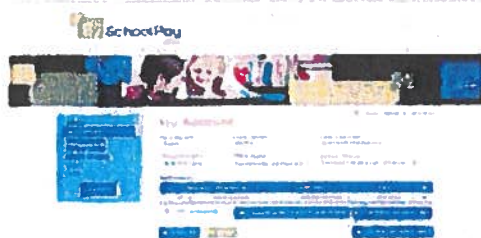
- Make online payments - There is a minimal fee when making online payments
- Monitor account balances (set low balance alerts), and
- Monitor student's buying history

There is no cost to set up and monitor student's account.

This institution is an equal opportunity provider.



Visit <http://ezschoolpay.com> and Log-in using your Email and Password. Is this your first time visiting our site? Register for a free account to get started! Once logged in, you will be directed to your HOME page. From the HOME screen, to the left in the blue box is the menu:



MY ACCOUNT:

- UPDATE PERSONAL INFORMATION
- CHANGE SECURITY QUESTION
- CHANGE PASSWORD
- CLOSE MY ACCOUNT (terminates account)



MY STUDENTS:

- the PENCIL GRAPHIC (access student screen)
- CONTACT SCHOOL (send Manager an e-mail)
- ADD A STUDENT (link another student to your account)
- The CLIPBOARD GRAPHIC (view previous 30 days transaction history)
- MAKE A PAYMENT (add funds to your student's account)



Within the STUDENT SCREEN Parents can:

- Set a LOW BALANCE EMAIL REMINDER
CLICK on box to SEND REMINDERS



Within the MY STUDENTS SCREEN Parents can:

- Click on VIEW TRANSACTIONS
Previous 30 day Transaction History will be displayed



From the MY STUDENTS screen, to LINK STUDENT

- Click on ADD A STUDENT
- Enter Last Name and Student ID #, OR enter Last Name, First Name and Birth Date (check appropriate bubble)
- Designated student to link to account will appear, click SAVE.
- To add multiple students, repeat this process.



BILLING SETUP (from blue box on left)

- **ADD CREDIT CARD(S)**
*This feature is for convenience, not a requirement. You may **SAVE** credit card information for one or more cards on our secure site so you will not have to enter payment/billing information every time you add money your student's account.



CREDIT HISTORY

- Search and view receipts for payments made to your EZSchoolPay account for the last 6 months



STORE/PAY ONLINE

- In the **AMOUNT** box, enter the dollar amount you would like to add to your student's account.
- Click **ADD TO CART**
- You may continue to add additional items to your cart. Once you are finished, you will may **PROCEED TO CHECKOUT**



CHECKOUT/PAYMENT

- You may enter your credit card/billing information for a one-time payment or use your stored card(s).
- Click **SUBMIT ORDER**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language) should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program complaint of discrimination, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mall.pdf> from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (833) 256-1665 or (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

STUDENT DEMOGRAPHIC CHANGE REQUEST

Student Name: _____ Grade: _____ DOB: _____
Last First M.I.

PRINT Requestor's Name: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

DIRECTIONS: Enter Changes ONLY

1. For **ADDRESS CHANGES**, please attach two(2) most current Proof of Residence documents
2. For **CHANGE IN CUSTODY STATUS**, appropriate legal documentation must be provided
3. For **NAME CHANGES**, appropriate documentation must be provided

PLEASE COMPLETE ONLY THE ITEMS YOU WOULD LIKE TO HAVE CORRECTED:

Household 1 Legal Parents/Guardians living with student: **Please attach two(2) most current Proof of Residence documents**

Home Phone: _____

Cell Phone: _____

Primary Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

1 Legal Parent/Guardian Last Name: _____ First Name: _____

Name: _____

Emergency Priority # _____

Relationship to student: Father Mother Other: _____

Cell: _____ Work: _____ Email: _____

2 Legal Parent/Guardian Last Name: _____ First Name: _____

Emergency Priority # _____

Relationship to student: Father Mother Other: _____

Cell: _____ Work: _____ Email: _____

3 Other guardian living with student and can be contacted for emergency

Last Name: _____ First Name: _____

Emergency Priority # _____

Relationship to student: StepFather StepMother Other: _____

Cell: _____ Work: _____ Email: _____

4 Siblings in Household attending Hawaii DOE K-12 school:

Sibling Last Name: _____ First Name: _____
Birthdate: _____ Hawaii DOE School: _____

Sibling Last Name: _____ First Name: _____
Birthdate: _____ Hawaii DOE School: _____

Sibling Last Name: _____ First Name: _____
Birthdate: _____ Hawaii DOE School: _____

Sibling Last Name: _____ First Name: _____
Birthdate: _____ Hawaii DOE School: _____

Non-Household 2 Information: Legal parent/guardian NOT living with student

Home Phone: _____

Cell Phone: _____

Primary Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

1 Legal Parent/Guardian Last Name: _____ First

Name: _____

Emergency Priority # _____

Relationship to student: Father Mother Other: _____

Cell: _____ Work: _____ Email: _____

2 Legal Parent/Guardian Last Name: _____ First Name: _____

Emergency Priority # _____

Relationship to student: Father Mother Other: _____

Cell: _____ Work: _____ Email: _____

3 Other guardian living with student and can be contacted for emergency

Last Name: _____ First Name: _____

Emergency Priority # _____

Relationship to student: StepFather StepMother Other: _____

Cell: _____ Work: _____ Email: _____

EMERGENCY CONTACT (Other than Legal Parent/Guardians)

*****If you are adding Siblings they need to be 18 and older in order to sign student out*****

1. Contact Last Name: _____ First
Name: _____

Relationship to student: Grandmother Grandfather Uncle Aunt Sibling Family Friend Other: _____

2. Contact Last Name: _____ First
Name: _____

Relationship to student: Grandmother Grandfather Uncle Aunt Sibling Family Friend Other: _____

3. Contact Last Name: _____ First
Name: _____

Relationship to student: Grandmother Grandfather Uncle Aunt Sibling Family Friend Other: _____

4. Contact Last Name: _____ First
Name: _____

Relationship to student: Grandmother Grandfather Uncle Aunt Sibling Family Friend Other: _____

OFFICE USE ONLY:

STUDENT ID: _____ DATE ENTERED: _____ MODIFIED BY: _____

DOCUMENT RECEIVED BY: _____ DATE: _____

FILE IN CUMULATIVE FOLDER

