Hawaiian Mission Academy K-8

1415 Makiki Street Honolulu, HI 96814 (808) 949-2033 www.hmeischool.com

VOLUNTEER SIGN-UP FORM

Note: Ten hours of volunteer work benefiting the school are requested of each family (see *HMA K-8 Handbook*). Here are some ways you can help. Check the ones that sound good to you.

RESPONSE:

❑ I am willing to be a **Room Parent***:
If yes, which class would you prefer to serve? _____

❑ I am willing to be an **Assistant** to the Room Parent (husband/wife teams welcomed)
If yes, which class would you prefer to serve? _____

❑ I am not able to be a room parent or assistant, but will be more than happy to:
- ❑ Provide food when needed.
- ❑ Render help for one or two hours on special occasions.
- ❑ Donate money to purchase food for special occasions.
- ❑ Assist my child's teacher as an aide: once/week; twice/week; three times/week.
- ❑ Provide transportation for field trips. If marked, please verify the following information:
  1. I have a current standard Hawaii driver's license.
  2. I have never been cited for reckless driving.
  3. The automobile I will be driving has a current registration, license and safety inspection.

Driver Signature: _____ **Date:** _____

* A **Room Parent** is an adult who is willing to share a part of his/her time with a class of his/her choice. A room parent may assist with class field trips; help with class parties; contact parents when needed to supply food, etc.

PLEDGE OF SUPPORT

I understand that I have entered into a contract with Hawaiian Mission Academy K-8 for the education of my child. It is my intention to cooperate with the school for the academic and social growth of my child. I understand I will be notified before psychological or developmental tests are used. I will work with HMA K-8 to ensure proper placement for my child, and I will actively support any efforts to promote his/her total development.

I will support the school regulations and help my child to observe them.

I understand that my child is growing in independence and individuality. He/she is learning to make his/her own choices. The teachers, administration and I will cooperate to encourage my son/daughter to choose responsible actions and attitudes. Together we will encourage responsibility by letting my son/daughter experience and learn from the consequences (good or bad) of his/her own choices.

Though my child is very valuable as a creation of God, I recognize the needs of the larger school family. These needs include physical and emotional safety, academic and spiritual growth, and a sense of group identity and belonging. If my child chooses to jeopardize these needs, I will support the school in protecting the larger family by suspending or dismissing my child. My child will only be dismissed after fair and due process.

*I understand that if my child uses **Cartwright Park** before or after school, I assume ALL responsibility for my child's safety. I know that my child will not be covered by school insurance at that time. I know that HMA K-8 and its staff has no authority at the park and cannot monitor park activities.*

This *Pledge of Support* pertains to: _____ (1st child) _____ (2nd child) _____ (3rd child)

Parent Signature: _____ **Date:** _____