



Dear Parents,

Kaimuki High School will be offering an <u>intensive</u> summer session for students, starting <u>June 10th</u>. A list of course offerings is attached. Students must complete 120 hours of instruction for one (1) credit or 60 hours for a half (1/2) credit. Important information is outlined for you below.

## Registration: Wednesday, May 14th, 2014

## KHS Cafeteria 4:00 – 5:30 P.M.

Cost: \$190.00 per credit, \$95.00 per half credit

# \*Payment Method: CASH or Money Order (make out to: Kaimuki High School) only

Refund Policy for half (1/2) credit courses:

- A 35% refund will be given three (3) days before 1<sup>st</sup> day of instruction
- No refund will be given after this period.

Refund Policy for one (1) credit courses:

- A 50% refund will be given for one (1) credit courses three (3) days before 1<sup>st</sup> day of instruction
- A 25% refund will be given up to the first five days of instruction.
- No refund will be given after this period.

<u>Disclaimer</u>: Classes will be dropped if there are not enough students enrolled.

\*If you do not receive a phone call, please assume that your class is on schedule and report on the first day of instruction.

## Attendance Policy:

- 1. Dismissal will occur after the second day of absence since one day is almost the equivalent of two weeks and the student will be required to make up the work missed.
- 2. Tardies: Two (2) tardies = One (1) absence

Summer School Dates: June 10th – July 15th June 11th (Wednesday) -- Holiday July 4<sup>th</sup> (Friday) -- Holiday

Hours of Operation: 8:00 A.M. - 1:00 P.M. daily

Five (5) instructional hours daily plus included break time.

**Lunch Policy:** School lunch will <u>NOT</u> be provided. Students may choose to brown-bag it or visit the Summer School Snack Shop.

Absolutely no off-campus lunch passes will be allowed.

## All Chapter 19 rules apply.

We hope you find this information helpful in planning your summer. Should you have any additional questions, please feel free to contact the summer school director, Mr. Tyson Matsui, at 733-4900, ext. 281.

Thank you,

Tyson Matsui SummerSchoolDirector 733-4900Ext. 281





**Math Courses** 

### MAX1100 Algebra 1

### MGX1100 Geometry

### MAX1200 Algebra 2

#### **English Courses**

LCY2010 English 10

**Science Courses** 

SLH2003 Biology

SPH5603 Physics

**Social Studies Courses** 

**CHU1100 US History** 

| 1 <sup>st</sup> Semester (June 10 <sup>th</sup> – June 26 <sup>th</sup> ) | 2 <sup>nd</sup> Semester (June 27 <sup>th</sup> – July 15 <sup>th</sup> ) |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------|
| CHR1100 Modern History of Hawaii                                          | CGU1100 Participation in Democracy                                        |
| Semester Course                                                           | Semester Course                                                           |

### **PE / Health Courses**

| 1 <sup>st</sup> Semester (June 10 <sup>th</sup> – June 26 <sup>th</sup> ) | 2 <sup>nd</sup> Semester (June 27 <sup>th</sup> – July 15 <sup>th</sup> ) |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------|
| PEP1005 PE Lifetime Fitness (9 <sup>th</sup> Grade)                       |                                                                           |
| Semester Course                                                           |                                                                           |
| <b>PEP1010 PE Lifetime Activities (10<sup>th</sup> Grade)</b>             | HLE1000 Health Today & Tomorrow                                           |
| Semester Course                                                           | Semester Course                                                           |

#### Hawaii Department of Education Summer School Program

Date:

To: Parents of Students Enrolled in Summer School

From: District Summer School Coordinators

Subject: Hawaii Administrative Rules Title 8 Chapter 19 and Summer School

Dear Parents:

This is to inform you that the provisions of Hawaii Administrative Rules Title 8 Chapter 19 Student Misconduct, Discipline, School Searches and Seizures, Reporting Offenses, Police Interviews and Arrests, and Restitution for Vandalism applies to all students enrolled in summer school:

- during summer school hours,
- on school premises,
- on department of education transportation, or
- during a department sponsored activity or event on or off school property.

#### **Crisis Removal**

A summer school site director or designee, in an emergency, may impose a crisis removal of your child immediately if after finding that the his/her conduct presents an immediate clear threat to the physical safety of self and others or is extremely disruptive as to make the student's immediate removal necessary to preserve the right of other students to pursue an education free from undue disruption.

#### Class A or Class B Offenses

If your child commits a <u>class A or class B offense</u>, he/she <u>shall be dismissed</u> from summer school. The summer school site director or designee shall meet with you and your child before the dismissal.

#### Class C or Class D Offenses

If you child commits <u>any two of any class C or class D offense</u>, he/she shall receive a <u>warning</u> for the first offense and may be released from summer for the second offense.

Attachment A outlines the provisions of Chapter 19 Subchapter 3 Student Misconduct and Summer School.

Should you have any questions regarding the Chapter 19 summer school provisions, please contact your district summer school coordinator or summer school site director.

#### SUBCHAPTER 3

#### STUDENT MISCONDUCT AND DISCIPLINE DURING SUMMER SCHOOL

§8-19-12 <u>Disciplinary actions; authority.</u> The summer school director or designee shall impose disciplinary action against any student attending summer school. [Eff 5/23/86; comp 7/19/93; comp 5/19/97; comp 2/22/01; am and comp 9/10/09] (Auth: HRS §302A-1112) (Imp: HRS §302A-1112)

§8-19-13 <u>Prohibited student conduct; class offenses.</u> (a) The following prohibited conduct applies to all students in summer school during summer school hours, on campus, or other department of education premises, on department of education transportation, or during a department of education sponsored activity or event on or off school property.

| (1) | Class 4      | \ offenses                         | (2) | Class | B offenses:                              |
|-----|--------------|------------------------------------|-----|-------|------------------------------------------|
| (') | (A)          | Assault:                           | (~) | (A)   | Bullying;                                |
|     | (/ ()<br>(B) | Burglary;                          |     | (B)   | Cyberbullying;                           |
|     | (C)          | Dangerous instrument, or           |     | (C)   | Disorderly conduct;                      |
|     | (0)          | substance; possession or use of;   |     | (D)   | False alarm;                             |
|     | (D)          | Dangerous weapons; possession      |     | (E)   | Forgery;                                 |
|     | (-)          | or use of:                         |     | (F)   | Gambling;                                |
|     | (E)          | Drug paraphernalia; possession,    |     | (G)   | Harassment;                              |
|     | (-)          | use, or sale of;                   |     | (H)   | Hazing;                                  |
|     | (F)          | Extortion:                         |     | (I)   | Inappropriate or questionable uses, or   |
|     | (G)          | Fighting;                          |     | (-)   | both of internet materials or equipment, |
|     | ÌΗ)          | Firearms; possession or use of;    |     |       | or both;                                 |
|     | (I)          | Homicide;                          |     | (J)   | Theft; or                                |
|     | (J)          | Illicit drugs; possession, use, or |     | (K)   | Trespassing.                             |
|     | . ,          | sale of;                           | (3) |       | C offenses:                              |
|     | (K)          | Intoxicating substances;           |     | (A)   | Abusive language;                        |
|     |              | possession, use, or sale of;       |     | (B)   | Class cutting;                           |
|     | (L)          | Property damage or vandalism;      |     | (C)   | Insubordination;                         |
|     | (M)          | Robbery;                           |     | (D)   | Laser pen/laser pointer; possession or   |
|     | (N)          | Sexual offenses; or                |     |       | use of;                                  |
|     | (O)          | Terroristic threatening.           |     | (E)   | Leaving campus without consent;          |
|     |              |                                    |     | (F)   | Smoking or use of tobacco                |
|     |              |                                    |     |       | substances; or                           |
|     |              |                                    |     | (G)   | Truancy.                                 |
|     |              |                                    | (4) |       | D offenses:                              |
|     |              |                                    |     | (A)   | Contraband; possession or use of;        |
|     |              |                                    |     | (B)   | Minor problem behaviors; or              |
|     |              |                                    |     | (C)   | Other school rules.                      |
|     |              |                                    |     |       |                                          |

(b) Class C and D offenses: A summer school student who commits two of any class C or D offense as defined in section 8-19-6 in the course of summer school shall receive a warning for the first offense and may be released from summer school for the second offense.

(c) Any student who commits a class A or class B offense shall be dismissed from summer school. The summer school director or designee shall notify and meet with the student and parent prior to dismissal from summer school. The summer school director shall file a report with the complex area superintendent and shall provide a copy to the parent.

(d) A summer school director or designee, in an emergency, may impose a crisis removal of a student immediately after finding that the student's conduct presents an immediate clear threat to the physical safety of self or others or is so extremely disruptive as to make the student's immediate removal necessary to preserve the right of other students to pursue an education free from undue disruption. The summer school director or designee shall inform and meet with the student and parent prior to the student's reinstatement in summer school. No student shall be reinstated without the meeting. The summer school director or designee shall file a report with the complex area superintendent and shall provide a copy to the parent. [Eff 5/23/86; am and comp 7/19/93; comp 5/19/97; comp 2/22/01; am and comp 9/10/09] (Auth: HRS §302A-1112) (Imp: HRS §302A-1112)

#### KAIMUKI HIGH SCHOOL APPLICATION FOR SUMMER SCHOOL 2014

| Summer School Site Kaimuki High         | <u>1 School</u>                    |               |
|-----------------------------------------|------------------------------------|---------------|
| Name of Student                         |                                    |               |
| Last                                    | First                              | Middle        |
| AddressStreet                           | City                               | Zip code      |
|                                         |                                    |               |
| Home Phone                              |                                    |               |
| Emergency Contact                       | Relationship                       |               |
| School Currently Attending              | Current Grade                      | Age           |
| Received Special Education services dur | ing regular school year: Yes (Year | )No           |
|                                         | SECONDARY                          |               |
| Course selection:                       |                                    |               |
| ACCN Course Code                        | <u>Course Name</u>                 | <u>Credit</u> |
| 1 <sup>st</sup> Choice                  |                                    |               |
| 2 <sup>nd</sup> Choice                  |                                    |               |
|                                         |                                    |               |
| FOR OFFICE USE ONLY                     |                                    |               |
| Date / Time application received        |                                    |               |
| Payment received in the amount of \$    |                                    |               |
| Cash                                    |                                    |               |
| Money                                   | v order (No)                       |               |
|                                         |                                    |               |

Tyson Matsui, Summer School Director

# **EMERGENCY CARD**

| (This card needs to be comp<br>School                                                                                                                                                                                                                                                                                                                                                                                 | Dat                                                                                                                                                                                                                                                                                                                                       | e                                                                                                                                                                                                                                | Student A                                                                                                                                                                                                                             | ddress Label                                                    |
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|                                                                                                                                                                                                                                                                                                                                                                                                                       | Language Spoken at Horr                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                       |                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                  | F Birthdate                                                                                                                                                                                                                           |                                                                 |
| (Last)                                                                                                                                                                                                                                                                                                                                                                                                                | (First) (N                                                                                                                                                                                                                                                                                                                                | Aldole Initial)                                                                                                                                                                                                                  | Mo                                                                                                                                                                                                                                    | nth Day Year                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                       | ÷.                                                              |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                           | Zip Code                                                                                                                                                                                                                         | Child resid                                                                                                                                                                                                                           | es with                                                         |
| Father's/<br>Guardian's Name                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                           | Mother's/<br>Guardian's Nar                                                                                                                                                                                                      | me                                                                                                                                                                                                                                    |                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                       |                                                                 |
| Active Duty: Yes 🗆 No 🗅 B                                                                                                                                                                                                                                                                                                                                                                                             | ranch of Military Service                                                                                                                                                                                                                                                                                                                 | _ Active Duty: Ye                                                                                                                                                                                                                | es 🗋 No 🗋 Branch of Mi                                                                                                                                                                                                                | litary Service                                                  |
| Home Phone                                                                                                                                                                                                                                                                                                                                                                                                            | Bus. Phone                                                                                                                                                                                                                                                                                                                                | _ Home Phone _                                                                                                                                                                                                                   | Bus.                                                                                                                                                                                                                                  | Phone                                                           |
| Cellular Phone                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                           | Cellular Phone                                                                                                                                                                                                                   |                                                                                                                                                                                                                                       |                                                                 |
| E-mail Address                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                           | _ E-mail Address                                                                                                                                                                                                                 | I                                                                                                                                                                                                                                     |                                                                 |
| school authorities have m                                                                                                                                                                                                                                                                                                                                                                                             | S In case child listed above be<br>y permission to contact and re<br>Name                                                                                                                                                                                                                                                                 | lease my child to t                                                                                                                                                                                                              | the custody of one of<br>Relationship                                                                                                                                                                                                 | the following:<br>Phone                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                       |                                                                 |
| <u>?</u>                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                       |                                                                 |
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| my child needs to be tak<br>chool authorities to take a                                                                                                                                                                                                                                                                                                                                                               | en to an emergency facility, h<br>ppropriate action for the safety                                                                                                                                                                                                                                                                        | e/she will be taker<br>y and welfare of m                                                                                                                                                                                        | n to the nearest one.<br>y child.                                                                                                                                                                                                     | I give my consent for                                           |
| chool authorities to take a                                                                                                                                                                                                                                                                                                                                                                                           | en to an emergency facility, he<br>ppropriate action for the safety<br>n to your child, PLEASE NOT                                                                                                                                                                                                                                        | y and welfare of m                                                                                                                                                                                                               | n to the nearest one.<br>y child.<br>Parent's/Guardian's                                                                                                                                                                              | I give my consent fo                                            |
| chool authorities to take a<br>o assure prompt attention<br>DDRESS.<br>My child has health insur                                                                                                                                                                                                                                                                                                                      | ppropriate action for the safety                                                                                                                                                                                                                                                                                                          | FIFY SCHOOL OF                                                                                                                                                                                                                   | n to the nearest one.<br>y child.<br>Parent's/Guardian's<br>ANY CHANGE IN F                                                                                                                                                           | s Signature<br>PHONE NUMBER O                                   |
| <ul> <li>chool authorities to take a</li> <li>c) assure prompt attention</li> <li>DDRESS.</li> <li>My child has health insur</li> <li>If private, check your pla</li> <li>My child receives regular</li> <li>No medical condition</li> <li>Yes. Please check be</li> <li>Asthma</li> <li>Behavioral Problems</li> <li>Cancer/Leukemia</li> </ul>                                                                      | ppropriate action for the safety<br>n to your child, PLEASE NOT<br>ance: Yes No If YES<br>n: HMSA Kaiser Tri-C<br>care for the following medical co<br>elow:<br>Chronic Cough/Wheezing<br>Diabetes                                                                                                                                        | And welfare of my<br>TIFY SCHOOL OF<br>, check: QUES<br>Care Other<br>onditions:<br>Heart Disease<br>Hemophilia<br>Hypertension                                                                                                  | <ul> <li>to the nearest one.</li> <li>y child.</li> <li>Parent's/Guardian's</li> <li>ANY CHANGE IN F</li> <li>ANY CHANGE IN F</li> <li>T I Medicaid OR</li> <li>I JRA Arthritis</li> <li>Rheumatic Heart</li> <li>Seizures</li> </ul> | I give my consent for<br>Signature<br>PHONE NUMBER O<br>Private |
| <ul> <li>chool authorities to take a</li> <li>c) assure prompt attention<br/>DDRESS.</li> <li>My child has health insur<br/>If private, check your pla</li> <li>My child receives regular</li> <li>No medical condition</li> <li>Yes. Please check be</li> <li>Asthma</li> <li>Behavioral Problems</li> <li>Cancer/Leukemia</li> <li>Allergies: Bee S</li> <li>Date and type of last</li> </ul>                       | ppropriate action for the safety<br>n to your child, PLEASE NOT<br>ance: Yes No If YES,<br>n: HMSA Kaiser Tri-C<br>care for the following medical co<br>elow:<br>Chronic Cough/Wheezing<br>Diabetes<br>Hearing Problems                                                                                                                   | <ul> <li>and welfare of my</li> <li>TIFY SCHOOL OF</li> <li>check: QUES</li> <li>check: QUES</li> <li>check: QUES</li> <li>onditions:</li> <li>Heart Disease</li> <li>Hemophilia</li> <li>Hypertension</li> <li>Other</li> </ul> | ANY CHANGE IN F<br>ANY CHANGE IN F<br>Medicaid <b>OR</b>                                                                                                                                                                              | I give my consent for<br>signature<br>PHONE NUMBER O<br>Private |
| <ul> <li>chool authorities to take a</li> <li>c) assure prompt attention<br/>DDRESS.</li> <li>My child has health insur<br/>If private, check your pla</li> <li>My child receives regular</li> <li>No medical condition</li> <li>Yes. Please check be</li> <li>Asthma</li> <li>Behavioral Problems</li> <li>Cancer/Leukemia</li> <li>Allergies: Bee S<br/>Date and type of las</li> <li>Other Health Conce</li> </ul> | ppropriate action for the safety<br>n to your child, PLEASE NOT<br>ance: Yes No If YES<br>n: HMSA Kaiser Tri-C<br>care for the following medical co<br>care for the following medical co<br>care for the following medical co<br>blow:<br>Chronic Cough/Wheezing<br>Diabetes<br>Hearing Problems<br>Sting Food Medications<br>at reaction | And welfare of my<br>TIFY SCHOOL OF<br>, check: QUES<br>Care Other<br>onditions:<br>Heart Disease<br>Hemophilia<br>Hypertension<br>Other                                                                                         | a to the nearest one.<br>y child.<br>Parent's/Guardian's<br>ANY CHANGE IN F<br>ANY CHANGE IN F<br>Medicaid <b>OR</b>                                                                                                                  | I give my consent for<br>signature<br>PHONE NUMBER O<br>Private |
| <ul> <li>chool authorities to take a</li> <li>c) assure prompt attention DDRESS.</li> <li>My child has health insur If private, check your pla</li> <li>My child receives regular</li> <li>A medical condition</li> <li>Yes. Please check be</li> <li>Asthma</li> <li>Behavioral Problems</li> <li>Cancer/Leukemia</li> <li>Allergies: Bee S</li> <li>Date and type of las</li> <li>Other Health Conces</li> </ul>    | ppropriate action for the safety<br>n to your child, PLEASE NOT<br>ance:  Yes No If YES<br>n:  HMSA Kaiser Tri-C<br>care for the following medical co<br>care for the following medical co<br>low:<br>Chronic Cough/Wheezing<br>Diabetes<br>Hearing Problems<br>Sting Food Medications<br>st reaction                                     | y and welfare of m<br>TIFY SCHOOL OF<br>, check: QUES<br>Care Other<br>onditions:<br>Heart Disease<br>Hemophilia<br>Hypertension<br>Other                                                                                        | a to the nearest one.<br>y child.<br>Parent's/Guardian's<br>ANY CHANGE IN F<br>ANY CHANGE IN F<br>Medicaid <b>OR</b>                                                                                                                  | I give my consent for<br>signature<br>PHONE NUMBER O<br>Private |

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