



**K-6 APPLICATION FOR NEW STUDENTS**  
**2024-2025 Academic Year**

**Check List – Please complete and submit the following forms:**

- Student Information
- Parent/Guardian Contact Information
- Emergency Treatment Consent Form
- Student Drop-off and Pick-Up Information
- Health and Medical Insurance Information
- Media Release and Excursion Permission Form
- Enrollment Contract
- Financial Responsibility / Late Payment Form
- Liability Agreement
- Parent/Guardian Participation and Parent Handbook Form
- Student Records Release Form
- Physical Examination Report from a Physician
- Student's Health Record Form (to be completed by a Physician)
- Students must have a Tuberculosis (TB) clearance
- Immunization Records (to be provided by a Physician) or Request for Immunization Exemption form
- 1 Academic Reference letter sent directly to Roots Office – [office@rootsmaui.org](mailto:office@rootsmaui.org)

**All required paperwork for the 2024-2025 school year must be completed and submitted to Roots School no later than February 01, 2024. Please mail the completed application to Roots School, PO BOX 975, Haiku, HI 96708-0975, along with the non-refundable \$100 application fee.**

**Submission of an application form does not guarantee acceptance to Roots School.**

**For Roots School Office Use Only:**

STUDENT'S NAME: \_\_\_\_\_

Date Forms Received: \_\_\_\_\_

Check # \_\_\_\_\_  PayPal  Other

Amount \$ \_\_\_\_\_

Received By: \_\_\_\_\_

Tuition Payment Plan Selected:

Annual  Semi-Annual  Monthly

Entering Grade: \_\_\_\_\_

Status: \_\_\_\_\_



### STUDENT INFORMATION

**Entering Grade:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Child's Legal Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Child lives primarily with (name) \_\_\_\_\_

Child's Primary Residence address \_\_\_\_\_

Mailing address, if different from above \_\_\_\_\_

### PARENT/GUARDIAN CONTACT INFORMATION *(please list in order of contact preference)*

Parent/Guardian #1 Name \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Parent/Guardian #2 Name \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Parent/Guardian #3 Name \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Parent/Guardian #4 Name \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_



### SIBLING INFORMATION

Sibling #1: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_

Sibling #2: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_

Sibling #3: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_

Sibling #4: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_



**Please answer the following questions:**

1. Why do you think your family is a good fit for Roots School?
2. What is the long-term vision for your child's education?
3. How does your child best learn (i.e. hands on, one-on-one, with groups)?
4. How did you hear about Roots School?
5. Do you have any concerns about your child?
6. Does your child have an IEP or 504 Plan?



**EMERGENCY TREATMENT CONSENT FORM**

**Please refer to the parent handbook for details.**

Child's Legal Name \_\_\_\_\_

Primary Residence Address \_\_\_\_\_

\_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian to Contact in Emergency

Name \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Email \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Address \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

Emergency Contact **(If parent/Guardian is unavailable – who on Maui may we contact)**

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

**STUDENT DROP-OFF and PICK-UP INFORMATION**

Please list who is authorized to bring your child to school and pick up your child from school.

First and Last Name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

First and Last Name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

First and Last Name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_



**HEALTH and MEDICAL INSURANCE INFORMATION**

Special Medical Issues (include anything we should be aware of): \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

History of asthma? Yes / No

History of seizures or other loss of consciousness? Yes / No

History of heart problems? Yes / No

If you answered “yes” to any of the above, please explain in detail the nature of their condition, including date of last occurrence and frequency of asthma attacks and/or seizures.

\_\_\_\_\_

\_\_\_\_\_

May be given as necessary: Ibuprofen? Yes / No

Tylenol? Yes / No

Any specific activities your child is not able to participate in? \_\_\_\_\_

\_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_

Member ID Number \_\_\_\_\_ Group Number \_\_\_\_\_

Insured’s Name \_\_\_\_\_

I hereby give my consent in advance to Roots School and to the physicians or hospital selected by them to render emergency treatment as in their judgment is reasonably necessary, including, but not limited to, hospitalization, diagnosis including taking specimens and x-rays, giving blood transfusions and medications, anesthesia and surgery for my dependent listed above. I understand that Roots School will attempt to contact me before securing medical treatment, but that this consent is given in case I am not available in an emergency. I specifically release Roots School from any and all claims, loss, cost, damage or expense arising out of or from any accident or other occurrences causing injury to any person or property.

Name of Parent/Guardian #1 (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Guardian #2 (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



**MEDIA RELEASE PERMISSION**

As the Parent/Guardian of (print legal name of child) \_\_\_\_\_,

I understand if I grant permission for certain types of media, my child’s image, voice and/or work may be displayed and/or used in Roots School publications developed by Roots School teachers and/or staff members.

Please initial inside the box to grant or deny permission for the each of following:

<b>Media Release Permission For</b>	<b>I Grant Permission</b>	<b>I Do Not Grant Permission</b>
<b>Advertisements for Roots School</b> (Website, Flyers, magazines, etc.)		
<b>Social media posts</b> (Facebook, Instagram, Weekly Newsletters)		
<b>Internally only</b> (Roots YouTube Channel, Class emails)		

**EXCURSION PERMISSION**

- I grant permission to Roots School to take my child on outings in the community.
- I do not grant permission to Roots School to take my child on outings in the community.

By signing below, I/we affirm that all the information on this page is correct:

Name of Parent/Guardian #1 (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Guardian #2 (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



**K-6 ENROLLMENT CONTRACT FOR THE 2024-2025 ACADEMIC YEAR**

In order to be considered for the upcoming academic school year, all paperwork must be completed and submitted to Roots School no later than **February 1, 2024** and all families must be signed up for **FACTS** no later than **March 1, 2024**. We request a Non-Refundable **Deposit of \$1,500 at the time of enrollment**, which will be due after your child's Official Acceptance to Roots School and applied directly towards your tuition.

Roots School requires all families to use FACTS, an online management system to process tuition and fee payments. You'll be provided with a sign-up link once you confirm your child's enrollment.

**ANNUAL TUITION AND FEES \$10,850.00**

Please indicate the payment plan selected by initialing next to it and signing the agreement on next page.

- \_\_\_\_\_ **One Tuition Payment Note: FACTS charges a one-time set-up fee of \$5 for this plan**  
 Due by April 1, 2024 ..... \$10,850.00 Total Tuition Prepayment
  
- \_\_\_\_\_ **Two Tuition Payments Note: FACTS charges a one-time set-up fee of \$15 for this plan**  
 Due by April 1, 2024 ..... \$5,425 Tuition Prepayment #1  
 Due by June 1, 2024 ..... \$5,425 Tuition Prepayment #2
  
- \_\_\_\_\_ **Twelve Monthly Tuition Payments\* Note: FACTS charges a one-time set-up fee of \$50 for this plan**  
 Due by April 1, 2024 ..... \$904.24 Tuition prepayment #1  
 Due by May 1, 2024 ..... \$904.16 Tuition prepayment #2  
 Due by June 1, 2024 ..... \$904.16 Tuition prepayment #3  
 Due by July 1, 2024 ..... \$904.16 Tuition prepayment #4  
 Due by August 1, 2024 ..... \$904.16 Tuition prepayment #5  
 Due by September 1, 2024 ..... \$904.16 Tuition prepayment #6  
 Due by October 1, 2024 ..... \$904.16 Tuition prepayment #7  
 Due by November 1, 2024 ..... \$904.16 Tuition prepayment #8  
 Due by December 1, 2024 ..... \$904.16 Tuition prepayment #9  
 Due by January 1, 2025 ..... \$904.16 Tuition prepayment #10  
 Due by February 1, 2025 ..... \$904.16 Tuition prepayment #11  
 Due by March 1, 2025 ..... \$904.16 Tuition prepayment #12

\* Please note that the monthly installment schedule does not correspond to the service received that month. The installment schedule is merely a convenient way to meet your total financial obligation. **In addition, please be advised that the monthly tuition payment amounts do not include a deposit made. Once we receive your deposit, it will be applied towards your tuition, which will lower your future monthly payments significantly.**





**All enrolled Roots students are enrolled for the FULL ACADEMIC YEAR. Roots shall not make any adjustments in tuition payments for absences, vacations, withdrawal, and/or dismissal. In addition, the Enrollment Contract is not contingent on any specific teacher at the time of enrollment and throughout the academic year.**

**All tuition and fees paid, including pre-payments, are non-refundable. Refunds shall not be given, even if circumstances require a temporary shift to hybrid or distance learning. Such shift to any format, other than in class learning, shall be at the requirement of state or local mandates and may be at the absolute discretion of Roots. Such discretion shall be reasonable. If tuition assistance is cancelled for any reason, Roots School must be notified in writing immediately.**

**Enrollment Policy:** Enrollment may be cancelled by the parents/guardians in writing, without penalty (except forfeiture of the Non-Refundable prepayment & Deposit) **prior to March 1, 2024**. If enrollment is cancelled **on or after March 1, 2024**, Parents/Guardians financially responsible for the student(s) are still obligated to pay the **full annual tuition and fees**. No portion of tuition paid or outstanding will be refunded or cancelled in the event of absence, vacations, withdrawal, and/or dismissal from the school of the above student.

*Optional: “Your extra is someone else’s need” fundraiser*

We understand that the cost of tuition can be a heavy burden for families with lower incomes, and we’ve seen more and more cases of financial hardship within our Roots community in recent years. While some families can hardly afford tuition at a private school, others can do so more easily, and this fundraiser allows families to give more. All proceeds go directly towards our **tuition assistance program**, which helps families by welcoming students who might not be able to attend Roots without the support.

If you can and would like to give more than the cost of your keiki’s tuition, please specify your desired donation amount below – because your *extra* is someone else’s *need*.

- **Yes, I would like to give extra in the amount of \$ \_\_\_\_\_**
  - **My donation is enclosed (Check or Cash)**
  - **I have made my donation via the “Donate” button on the Roots Website in the name of \_\_\_\_\_ via PayPal**

We would like to note that any donation beyond the cost of tuition is tax deductible.  
For tax purposes, please find our tax number below:  
EIN- 27-2634578



**Communication:** Parents/Guardians agree to inform Roots School of any major incident or situation that may impact their child's ability to focus or perform at school and agree to work closely with the school and his/her teachers to ensure their child's safety and success, and the safety of other Roots School students, teachers, and administrators. Parents/Guardians also acknowledge and agree that Roots School shall communicate with all Parents/guardians identified on this Enrollment Contract regarding their child. In an effort to keep all lines of Roots School's communication open, clear, and consistent with Parents/Guardians, Roots School shall make reasonable efforts to maintain written communication (such as letters, email or text). Roots School shall use its best efforts to maintain such written communication in simultaneous communication to all Parents/Guardians listed on this Enrollment Contract.

**Late Payment Fees and Return Payment Fees:** A late fee of \$20 will be assessed for any payment not received within nine (9) days of the due date as outlined within your FACTS enrollment contract. Tuition and fees are considered past due thirty (30) days after the billing date. In addition to the late fee, an interest rate of 1.5% per month may be applied to delinquent accounts until the overdue amount is paid. Late and penalty fees charged by Roots School do not include the additional fees that may be charged by FACTS for returned payments.

**Hardship Requests:** Parents/Guardians who have difficulty making timely payments must contact the Roots School office, in writing, to arrange a satisfactory payment arrangement ("Hardship Requests"). Hardship Requests for alternate payment plans shall be reviewed and either approved or denied by the Roots School Board of Directors. Failure to comply with a Board approved alternate payment plan shall result in immediate dismissal of the child from Roots School. When such arrangements have not been made, an account in arrears for more than forty-five (45) days shall be sent to a collection's agency or attorney. Parents/Guardians shall be responsible to pay all collection fees, attorney fees, and any other costs associated with collection of any outstanding amounts.

**Withdrawal Policy:** Withdrawal from Roots School prior to the end of the academic year has an impact on the students socially and on Roots School operationally. No refunds shall be remitted for early withdrawal from academic school year. When a family commits to Roots School, they are making a full year commitment and tuition is due and owing at the beginning of the year, regardless of any staff or teacher changes.

Families that intend to withdraw from Roots School must notify Roots School at least thirty (30) days prior to withdrawal in writing by Certified U.S. Mail or in-person. If a request to withdraw is cancelled, the student will be allowed to continue at Roots School provided that the space has not already been filled by someone on the waiting list. If the student is re-enrolled, a \$50 administrative fee will be due and owing.

**Learning Differences:** In the event Roots School determines that it cannot meet the needs of a student identified with a learning difference and in the opinion of Roots School along with the student's teacher, the student would be better served at a different school, Roots School reserves the right to immediately terminate this Enrollment Contract. Roots School shall refund prepayment of tuition, in accordance with any remaining days of the academic school year.

**Dismissal Policy:** If the unfortunate circumstance arises in which Roots School determines that the student may not remain enrolled at Roots School and should be dismissed; tuition shall be forgiven in ratio to the remaining days of school, except in those instances in which the separation is due to a violation of these policies by the Parents/Guardians. Any and all fees paid are non-refundable.



**Roots School**  
740 Haiku Road / PO BOX 975  
Haiku, HI 96708

808-250-7988  
office@rootsmaui.org  
www.rootsmaui.org

### FINANCIAL RESPONSIBILITY/LATE PAYMENT

**By signing the Roots School Enrollment Contract for the 2024/2025 academic year, I/we accept the terms and conditions outlined in this Enrollment Contract and are responsible for full payment of tuition and fees as defined in the current Parent Handbook:**

(Print name) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

Parent/Guardian Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Relationship to Student \_\_\_\_\_



**LIABILITY AGREEMENT** between Roots School and the legal Parent(s)/Guardian(s) of

(print name of student) \_\_\_\_\_

**DEFINITIONS:**

**“Roots School”** means teachers, employees, representatives, vehicles, property, and any place or location where lessons or activities may take place.

**“Parents/Guardians”** means one or more legal guardians or persons otherwise responsible for making decisions on the student’s behalf.

**“Family & Guests”** means Parents/Guardians their children, siblings, and any children or adults who are their guests while they are present at or in the care of the Roots School.

**ROOTS SCHOOL PREMISES:**

Safety is always a significant concern and children are not put in dangerous situations; however, Parents/Guardians acknowledge that accidents can happen when children are playing or learning around natural conditions. Parents/Guardians hereby acknowledge that Roots School is located on a rural property. It is acknowledged by all parties that this is not a public school; many modern ideas as to what may be considered expected safety restraints, practices, equipment, warning signs, etc. in a public or school setting may not be present and are specifically not desired to be present by Parents/Guardians. Parents/Guardians expect and desire that there will be regularly occurring activities in alignment with the rural nature of Maui, such as animal handling, tree climbing, hiking, swimming, working with garden tools, and any and all activities in alignment with the rural nature of the area.

With full knowledge of the above facts and warnings, Parents/Guardians accept and assume all risks and responsibility involved in or related to any and all activities engaged in by their Family & Guests while on the Roots School property or in the care of Roots School staff.

**HOLD HARMLESS:**

Roots School does not assume any liability for loss, damage or injury to Family & Guests, their person or their personal property. Parents/Guardians acknowledge that the property is in a rural community and Roots School has a natural experiential focus, and as such, while all reasonable safety measures for children are always taken, services provided to children are without warranty, guarantee or liability beyond those mandated for the protection of all children under the laws of the State of Hawaii and the United States of America.

**INDEMNITY:**

The undersigned, for himself/herself, his/her children, family & guests, heirs, assignors, executors, and administrators, fully releases and discharges Roots School from any and all claims, demands and causes of action by reason of any injury or whatever nature which has or have occurred, or may occur to the undersigned, or any of his/her children or family & guests as a results of, or in any connections with, Roots School including the use of the premises, property, structures, play equipment, off-property activities, and any and all other Roots School related property or activity, and agrees to hold Roots School and Roots School teachers, staff, volunteers, representatives, and Board, free and harmless of any claim or suit arising therefrom.

**JURISDICTION:**

Any action concerning the rights, duties or liabilities of the parties to this agreement will be decided within the State of Hawaii, County of Maui, and the parties stipulate and agree that all disputes between or arising out of this Agreement must first be submitted to confidential mediation in the County of Maui, State of Hawaii, in accordance with the Rules, Procedures, and Protocols for Mediation of Disputes of Dispute Prevention & Resolution, Inc. (based in Honolulu, Hawaii), then in effect. The mediators’ fees and expenses are to be shared equally between the parties.

**LIABILITY AGREEMENT ACKNOWLEDGMENT: Parents/Guardians acknowledge they have reviewed and understand the terms of the liability agreement and agree to be bound thereby.**

Name of Parent/Guardian #1 (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Guardian #2 (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



**PARENT/GUARDIAN PARTICIPATION FORM**

All families are required to participate in Roots School work activities. Because of the diversity in family and students, parent hours are based on the number of Parents/Guardians active in the student(s)' lives. Irrespective of the number of children in a family, each Parent/Guardian is required to work 12 hours for the academic school year regardless of the total number of children in that family enrolled at Roots School.

Each family is also required to participate in the annual fundraiser.

My signature below indicates that I understand that as a Roots School parent, each Parent/Guardian in my family is responsible for a total of 12 parent hours per parent at Roots School. If I am not able to fulfill those hours with time, I may donate \$25 for each of the 12 hours. While any adult member of my family may participate, I am taking full responsibility for the fulfillment of hours:

**PARENT HANDBOOK ACKNOWLEDGEMENT**

I/we, the undersigned acknowledge that I have read all of the above, and also agree to abide by the policies outlined in the current Roots School Parent Handbook which is available on the Roots School website.

Name of Parent/Guardian #1 (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Guardian #2 (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



**CONSENT FOR RELEASE OF STUDENT RECORDS**

Student's Legal Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Current/Previous School Name: \_\_\_\_\_

Current/Previous School Address: \_\_\_\_\_

Current/Previous School Phone: \_\_\_\_\_ Current/Previous School Fax: \_\_\_\_\_

Current/Previous School Email: \_\_\_\_\_

For the student/applicant named above, I authorize the release of all school records to Roots School.

Documents to include:

- Transcripts for at least the past two years
- All aptitude and achievement testing (e.g., TCAP, ERB, CogAT, or other)
- Most recent grades for the current year
- Attendance records
- Additional psycho-educational testing (WISC, DAS, or IEP, as appropriate)
- Disciplinary record

Please contact Roots School at 1-808-250-7988, or by email at office@rootsmaui.org with any questions.

Name of Parent/Guardian (print) \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please have 1 academic reference emailed **DIRECTLY** to the office at - office@rootsmaui.org



Department of Education  
**STUDENT'S HEALTH RECORD**

Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) Female  Preschool: \_\_\_\_\_ Entry Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Male  Elementary: \_\_\_\_\_ Entry Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Birthdate \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) Intermediate/Middle: \_\_\_\_\_ Entry Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 High: \_\_\_\_\_ Entry Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Parent's Name \_\_\_\_\_ (Mother/Guardian) \_\_\_\_\_ (Father/Guardian) Allergies: \_\_\_\_\_  
 Please complete the following sections (CHECK IF YES)

Student Address Label

**MEDICAL STATUS**

Allergy (type)  Cancer/Leukemia  Hearing Problems  Hypertension  Seizures  Vision Problem   
 Asthma  Chronic Cough/Wheezing  Heart Disease  JRA Arthritis  Sickle Cell Anemia   
 Behavioral Problems  Diabetes  Hemophilia  Rheumatic Heart  Skin Problems

**PHYSICIAN'S EXAMINATION CODE: N-NORMAL; A-ABNORMAL; C-CORRECTED; R-RECEIVING CARE**

Date	Grade	Height	Weight	BMI	Blood Pressure	Vision	Hearing	Eyes	Ears	Nose	Throat	Teeth	Heart	Lungs	Abdomen	Nervous System	Skin	Scoliosis	Extremities	Nutrition	Varicella Immunity Secondary to Disease (DATE)	Reviewed Immunization Record (Check if Yes)	Completed PPD Screening (Check if Yes) See Results Below	Provider's Signature	Provider's Stamp or Printed Name
/ /						R: / L: /	R: / L: /																		
/ /																									

**TUBERCULOSIS EXAMINATION**  
**Mantoux Test (INTRADERMAL)**

Date Given	Date Read	Results (mm)	Physician, APRN, PA, or Clinic
/ /	/ /	/ /	
/ /	/ /	/ /	

**CHEST X-RAY**

Date	Results	Location
/ /	/ /	/ /

**DENTAL EXAMINATION**

Date	Results	Location
/ /	/ /	/ /

Dental Check-up \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**IMMUNIZATIONS (VACCINES, DATES GIVEN: MONTH/DAY/YEAR)**

DTPa, DTP, DT, Tdap or Td	Type	Date							
Polio (IPV or OPV)	Type	Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Hib (Haemophilus influenzae Type b)	Type	Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Pneumococcal Conjugate	Type	Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Hepatitis B	Type	Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /
MMR	Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Hepatitis A	Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Other	Type	Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Other	Type	Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Other	Type	Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /

\*OFFICE USE ONLY (Rev. 2010)

Physician, APRN, PA or Clinic \_\_\_\_\_



**Health History Comments:** Include Referrals and Reports. Recommendation for significant findings.  
 (Please Print)

Date	Signature & Title	Date	Signature & Title

STATE OF HAWAII, DEPARTMENT OF EDUCATION, FORM 14, Rev. 4/10, RS 10-1369 (Rev. of RS 09-1051)