



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 2010-2011 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. K4, K & new Hawaii residents, arrival after March 1, 2010)*

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, 2010)*

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.

Parent / Guardian Signature: _____ Date: _____

Myron B. Thompson Academy
STUDENT APPLICATION/ENROLLMENT FORM
SIS-10WR (GRADES K4 - 6)

Failure to provide accurate information will delay acceptance.

SCHOOL USE ONLY			
Student I.D. No.	Entry Date	Entry Code	Room

STUDENT PERSONAL DATA

Last Name: <input type="text"/>		Gender: M <input type="checkbox"/> F <input type="checkbox"/>	
First Name: <input type="text"/>		Current Grade Level (09-10): <input type="text"/>	
Middle Initial: <input type="text"/>	Lineage: (Jr., II, III, etc.): <input type="text"/>		Birth date: <input type="text"/>
Home Phone: <input type="text"/>		FOR ELEMENTARY APPLICANTS ONLY:	
Student Cell Ph: <input type="text"/>		Preschool Experience: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Student Email: <input type="text"/>		If "yes", attended: <input type="checkbox"/> less than 6 months	
		<input type="checkbox"/> between 6 & 12 mos <input type="checkbox"/> more than 1 year	
Physical Residence: (We will not accept P.O. Box addresses)			
<input type="text"/>			
Number	Street	Apt. #	
<input type="text"/>			
City	State	Zip Code	Island
Last School Attended (Public or Private)			
Name of School: <input type="text"/>			
Address (if not in HI): <input type="text"/>			
Last Grade Attended: <input type="text"/>		Year: <input type="text"/>	
Mailing Address: (If different from home address)			
<input type="text"/>			
Number	Street	Apt. #	
<input type="text"/>			
City	State	Zip Code	Island
Provide name of nearest neighborhood public school			
Name of School: <input type="text"/>			
Has your child been homeschooled? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name of district school where you filed the 4140:			
<input type="text"/>		Year: <input type="text"/>	

MANDATORY ETHNICITY/LANGUAGE INFORMATION

Ethnicity Code: (Select a letter from the list below and fill in the blank to the left)

A - American Indian	D - Filipino	G - Japanese	J - Span, Cuba, Mex, Puerto Rican	M - Indo-Chinese
B - Black	E - Hawaiian	H - Korean	K - Samoan	(Camb, Viet, Lao)
C - Chinese	F - Part Hawaiian	I - Portuguese	L - White	

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

Student's First Acquired Language: <input type="checkbox"/>	Language Most Often Spoken At Home: <input type="checkbox"/>	Language Most Often Used By Student: <input type="checkbox"/>
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A - English	F - Cebuano/Visayan	K - Vietnamese	Q - Fijian	V - Pangasinan	L - Other (Specify)
B - Cantonese	G - Hawaiian	M - Chuukese	R - Hmong	W - Portuguese	<input type="text"/>
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	

MANDATORY CITIZENSHIP INFORMATION

Country of Birth: If Country of Birth is other than U.S., give year of arrival:

U.S. Citizenship: Yes No If not a U.S. Citizen indicate status: Refugee Immigrant Non-Immigrant

Alien Number (Mandatory):

MISCELLANEOUS INFORMATION

Does student's father, mother, or guardian work for the Federal Government or work on federal property? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is student's father, mother or guardian an active member of the armed services? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, enter branch or service and members' rank: Father: <input style="width:100%;" type="text"/> Mother: <input style="width:100%;" type="text"/> Guardian: <input style="width:100%;" type="text"/>
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CONTACT INFORMATION

It is the parent's / guardian's responsibility to inform school of any changes.

FATHER / GUARDIAN	Check One: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other (Specify): <input style="width:100px;" type="text"/> Relation: <input style="width:100px;" type="text"/> Last Name: <input style="width:150px;" type="text"/> First Name: <input style="width:150px;" type="text"/> Employer's Name: <input style="width:150px;" type="text"/> Home Phone: <input style="width:100px;" type="text"/> Cellular or Pager: <input style="width:100px;" type="text"/> Work Phone: <input style="width:100px;" type="text"/> Address (if different from student's): <input style="width:200px;" type="text"/> Email: <input style="width:150px;" type="text"/> Place of Birth: <input style="width:150px;" type="text"/> If naturalized U.S. Citizen, date of naturalization: <input style="width:150px;" type="text"/> Occupation: <input style="width:150px;" type="text"/> Status: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Physical Custody of child: Yes <input type="checkbox"/> No <input type="checkbox"/> Educational Custody of child: Yes <input type="checkbox"/> No <input type="checkbox"/> Child lives with contact: Yes <input type="checkbox"/> No <input type="checkbox"/>
MOTHER / GUARDIAN	Check One: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other (Specify): <input style="width:100px;" type="text"/> Relation: <input style="width:100px;" type="text"/> Last Name: <input style="width:150px;" type="text"/> First Name: <input style="width:150px;" type="text"/> Employer's Name: <input style="width:150px;" type="text"/> Home Phone: <input style="width:100px;" type="text"/> Cellular or Pager: <input style="width:100px;" type="text"/> Work Phone: <input style="width:100px;" type="text"/> Address (if different from student's): <input style="width:200px;" type="text"/> Email: <input style="width:150px;" type="text"/> Place of Birth: <input style="width:150px;" type="text"/> If naturalized U.S. Citizen, date of naturalization: <input style="width:150px;" type="text"/> Occupation: <input style="width:150px;" type="text"/> Status: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Physical Custody of child: Yes <input type="checkbox"/> No <input type="checkbox"/> Educational Custody of child: Yes <input type="checkbox"/> No <input type="checkbox"/> Child lives with contact: Yes <input type="checkbox"/> No <input type="checkbox"/>
EMERGENCY CONTACT (NON-PARENT)	Check One: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other (Specify): <input style="width:100px;" type="text"/> Relation: <input style="width:100px;" type="text"/> Last Name: <input style="width:150px;" type="text"/> First Name: <input style="width:150px;" type="text"/> Employer's Name: <input style="width:150px;" type="text"/> Home Phone: <input style="width:100px;" type="text"/> Cellular or Pager: <input style="width:100px;" type="text"/> Work Phone: <input style="width:100px;" type="text"/> Address (if different from student's): <input style="width:200px;" type="text"/> Email: <input style="width:150px;" type="text"/> Place of Birth: <input style="width:150px;" type="text"/> If naturalized U.S. Citizen, date of naturalization: <input style="width:150px;" type="text"/> Occupation: <input style="width:150px;" type="text"/> Status: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Physical Custody of child: Yes <input type="checkbox"/> No <input type="checkbox"/> Educational Custody of child: Yes <input type="checkbox"/> No <input type="checkbox"/> Child lives with contact: Yes <input type="checkbox"/> No <input type="checkbox"/>

STUDENT HEALTH INFORMATION

Health Insurance

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

My child has school accident insurance ONLY.

My child receives regular care for the following medical conditions:

No medical condition
 Allergy Bee Sting Food Medications Other:

Allergies--Date of last reaction:

Asthma Diabetes Heart Disease Sickle Cell Anemia
 Cancer/Leukemia Hearing Problem Rheumatic Heart Vision Problem
 Chronic Cough/Wheezing Hemophilia Seizures Other:

Other health information about my child (Please check below):

Takes medications (LIST): Coughs/wheezes with colds; colds last a long time
 Coughs when exercising or when playing hard Difficulty breathing when around smoke, dust, mold
 Coughs get worse at night Complains of tightness in chest
 Wakes up at night with coughing or breathing problems Requires limited activities
 Needs special accommodations in the classroom or on school grounds

List type:

Other children in the family:

Name	School	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Family Physician/Clinic: **Phone Number:**

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 emergency contact listed on page 2 of the application.

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 (Please check)

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: _____



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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.....



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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 _____