



Myron B. Thompson Academy
629 Pohukaina St., Ste. 3, Honolulu, Hawai'i 96813
www.ethompson.org

Checklist for Applicants

Step 1: The Application

Due by: ASAP

Submit all application materials in a single envelope:

- Completed, signed 2011-2012 application form
- Copy of previous school year's final report card (Does not apply to home schooling families)
- Copy of recent standardized test results (HSA or equivalent) (Grades 3-6 only)
- May send a copy of current Special Education/504 IEP/MP, progress reports, *if applicable*
- Copy of birth certificate, passport, etc. to verify birth date
- Proof of Internet Access: Copy of current **high speed** internet bill

Step 2: Administrative Report Form (*Not applicable for Gr. K & new Hawaii residents, arrival after March 1, 2011*)

Due by: ASAP

Administrator or counselor from current school must submit this form

- Print form from MBTA website
- Deliver form to current school with stamp affixed to envelope addressed to MBTA

Step 3: Current Teacher Reference (*Not applicable to home schooling families and new Hawaii residents, arrival after March 1, 2011*)

Due by: ASAP

- Print form from MBTA website
- Deliver form to current teacher with stamp affixed to envelope addressed to MBTA

Step 4: Attendance at an orientation session *April to June*

- Receive an orientation notice by e-mail. Be sure to mark your calendar.

Step 5: Student's Health Record (Form 14)

- A copy may be obtained from the student's current school or from a private physician

Step 6: Student's Certificate of Release

*Obtain **AFTER** June 1st*

- Form 211 obtained from current school after June 1st
(*Homeschooled students must officially exit the school where the intent to homeschool (4140) was filed. The Certificate of Release must indicate MBTA as the school to which student will transfer.*)

A physical examination, immunizations, and tuberculosis (TB) clearance are **REQUIRED** of **ALL** applicants prior to acceptance.

Do not submit this checklist.

School Name: _____ Complex Area: _____

STUDENT ENROLLMENT FORM SIS-10W (Revised)	Student ID No.	Entry Date	Entry Code	Room
	For school use only			

INSTRUCTIONS: PRINT YOUR ENTRIES LEGIBLY Ethnicity/Race Observed: _____ Initial _____ Date _____

STUDENT PERSONAL DATA

Last Name: _____ Gender: M F Grade Level: _____
 First Name: _____ Birth Date: _____
 Middle Initial: _____ Lineage: (Jr, II, III, etc): _____ Verification of DOB: _____
 Home Phone: _____ Unlisted: Yes No

Residence (Identifiable location required)			Mailing Address (if different from home address)		
Number	Street	Apt. #	Number/P.O. Box #	Street	Apt. #
City	State	Zip code	City	State	Zip code

Not Homeless Homeless* Completed MVA Packet

DOE Representative Signature Parent/Legal Guardian Signature

*"Homeless" means individuals who lack a fixed, regular and adequate nighttime residence (within the meaning of section 42 USCS §11302(a)(1)) and includes:

- (i) children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement.
- (ii) children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of 42 USCS §11302(a)(2)(C));
- (iii) children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings; and
- (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle.

If you have any questions regarding the above, please call 1-866-927-7095

PRESCHOOL EXPERIENCE	LAST HAWAII PUBLIC SCHOOL ATTENDED
Preschool Experience <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" – attended: <input type="checkbox"/> less than 6 months <input type="checkbox"/> between 6 and 12 months <input type="checkbox"/> more than 1 year	Name: _____ Last Grade Attended: _____ Year: _____

PRIOR SCHOOL ATTENDED (If not Hawaii Public School)

Name: _____
 Address: _____

CITIZENSHIP

Country of Birth: _____ If Country of Birth is other than US, give year of arrival: _____
 US Citizen: Yes No If not US Citizen, indicate status: Refugee _____ Immigrant _____ Non-Immigrant _____

LANGUAGE INFORMATION

Language Codes: (Select a letter from the list and fill in the blanks below)

_____ Student's First Acquired Language	_____ Language Most Often Spoken at Home	_____ Language Most Often Used by Student			
A – English	F – Cebuano/Visayan	K – Vietnamese	Q – Fijian	V – Pangasinan	L – Other (Specify): _____
B – Cantonese	G – Hawaiian	M – Chuukese	R – Hmong	W – Portuguese	
C – Mandarin	H – Japanese	N – Pohnpeian	S – Lao	X – Spanish	
D – Ilocano	I – Korean	O – Cambodian	T – Marshallese	Y – Thai	
E – Tagalog	J – Samoan	P – Chamorro	U – Pampango	Z – Tongan	

Please complete ETHNICITY INFORMATION, RACE INFORMATION, and PRIMARY ETHNICITY/RACE INFORMATION

ETHNICITY INFORMATION

Are you (J) Hispanic (Ex. Cuban, Mexican, Puerto Rican, Spanish, Other Hispanic)? Yes No

RACE INFORMATION

Check all that apply:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> A – American Indian or Alaska Native | <input type="checkbox"/> E – Native Hawaiian | <input type="checkbox"/> K – Samoan | <input type="checkbox"/> P – Tongan |
| <input type="checkbox"/> B – Black | <input type="checkbox"/> G – Japanese | <input type="checkbox"/> L – White | <input type="checkbox"/> Q – Guamanian/Chamorro |
| <input type="checkbox"/> C – Chinese | <input type="checkbox"/> H – Korean | <input type="checkbox"/> N – Indo-Chinese (Ex. Cambodian, Laotian, Vietnamese) | <input type="checkbox"/> R – Other Asian |
| <input type="checkbox"/> D – Filipino | <input type="checkbox"/> I – Portuguese | <input type="checkbox"/> O – Micronesian (Ex. Chuukese, Marshallese Pohnpeian.) | <input type="checkbox"/> S – Other Pacific Islander |

PRIMARY ETHNICITY/RACE INFORMATION

What is the student's primary race? (Select only ONE letter from either the ethnicity or race list and fill in the blank) _____

I decline to provide ethnicity and race information. I understand that if I do not provide this information, a school representative will designate the ethnicity and race categories for my child.

PARENT/GUARDIAN CONTACT INFORMATION

P A R E N T / G U A R D I A N	Check one: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other (specify): _____	Relation: _____		
	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single			
	Last Name _____	First Name _____	Employer's Name _____	
	Home Phone # _____	Cellular Phone # _____	Pager # _____	Work Phone # (include ext.) _____
	Address (if different from student's) _____		Email Address _____	
	Custody of Child: <input type="checkbox"/> Yes <input type="checkbox"/> No	Child lives with this contact: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Is this parent/guardian a member of the Armed Services, National Guard or Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Military Status (check one): <input type="checkbox"/> Traditional Reservist / M-Day <input type="checkbox"/> Active Duty (Title 10) <input type="checkbox"/> Federal Technician (Title 32)			
	Deployed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Branch of Service (check one):			
<input type="checkbox"/> Army	<input type="checkbox"/> Marine	<input type="checkbox"/> Air National Guard	<input type="checkbox"/> Navy Reserves	
<input type="checkbox"/> Air Force	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Army Reserves	<input type="checkbox"/> Marine Reserves	
<input type="checkbox"/> Navy	<input type="checkbox"/> Army National Guard	<input type="checkbox"/> Air Force Reserves	<input type="checkbox"/> Coast Guard Reserves	

PARENT/GUARDIAN CONTACT INFORMATION

**S
E
C
O
N
D

P
A
R
E
N
T
/
G
U
A
R
D
I
A
N**

Check one: Mr. Mrs. Ms. Other (specify): _____ Relation: _____
 Marital Status: Married Divorced Separated Single

 Last Name First Name Employer's Name

 Home Phone # Cellular Phone # Pager # Work Phone # (include ext.)

 Address (if different from student's) Email Address

Custody of Child: Yes No Child lives with this contact: Yes No

Is this parent/guardian a member of the Armed Services, National Guard or Reserves? Yes No

Military Status (check one): Traditional Reservist / M-Day Active Duty (Title 10) Federal Technician (Title 32)

Deployed? Yes No

Branch of Service (check one):
 Army Marine Air National Guard Navy Reserves
 Air Force Coast Guard Army Reserves Marine Reserves
 Navy Army National Guard Air Force Reserves Coast Guard Reserves

MISCELLANEOUS INFORMATION

Does student's father, mother, or guardian work for the Federal Government or work on Federal Property? Yes No

EMERGENCY CONTACT INFORMATION

(Person To Notify In Case Of Emergency Other than First or Second Parent/Guardian Contact)

**F
I
R
S
T**

Check one: Mr. Mrs. Ms. Other (specify): _____ Relation: _____

 Last Name First Name Employer's Name

 Home Phone # Cellular Phone # Pager # Work Phone # (include ext.)

(Person To Notify In Case Of Emergency Other than First or Second Parent/Guardian Contact)

**S
E
C
O
N
D**

Check one: Mr. Mrs. Ms. Other (specify): _____ Relation: _____

 Last Name First Name Employer's Name


 Home Phone # Cellular Phone # Pager # Work Phone # (include ext.)

 Doctor's Name or Clinic Name Office Phone #

SCHOOL SUPPLEMENTARY INFORMATION

Other Children In The Family:	Name	Age	Name	Age
	1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____	
3. _____	_____	6. _____	_____	

Parent/Legal Guardian Signature: _____ Date: _____

 <p>State of Hawaii Department of Education HOMELESS CONCERNS OFFICE Telephone: 808-203-5521 Toll Free: 1-866-927-7095 FAX: 808-735-8229</p>	<p>QUESTIONNAIRE TO DETERMINE ELIGIBILITY</p> <p>McKinney-Vento Homeless Assistance Act ("MVA")</p>	<p>Schools are required to keep a chronological file of completed Questionnaires for each school year.</p>
--	--	--

STUDENT'S NAME: _____ **SCHOOL:** _____

Section 1. Action Requested: *(A copy of this form must be attached to each of the following forms.)*

- Enrollment
 Geographical Exception*
 Exit, Release or Transfer from School
 Free/Reduced Price Meals
 Transportation to/from School

Section 2. Does The Student / Parent / Guardian: *(Check the box that applies – you may be eligible for services)*

- Live with friends or family because you cannot afford rent;
- Live on the beach, at a campground, in a park, or in a hotel;
- Live in a tent, car, bus, or other non-permanent structure;
- Live in a domestic violence shelter;
- Live in an emergency or transitional shelter: *(Please circle or if your shelter is not listed, please write in the name.)*
 - Kaua'i:** Manaolana, Ka Uapo, _____;
 - Hawai'i:** Ka Hale O Kawaihae, Kihei Pua, Beyond Shelter, _____;
 - Maui:** Ho'olanani, Ka Hale A Ke Ola, Na Hale O Waivee, _____;
 - O'ahu:** Family Promise, Institute for Human Services (IHS), Loliana, Maililand, Next Step, Next Step at Puahala, Ohana Ola O Kahumana, Vancouver House, Onemalu, Onelauena (Hope for a New Beginning), Pai'olu Kaiaulu (Waianae Civic Center), Weinberg Village Waimanalo, Ulu Ke Kukui (Villages of Maili), Ka `Oahu Hou O Manoa, Lighthouse Shelter, Kahikolu Ohana Hale O Wai'anae, _____;
- Have no regular place to stay at night;
- The student is awaiting foster care;
- The student is an unaccompanied youth;
- None of the above.

Parent / Guardian Signature	Print Name	Date
-----------------------------	------------	------

If any box other than "None of the above" in Section 2 is checked, the student may be eligible for MVA services. School personnel are to assist the parent, guardian or unaccompanied youth with the completion of the McKinney-Vento Act (MVA) School Packet. Please contact the Homeless Concerns Liaison for your school for further assistance.

DOE Representative's Signature**	Print Name	Date
----------------------------------	------------	------

**Unless the parent / guardian requests to have the student attend a school other than the student's school of origin or home school, geographical exceptions DO NOT apply to MVA eligible students.*

****Signature indicates that the school personnel has provided the parent, guardian or unaccompanied youth with MVA information and a copy of the completed Questionnaire.**

All collected information will only be used for the purposes of providing educational services pursuant to the McKinney-Vento Act and is protected by federal and state laws.

STUDENT HEALTH INFORMATION FORM

Health Insurance

My child has health insurance: Yes No Name of insurance provider:

- My child has no medical conditions.
- My child receives regular care for the following medical conditions:
- | | | | |
|---|-------------------------------------|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Anemia | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Cancer/Leukemia | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Vision Problem |
| <input type="checkbox"/> Chronic Cough/Wheezing | <input type="checkbox"/> Depression | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Other: <input style="width: 50px;" type="text"/> |
| <input type="checkbox"/> Recent Surgery | | | |

List all medications: Condition Medication Dosage Frequency

List other prescribed or over the counter medications taken on a regular basis:

My child may self-administer these medications if needed. Yes No

Due to above medical conditions my child:

- Does not require any special accommodations.
- Medical Exemption from Physical Education (Must submit Physician's note to counselor.)
- Requires special accommodations in the classroom or on school grounds.
List medical condition and accommodation needed.

My child has no known allergies.

My child has seasonal hayfever.

My child is allergic to: Type of Reaction Medication/Date of Last Reaction

- | | | | | | | | | |
|--------------------------|--------------|--------------------------|------|--------------------------|-------|--------------------------|------------------------|---|
| <input type="checkbox"/> | Bee Sting | <input type="checkbox"/> | Rash | <input type="checkbox"/> | Hives | <input type="checkbox"/> | Breathing/Anaphylactic | <input style="width: 100%;" type="text"/> |
| | Nut | <input type="checkbox"/> | Rash | <input type="checkbox"/> | Hives | <input type="checkbox"/> | Breathing/Anaphylactic | |
| <input type="checkbox"/> | Soy Products | <input type="checkbox"/> | Rash | <input type="checkbox"/> | Hives | <input type="checkbox"/> | Breathing/Anaphylactic | <input style="width: 100%;" type="text"/> |
| | Shellfish | <input type="checkbox"/> | Rash | <input type="checkbox"/> | Hives | <input type="checkbox"/> | Breathing/Anaphylactic | |
| <input type="checkbox"/> | Other: | <input type="checkbox"/> | Rash | <input type="checkbox"/> | Hives | <input type="checkbox"/> | Breathing/Anaphylactic | |

Family Physician/Clinic:	<input type="text"/>	Phone Number:	<input type="text"/>
Address:	<input type="text"/>		

In case my child 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 the contacts listed on page 1 of the Student Contact Information and Permissions in the order listed below:

- 1.
- 2.
- 3.

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for school authorities to take appropriate action for the safety and welfare of my child.

Parent's / Guardian's Signature

FORMS

All forms must be thoroughly read, understood, agreed to and signed where applicable before a student is accepted.

INTERNET ACCESS:

As the parent/guardian, I understand that my child will be held accountable for all activities including, but not limited to, the content of legal and illegal materials sent by mail, news, or any other means using their account privileges. I also understand that my child must abide by the Internet and newsgroup guidelines and that use of the system will be for educational purposes only. I agree to not hold MBTA nor any of its employees nor any of the institutions or networks providing access to the Internet responsible for the performance of the system or the content of any material accessed.

Signature of Parent/Guardian

Date

ELECTRONICALLY DISPLAYED STUDENT WORK:

I hereby give permission for my child's work, which may or not be accompanied by the child's name, image/photo to be electronically captured, videotaped, displayed, and produced by Thompson Academy. Should my child and other members of the school be covered in a press release/conference, news story or video documentary, I give my permission to allow such coverage to take place. I also hereby release the Thompson Academy, State of Hawaii Department of Education from any liability resulting from or connected with the publication and photo/videotaping of my child.

Signature of Parent/Guardian

Date

SPECIAL EDUCATION PARENT/GUARDIAN ONLY:

I understand that as a parent/guardian of a special needs/504 child, I must have an IEP/MP meeting convened prior to June 15, 2010 to determine whether MBTA will be able to enroll my child and fully implement the IEP/MP.

Signature of Parent/Guardian

Date

MANDATORY STATUS INFORMATION

Is your child being homeschooled? Yes No

If yes, at what district school did you file the 4140? _____

What year? _____

Child Resides With: Father Mother Guardian

Educational Custody: Father Mother Guardian

Services: ESL 504 (past or current eligibility) Special Education (past or current eligibility)

ATTACHED: Health Record Unofficial Transcript Last Report Card

INTERNET ACCESS PROVIDED BY: Verizon DSL Road Runner Other (No Dial-Ups)

Please attach verification of access – receipt, monthly statement, etc.

Parent / Guardian Signature: _____

Date: _____



Myron B. Thompson Academy
629 Pohukaina St., Ste. 3, Honolulu, Hawai'i 96813
www.ethompson.org

ADMINISTRATIVE REPORT

PARENTS/GUARDIANS:

This Administrative Report form must be given to the principal, vice-principal, or counselor at your child's current school. If you are currently home-schooling your child, it must be completed by the personnel at the public school where you filed an intent to home-school. This form is required to complete your child's application.

Provide the Administrator with a stamped envelope addressed to:

Myron B. Thompson Academy
Admissions Office
629 Pohukaina Street, Suite 3
Honolulu, HI 96813

The Administrator must mail this completed form directly to Thompson Academy.

Student Name _____ Grade _____
Parent Name _____ Date _____

1. To your knowledge, has this student been reprimanded or punished for school conduct violations in the past two years?

YES _____

NO _____

If "yes", please describe the nature of the incident/infraction, the date that this occurred and the consequence (e.g. referral, detention, suspension, etc.)

2. Has this student received Special Education or 504 services from your school?

YES _____

NO _____

If "yes", please provide a brief description of services, and effective dates.

3. Is there a 4140 Form filed with your school for this child.

YES _____

NO _____

If "yes", please explain the purpose for which this form was completed, and provide applicable dates.

Additional comments:

Signature _____ Date _____

Name (please print) _____

Job title _____ School _____

Equity & Excellence in Education.....



Myron B. Thompson Academy
629 Pohukaina St., Ste. 3, Honolulu, Hawai'i 96813
www.ethompson.org

Teacher Reference Report

Grades K-6

To the Teachers:

This student is applying for admission to Myron B. Thompson Academy. Please provide us with your professional evaluation of this child. All information provided will be held in strict confidence. Please return this form to Myron B. Thompson Academy.

To the Parent or Guardian:

Please print or type your child's name.

Complete and sign the section below.

Provide a stamped envelope addressed to Myron B. Thompson Academy.

This report will be held in strict confidence and will be used for admission purposes only.

I hereby give my permission to release the information indicated on the Teacher Reference Report regarding my child, _____, for the purpose of admission to Myron B. Thompson Academy.

Signature of parent/guardian

Date

Address

Teacher Reference Report

Applicant's name _____ Grade Applying _____
Class Level: Accelerated ___ High ___ Average ___ Low ___ Heterogeneous ___
Subject and/or Grade _____ Class size _____

Please check the appropriate rating. N/A (not applicable) may be used in areas where there is insufficient information.

Personal Qualities

poor

average

excellent

Classroom conduct	_____	_____	_____
Cooperates with adults	_____	_____	_____
Exhibits self-control	_____	_____	_____
Shows good attention span	_____	_____	_____
Ability to work in a group	_____	_____	_____
Listens attentively	_____	_____	_____
Follows directions	_____	_____	_____
Completes assigned tasks	_____	_____	_____
Shows initiative	_____	_____	_____

Academic Qualities

poor

average

excellent

Homestudy habits	_____	_____	_____
Age appropriate articulation	_____	_____	_____
Age appropriate vocabulary	_____	_____	_____
Age appropriate writing	_____	_____	_____
Math skills/computation	_____	_____	_____
Participation in discussion	_____	_____	_____
Organization of work	_____	_____	_____
Use of time	_____	_____	_____

Additional comments/concerns or observations:

Print or type Name _____ Teacher's signature _____
School _____ School Phone # _____ Date _____

FREE AND REDUCED-PRICE MEAL BENEFITS FORM

Based upon the 2009-2010 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEAL BENEFITS, you may be eligible for a waived laptop fee and/or other support services (i.e. Running Start, PSAT, and field trip fees) *One Application Per Household And One For Each Foster Child.*

Family Size	Reduced price meals					Free meals				
	Annual	Monthly	Twice per month	Every two weeks	Weekly	Annual	Monthly	Twice per month	Every two weeks	Weekly
1	23,051	1,921	961	887	444	16,198	1,350	675	623	312
2	31,006	2,584	1,292	1,193	597	21,788	1,816	908	838	419
3	38,961	3,247	1,624	1,499	750	27,378	2,282	1,141	1,053	527
4	46,916	3,910	1,955	1,805	903	32,968	2,748	1,374	1,268	634
5	54,871	4,573	2,287	2,111	1,056	38,558	3,214	1,607	1,483	742
6	62,826	5,236	2,618	2,417	1,209	44,148	3,679	1,840	1,698	849
7	70,781	5,899	2,950	2,723	1,362	49,738	4,145	2,073	1,913	957
8	78,736	6,562	3,281	3,029	1,515	55,328	4,611	2,306	2,128	1,064
For each additional family member	7,955	663	332	306	153	5,590	466	233	215	108

USE **BLACK INK** AND PRINT NEATLY

STUDENTS ATTENDING STATE OF HAWAII DEPARTMENT OF EDUCATION (DOE) SCHOOLS

1	Legal Name of All Students in Public Schools (Example) First, Jessica Jane Smith-Jones	Date of Birth M M D D Y Y 0 2 1 1 9 9	Grade 0 3	School Code 5 4 4	Food Stamp Case No. or TANF Case No.																																																																																																																							
		<table border="1" style="width: 100%; height: 100%; text-align: center;"> <tr><td>0</td><td>2</td><td>1</td><td>1</td><td>9</td><td>9</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	0	2	1	1	9	9																																					<table border="1" style="width: 100%; height: 100%; text-align: center;"> <tr><td>0</td><td>3</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	0	3													<table border="1" style="width: 100%; height: 100%; text-align: center;"> <tr><td>5</td><td>4</td><td>4</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	5	4	4																			<table border="1" style="width: 100%; height: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																										
0	2	1	1	9	9																																																																																																																							
0	3																																																																																																																											
5	4	4																																																																																																																										

2 If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and continue to fill out sections 3-5.

Homeless
 Migrant
 Runaway

3 **FOSTER CHILD** If this application is for a child who is the legal responsibility of a welfare agency or court, complete this section.

Foster Child's Name: _____ Date of Birth:

Write the child's personal use income in space provided. If no personal use income, write \$0.

\$ _____ .00 School Code: _____

FAXES WILL NOT BE ACCEPTED. PLEASE MAIL OR HAND CARRY ORIGINALS TO: MBTA, 629 POHUKAINA STREET, SUITE 3, HONOLULU, HI 96813

LIST ALL OTHER HOUSEHOLD MEMBERS AND THEIR GROSS INCOME

HOW OFTEN IS THE INCOME RECEIVED

Example: \$100 per month, \$100 2x per month, \$100 every other week

4

Name of All Adults and Children NOT Listed Above	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	Check if NO Income
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>

Use another sheet of paper if you need more space.

Zero Income: If your household does not have any income, explain how your living expenses are being met.

5 **Signature and Social Security Number of Adult Household Member**

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box (Privacy Act Statement)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the DOE will get Federal funds based on the information I give. I understand that DOE Officials may verify (check) the information. I understand that if I purposely give false information, my child(ren) may lose meal benefits, and I may be prosecuted.

Sign Here: X _____ Print Name: _____
 Mailing Address: _____ City: _____ Zip Code: _____
 Date: _____

**FAXES WILL NOT BE ACCEPTED. PLEASE MAIL OR HAND CARRY ORIGINALS TO: MBTA,
 629 POHUKAINA STREET, SUITE 3, HONOLULU, HI 96813**