

ILIMA INTERMEDIATE SCHOOL

SCHEDULE PICK FORMS

School Year 26-27

7th GRADERS

FRIDAY JULY 17, 2026

8AM - 1PM

PLEASE BRING EXACT AMOUNT AND NOTHING BIGGER THAN \$20.00

- STUDENT DUES / ID / PLANNER - \$20.00
- YEARBOOK - \$30.00 - ONLY FOR JULY 17TH
- **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
- Student Publication/Audio/Video Release Form (PAV)
- Technology Responsible Use Form (TRUF)
- Questionnaire to Determine Eligibility MV1
- Home Language Survey
- 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 PASS
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 HIDOE 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.

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
- Chronic Cough/Wheezing
- Diabetes Type I
- Diabetes Type II
- Genetic Condition
- Hearing Problems
- Heart Condition
- High Blood Pressure
- Metabolic Disorder
- Other _____
- 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 _____



State of Hawaii
Department of Education

Student Publication/Audio/Video
Release Form

This form supersedes all previous Student Permission to Videotape/Record, Reproduce Work and Student Publication/Audio Release Forms.

Note: This form does not apply to the creation or use of digital or print media of students for research purposes, including post-secondary degree requirements. For more information visit <http://bit.ly/HIDOEdata-research>

In order to protect student's rights to privacy as outlined in the Family Educational Rights and Privacy Act (FERPA) and the Protection of Pupil Rights Amendment (PPRA), parents/guardians or eligible students (those aged 18 or over) are being asked to give the Hawaii State Department of Education (HIDOE) permission to create or use digital or print media of student's name, voice, likeness or images of student work for the purposes described in this form.

I hereby give my permission to HIDOE to create or use the media described above of my child (if parent/guardian) / me (if eligible student) or my child's / my work — which may include, but are not limited to, video and audio recordings, photographs, and images — for the following educational purposes:

- Publication on HIDOE websites or in print or other digital media
- HIDOE staff professional development, including peer and advisory observations
- HIDOE training, including but not limited to preparation programs

I understand that the distribution of these media may include print, online, or digital media and open-circuit broadcast, closed-circuit, or cable television transmission within or outside of the State of Hawaii.

I understand that there will be no compensation, financial or otherwise, by HIDOE for its use of these media, either for initial or subsequent transmission or playback.

I understand that granting permission includes a potential risk of loss of privacy. I hereby release HIDOE from any liability resulting from or connected with the creation or use of these media.

I understand that permission is granted for the life of the media. I release all interest in the media for which I am giving permission.

I understand that I may withdraw my permission at any time without any negative consequences by submitting a written statement to my child's/my school. I understand that withdrawing consent will not affect my child's/my standing in school, nor any publication or work using these media which has already been produced.

Yes No HIDOE has my permission to create or use digital or print media of my child's / my name, voice, likeness or images of my child's/my work exclusively for the non-commercial, educational purposes stated above.

By signing this form, I agree to the terms and conditions stated in this form, unless I checked the "no" box.

Student's Name (Please Print)

ILIMA INTERMEDIATE SCHOOL

School

Home Address

City, State, Zip Code

Parent/Guardian/Eligible Student Name (Please Print)

Signature

Date

Student Publication/Audio/Video Release

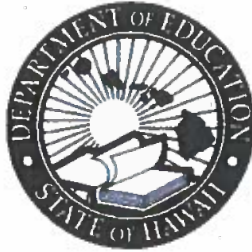
By providing Hawaii Department of Education (HIDOE) your permission, the student's names and/or likenesses, photo, video, and/or audio may be used in HIDOE school-related publication print and analog/digital media.

Examples of HIDOE school-related publications, include but are not limited to:

- A playbill, showing the student's role in a drama production
- Annual yearbook
- Student photographs for classroom / teacher use
- Honor roll or other recognition lists and programs
- Graduation programs and announcements
- Sports activity programs or sheets, such as for wrestling, showing weight and height of student
- School newsletters
- Audio and video recordings to aid with reinforcing appropriate behaviors
- Audio and video recording capturing those memorable moments, such as graduation ceremonies and May Day and other holiday programs or school events
- Student photographs for classroom and teacher use
- Officially recognized activities and events

Hawaii student teachers participating in educator preparation programs and staff in professional development courses within the HIDOE may have access to student work and/or other student publications during the course of their studies.

By checking "yes" and signing the Student Publication/Audio/Video Release Form, parents, guardians, and eligible students provide permission for all publication items for HIDOE non-commercial, educational purposes and cannot select individual items.



Technology Responsible Use Form

(for digital devices, network, and internet services owned and leased by the
Hawaii State Department of Education for its students)

Each student and his or her parent(s)/guardian(s) ("parent" or "parents") must review the *Technology Responsible Use Guidelines for digital devices, network, and internet services owned or leased by the Hawaii State Department of Education for its students*, known as "Technology Responsible Use Guidelines" or "TRUG", and sign this "Technology Responsible Use Form" or "TRUF" for access to digital devices, internet and network services, including online educational services.

STUDENTS who will be using Hawaii State Department of Education (HIDOE) owned or leased digital devices, network, and internet services:

- I have read the Technology Responsible Use Guidelines (RS 17-0051) in the separate document and agree to, and will abide by, its terms/guidelines stated therein, and as may be subsequently modified.

As a PARENT, I also agree that:

- I am responsible for monitoring my child's use of HIDOE-owned or leased digital devices outside of HIDOE property/school.
- HIDOE may bar access by students to certain material not deemed for educational purposes; however, I also understand it is impossible for HIDOE to restrict access to all controversial and inappropriate materials. Therefore, I will hold harmless HIDOE and its employees from any cause of action related to my child obtaining access to materials or software which may be deemed inappropriate.
- I have discussed the TRUG with my child and, therefore:
 - If available at the school, I agree that my child be assigned a HIDOE-owned or leased digital device;
 - I agree that my child be allowed access to HIDOE's internet/network services; and
 - I agree that my child be allowed access to the online educational services provided by the school.
- I understand that all software loaded on the device upon issuance to the assigned student is the property of the HIDOE. Copying this software to another device is not permitted and may violate copyright laws. Students/parents should not download or install any software on this device other than printer drivers for home printing or software specifically for access to a home network.
- By signing below, I, in consideration of HIDOE providing my child with HIDOE network and Internet access, agree to indemnify HIDOE for any losses, costs, or damages (including reasonable attorney fees) incurred by HIDOE relating to, or arising out of, any breach of these or other HIDOE rules by the student in using HIDOE-owned or leased digital devices, Network, and Internet. I shall assume responsibility for any damages to HIDOE-owned or leased digital devices while the student is using it, including paying for repairs.
- HIDOE assumes no responsibility for any unauthorized charges or fees, including telephone charges, long-distance charges, per-minute surcharges, and/or equipment on-line costs. Ordinary internet and network access and use will incur no such charges. Any such charges are the responsibility of the parent signing below.

This TRUF is valid for the student while attending Ilima Intermediate School, unless rescinded by the parent or the TRUG has been revised.

(school name)

Student Signature	Printed Name & Student ID#	Date
Parent/Guardian Signature	Printed Name	Date
Parent/Guardian Signature	Printed Name	Date



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

STOP! 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.



**STATE OF HAWAII
DEPARTMENT OF EDUCATION**

**HOME LANGUAGE SURVEY
FOR ALL NEWLY ENROLLING STUDENTS**

***NOTE TO SCHOOL STAFF:** This form should only be given once, upon initial enrollment in the Department. Do not make changes to student languages in the Student Information System without first consulting your school's English Learner Coordinator.*

ALL newly enrolling students to the Hawaii State Department of Education (Department) MUST complete this Home Language Survey, regardless of race, nationality, or language origin. Title VI of the Civil Rights Act of 1964 and Equal Educational Opportunities Act of 1974 require that the Department utilize a non-biased procedure for identifying students who are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services.

The language information requested is essential for schools to identify eligibility for EL services and provide meaningful instruction for students. Indication of a language other than English does not ensure eligibility, but requires the school to conduct an English proficiency test to determine if a need for English language development instruction exists. These questions are used solely to offer appropriate educational services, not for determining legal status or for immigration purposes.

To ensure the language needs of all Department students are met, please complete the following:

- **SECTION A: Parent/Legal Guardian Information.** This response will help us understand how to best communicate with you as the parent(s)/legal guardian(s) in a language that you understand.
- **SECTION B: Student Information.** These responses will assist us in understanding a student's language background and whether or not a student's English proficiency should be assessed.

SECTION A: PARENT/LEGAL GUARDIAN INFORMATION

Parent/Legal Guardian First Name

Parent/Legal Guardian Last Name

1. Do you as a **parent/legal guardian** require interpretation (spoken) or translation (written) of information from your child's school in your native language? Interpretation or translation would be at no cost to you.

No, I don't need interpretation or translation (spoken or written) support.

Yes, I need interpretation or translation (spoken or written) support in: _____
(Name of Language)

SECTION B: STUDENT INFORMATION

First Name

Middle Name

Last Name

Grade

____/____/____
MM/ DD/ YYYY
Date of Birth

F M
Gender

Has this child enrolled at a Hawaii Department of Education school or Hawaii Public Charter school before?

No (Continue to Student Language Questions)

Yes (Skip to Parent/Legal Guardian Signature)

STUDENT LANGUAGE QUESTIONS (Refer to the attached Language List)

1. What is/are the language(s) most used in your **home**, regardless of the language spoken by your child?

(Name of Language)

2. What language did your child **first acquire**? _____
(Name of Language)

3. Which language does your child **use or understand most**? _____
(Name of Language)

Parent/Legal Guardian Signature: _____

Today's Date: ____/____/____
MM/ DD/ YYYY

Home Phone #: _____

Cellular Phone #: _____

(e.g. 05/26/2022)

Notice of Language Assistance

If you have difficulty understanding English, you have the right to receive language assistance at no cost to you. Please contact your school's principal for more information.

(Traditional Chinese / 繁體中文) 如果您理解英語有困難，您有權得到免費的語言幫助。請聯繫您的學校校長以獲得更多信息。

(Simplified Chinese / 简体中文) 如果您理解英語有困難，您有權得到免費的語言幫助。請聯繫您的學校校長以獲得更多信息。

(Japanese / 日本語) 英語の理解に困難を感じる方は、無料で言語支援を受ける権利があります。詳細につきましては学校長にお問合わせください。

(Hawaiian / 'Ōlelo Hawai'i) Ina pilikia oe i ka hoomaopopo i ka olelo Pelekania, he kuleana no kou e lawelaweia oe i ke koku olelo me ka uku ole. E hui kuka me ke poo kumu o kou kula no kekahi ike hou aku.

(Korean / 한국어) 영어를 이해하는데 어려움이 있는 경우, 무료로 통역 지원을 받을 권리가 있습니다. 더 자세한 정보는 학교장에게 연락하십시오.

(Chuukese / Kapasen Chuuk) Ika epwe weires ngonuk omw weweiti fóós un Merika, mi wor omw pwúúng omw kopwe angei aninnisin aweween fóós esapw kame. Kose mochen kékkééri ewe meinapen ewe sukkun (Principal) ren tichikin pworausan.

(Ilokano / Ilokano) Nu narigat mo a maawatan ti Ingles, karbengam nga umawat ti tulong ti lenggwahe ket awan bayad na dayta a serbisyo. Para ti kanayonan nga impormasyon, mabalin a kontakem ti prinsipal ti eskwelaan yo maipanggep iti dayta a serbisyo.

(Samoan / Gagana Samoa) Afai e faigatā ona ē malamalama i le Igilisi, e i ai lau aiā e maua ai le fesoasoani tau gagana e aunoa ma se tupe e te totogi ina. Fa'amolemole fa'afeso'ota'i le pule o lau aoga mo nisi fa'amatalaga.

(Tongan / Lea faka-Tonga) Kapau 'oku faingata'a ke mahino kiate koe 'a e lea faka-Papalangi, 'oku 'i ai ho'o totonu ke ke ma'u ha tokoni fakatonulea 'ikai totongi. Katakai 'o fetu'utaki ki he puleako ki ha toe fakaikiiki ange.

(Tagalog / Tagalog) Kung nahihirapan kang intindihin ang Ingles, karapatan mong makatanggap ng tulong para sa lenggwahe at libre ang serbisyong ito. Para sa karagdagang impormasyon, maari mong kontakin ang prinsipal ng iyong paaralan tungkol sa serbisyong ito.

(Cebuano / Sugboanon) Kon kamo adunay kalisud sa pagsabut sa Iningles, naa moy katungod sa pagdawat sa tabang sa pinulongan nga walay gasto kaninyo. Palihog kontaka ang prinsipal sa inyong eskwelahan alang sa dugang nga impormasyon.

(Vietnamese / Tiếng Việt) Nếu quý vị thấy khó khăn trong việc hiểu tiếng Anh, quý vị có quyền nhận được sự hỗ trợ ngôn ngữ miễn phí. Vui lòng liên hệ hiệu trưởng của trường quý vị để biết thêm thông tin.

(Spanish / Español) Si tiene dificultad para entender Inglés, tiene derecho a recibir asistencia lingüística sin costo alguno para usted. Comuníquese con el director de su escuela para obtener más información.

(Marshallese / Kajin Majòl) Elaññe ejabwe am melele kajin Pälle, ewör am jimwe ñan jibañ ko ikijien ukok ilo ejelok wönen. Jouj im köjjeläik lok principle eo an jikuuf eo am ñan melele ko rellap lok.

(Thai / ไทย) หากคุณมีปัญหาในการเข้าใจภาษาอังกฤษ คุณมีสิทธิรับความช่วยเหลือด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดติดต่อ ผู้อำนวยการโรงเรียนของคุณเพื่อขอข้อมูลเพิ่มเติม

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)



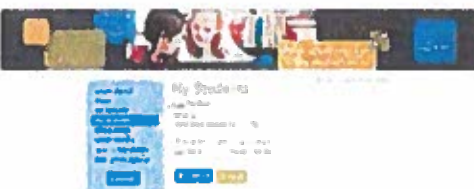
Within the STUDENT SCREEN Parents can:

- 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-0508-0002-508-11-28-17Fax2Mail.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: _____
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

