



**Hawaiian Mission Academy K-8**  
 1415 Makiki Street Honolulu, HI 96814 (808) 949-2033 hmak12.org  
**FAMILY INFORMATION & FINANCIAL AGREEMENT**

Father: \_\_\_\_\_ Mother: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Hm Phone: \_\_\_\_\_ Wk Phone: \_\_\_\_\_ Hm Phone: \_\_\_\_\_ Wk Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_ SSN: \_\_\_\_\_ Cell: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Primary Language: \_\_\_\_\_ Primary Language: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Religious Preference: \_\_\_\_\_ Religious Preference: \_\_\_\_\_  
 If SDA, name of congregation: \_\_\_\_\_ If SDA, name of congregation: \_\_\_\_\_

Person responsible for school bill: \_\_\_\_\_  SDA Member  
 Billing address, if not above: \_\_\_\_\_  Non-SDA

Student Name(s)	Grade	Unpaid Account at another school (please circle)	Monthly Tuition From TUITION & FEES form
_____	_____	yes no	_____
_____	_____	yes no	_____
_____	_____	yes no	_____
<b>Total Monthly Tuition:</b>			_____

**Please carefully read and sign the back side of this form.**

### New to Our School?

What helped you to choose HMA K-8?

- Internet Web site
  - Telephone book
  - Newspaper or magazine
  - HAIS directory
  - Pastor
  - HMA K-8/HMA 9-12 staff
  - Current student or parent of student of HMA K-12 \_\_\_
  - Other \_\_\_\_\_
- (name)

**Financial Information**

**THE BASICS (see Tuition and Fees Sheet)**

**Tuition is payable annually, by semester, or monthly.** Tuition paid in full at the time of registration is given a **5% pre-payment discount**, whereas a 2% discount is given to those paying by semester. Payment for 2<sup>nd</sup> semester must be received by **December 19, 2009**. Those receiving tuition aid are not eligible for the pre-payment discount.

**Monthly tuition and fees are payable in 10 monthly installments** due by the 15<sup>th</sup> of each month. While payment can be made by cash or check, it may also be made by automatic deduction from your bank account (ACH) or by credit card (VISA, Master Card, Discover Card) on the 15<sup>th</sup> of each month (or the following business day if the 15<sup>th</sup> falls on a weekend or a holiday.) An authorization form must be completed and submitted to the office at the time of registration by those choosing the monthly payment option.

**The Comprehensive Fee and the first installment of the monthly tuition and the Tuition Recovery Insurance are due at the time of registration.** The Comprehensive Fee is a once-a-year, non-refundable charge that covers the cost of student accident insurance, library expense, national achievement testing, yearbook, depreciation of textbooks, and use of consumable books. A student enrolling after December 31 will pay a Comprehensive Fee of \$205.00.

A service charge of \$20.00 will be charged for checks and ACH transactions that are rejected by the bank due to insufficient funds. A second attempt to deposit the check or process an ACH transaction will be made within 2 business days. Should the second attempt fail to clear the bank, another \$20.00 fee will be charged and cash payment will be required from the check issuer. More attempts to resubmit to the bank will be done on ACH transactions until the transaction goes through. A failed second attempt will incur another \$20.00 fee and \$10.00 thereafter for each attempt.

**IMPORTANT FINE PRINT:** (from the handbook that may be found on the web at [hmak12.org](http://hmak12.org))

- *I know that I will be billed for the supervision of my child(ren) if I bring them to school before 7:45 am or leave them after 3:00 pm (2:30 pm on Fridays).*
- *I further understand that the school retains the right to discontinue service to my child(ren) if my account becomes 60 days delinquent, to add finance charges and collection fees, and to employ a collection agency if I take no action to pay for services received.*
- *To qualify for SDA tuition rate, an SDA Membership Verification form must be completed, submitted and on file. If I need tuition aid, I will request a Tuition Aid application form from the school office, see if I qualify, and process the required documents, returning them to the office by July 16, 2009.*
- *I know that I may be charged for any loss, damage, or defacement of school property caused by my child(ren).*
- *There is a \$5.00 fine for gum chewing, dress code infractions, or more than 9 tardies per quarter.*

**I have read the HMA K-8 Financial Agreement. I understand and fully accept my obligations.**

**Parent Signature:** \_\_\_\_\_

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

**Office use only:**

*To the best of my knowledge this applicant is free of debt to this or any other school, or has showed me a systematic and acceptable plan by which they are caring for old accounts*

*The applicant has an outstanding account w/HMA K-8 and/or other school and to the best of my knowledge has not settled their account with HMA K-8's Finance Committee and/or Church/Conference board*

Accountant Signature: \_\_\_\_\_ Date: \_\_\_\_\_