



ISLAND
PACIFIC
ACADEMY

WHERE VALUES MATTER

BACK TO SCHOOL

PARENT / STUDENT
RESOURCE GUIDE
2025-2026



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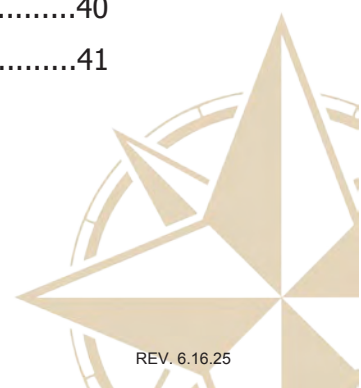
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GENERAL INFORMATION

AN INDEPENDENT K-12 COLLEGE PREPARATORY SCHOOL





GRADES K-5 MEET AND GREET & BACK-TO-SCHOOL NIGHT

MEET AND GREET (FRIDAY, AUGUST 8)

- 8:30-9:00am **For Kindergarten students and their parents**
Visit the classroom, meet the teacher, connect with classmates, and drop off school supplies.
- 9:00-10:30am **Orientation for Kindergarten parents only**
Teachers will share an overview of curriculum, classroom procedures and expectations, communication and homework policy. During this time, the Kindergarten students will be supervised.
-

- 8:30-10:30am **For Grades 1-5 students and their parents**
You are welcome to drop in anytime during these hours to visit the classroom, meet the teacher, connect with classmates, and drop off school supplies.

BACK-TO-SCHOOL NIGHT (FRIDAY, SEPTEMBER 12)

- 6:00-6:30pm For Grades K-5 parents only
Parents are invited to visit Specials classes; Art, Digital Innovation, Mandarin, Music, 'Ōlelo, Physical Education and SEED (Science, Engineering, Environment and Design).
- 6:30-7:30pm Kindergarten parents proceed to "Open House"
Visit your child's classroom and view student work. There will also be time for Q & A.
- 6:30-7:30pm Grades 1-5 parents visit classrooms
Teachers will share an overview of curriculum, classroom procedures and expectations, communication, and homework policy.



GRADES 6-12 ORIENTATION & BACK-TO-SCHOOL NIGHT

ORIENTATION

GRADES 6-8

MONDAY, AUGUST 11, 9:00am - 12:00pm

Students should come dressed comfortably and appropriately for the school setting. The Orientation will be conducted by the Grades 6-8 Student Council along with administration and select faculty in the Gulab & Indru Watumull Room, adjacent to the Administration Office. An overview from Administration will also be given during the session. Lunch will be provided. This event is only for students.

Who Should Attend:

ALL Grade 6 students; ALL NEW Grades 7-8 students

Parent Orientation 11:00am-12:00pm in Gulab & Indru Watumull Room

GRADES 9-12

MONDAY, AUGUST 11, 12pm - 2:00pm

Students should come dressed comfortably and appropriately for the school setting. The Orientation will be conducted by members of the Island Pacific Academy National Honor Society along with a faculty advisor in the Gulab & Indru Watumull Room, adjacent to the Administration Office. An overview from Administration will also be given during the session. Lunch will be provided. This event is only for students.

Who Should Attend:

ALL Grade 9 students; ALL NEW Grades 10-12 students

Parent Orientation 11:00am-12:00pm in Gulab & Indru Watumull Room

BACK-TO-SCHOOL NIGHT

GRADES 6-12

Thursday, August 28, 2025, 5:00pm to 6:30pm

At Back-to-School Night, faculty provide an overview of the academic program for the year in their grade or subject. It's a chance to inquire about the curriculum, teaching strategies, learning trips, or other class-related topics. For more detailed discussions, parents are encouraged to reach out to teachers for one-on-one meetings regarding their child's class.



SCHOOL UNIFORM INFORMATION

Uniforms must be worn unless a student is given permission by Administration to be out of uniform (i.e., free dress days, spirit days or May Day attire). Administrative approval of out of uniform attire, should adhere to the general guidelines for hem length, cleanliness and quality, as well as be appropriate to the school setting. All uniform purchases must be made through IPA's uniform provider, Lands' End at www.LandsEnd.com. Use Preferred School ID: 900108580

Similar uniform bottoms to those found at LandsEnd.com may be purchased from other retail vendors, as long as it is in the style, color, length, fit and quality of Lands' End items.

General Uniform Information:

IPA Polo colors: Navy, Maize or White

IPA Oxford colors: French blue or White

IPA Bottom (Pants, Skirts or Shorts) colors: Khaki or Navy (no other colors)

Shoes: Closed toe shoes or sandals with straps, slippers or classic styled Crocs are not allowed.

Detailed uniform information can be found in the Uniform Section of the Student/Parent Handbook. Please see the following Lands' End Collection Sheets for a sample of selections available.

Families can also visit the Lands' End store for fittings. They can assist with try-ons and ordering on their in-store kiosks with free shipping to residences, no minimum. Please ensure that tops are ordered with the IPA Logo. Any orders of \$99 or more, placed at home will receive free shipping.

Lands' End store address and store hours are below:

Lands' End
Na Lama Kukui
560 N. Nimitz Highway
Suite 118 (1st floor, next to Piano Planet)
Honolulu, Hawaii
808-585-7441

Peak Hours: June 7 - Aug. 9
Monday-Friday: 10am-6pm
Saturday: 10am-5pm
Sunday: CLOSED

Off Peak Hours: Aug. 12 - June 6
Tuesday-Friday: 10am-5pm
Saturday: 10am-4pm
Sunday & Monday: CLOSED

CJJ2


**LONG AND SHORT SLEEVE
FEMININE FIT
MESH POLO**

Color: Classic Navy, Maize (Short
Sleeve Only), White

Grades K-12

CJJ3


**LONG AND SHORT SLEEVE
MESH POLO**

Color: Classic Navy, Maize (Short
Sleeve Only), White

Grades K-12


**LONG AND SHORT SLEEVE
FEMININE FIT
INTERLOCK POLO**

Color: Classic Navy, Maize, White

Grades K-12


**LONG AND SHORT SLEEVE
INTERLOCK POLO**

Color: Classic Navy, Maize, White

Grades K-12


**LONG AND SHORT SLEEVE
RAPID DRY POLO**

Color: Classic Navy, White

Grades K-12


**LONG AND SHORT SLEEVE
OXFORD SHIRT**

Color: French Blue, White

Grades K-12


**PERFORMANCE ZIP FRONT
CARDIGAN SWEATER**

Color: Classic Navy

Grades K-12


**PERFORMANCE BUTTON
FRONT CARDIGAN SWEATER**

Color: Classic Navy

Grades K-12


**LONG AND SHORT SLEEVE
MESH PLEATED POLO DRESS**

Color: Classic Navy

Grades K-5

LANDS' END
SCHOOL

04/11/2024

Girls' - Uniform

Island Pacific Academy - 900108580


**TOP OF KNEE AND BELOW THE
KNEE BOX PLEAT SKIRT**

Color: Classic Navy, Khaki

Grades K-12


**TOP OF KNEE PONTE PLEAT
SKIRT**

Color: Classic Navy, Khaki

Grades K-12


**ABOVE THE KNEE PONTE
BUTTON FRONT SKIRT**

Color: Classic Navy, Khaki

Grades K-12


**TOP OF KNEE BLEND
CHINO SKIRT**

Color: Classic Navy, Khaki

Grades K-12


**ACTIVE TOP OF KNEE
CHINO SKIRT**

Color: Classic Navy, Khaki

Grades K-12


**ACTIVE ABOVE THE KNEE
SKIRT**

Color: Classic Navy, Khaki

Grades K-12


**PLAIN FRONT BLEND CHINO
SHORTS**

Color: Classic Navy, Khaki

Grades K-12


**GIRLS STRETCH CHINO
BERMUDA SHORTS**

Color: Classic Navy, Khaki

Grades K-12


ACTIVE CHINO SHORTS

Color: Classic Navy, Khaki

Grades K-12


ACTIVE CHINO PANTS

Color: Classic Navy, Khaki

Grades K-12


**PLAIN FRONT BLEND CHINO
PANTS**

Color: Classic Navy, Khaki

Grades K-12

LANDS' END
SCHOOL

04/11/2024

Boys' - Uniform

Island Pacific Academy - 900108580



LONG AND SHORT SLEEVE MESH POLO

Color: Classic Navy, Maize (Short Sleeve Only), White
Grades K-12



LONG AND SHORT SLEEVE INTERLOCK POLO

Color: Classic Navy, Maize, White
Grades K-12



LONG AND SHORT SLEEVE OXFORD SHIRT

Color: French Blue, White
Grades K-12



LONG AND SHORT SLEEVE RAPID DRY POLO

Color: Classic Navy, White
Grades K-12



PERFORMANCE BUTTON FRONT CARDIGAN SWEATER

Color: Classic Navy
Grades K-12



PERFORMANCE ZIP FRONT CARDIGAN SWEATER

Color: Classic Navy
Grades K-12



PLAIN FRONT BLEND CHINO PANTS

Color: Classic Navy, Khaki
Grades K-12



ACTIVE CHINO PANTS

Color: Classic Navy, Khaki
Grades K-12



ACTIVE CHINO SHORTS

Color: Classic Navy, Khaki
Grades K-12



PLAIN FRONT BLEND CHINO SHORTS

Color: Classic Navy, Khaki
Grades K-12

04/11/2024

LANDS' END SCHOOL

Island Pacific Academy - 900108580

Boys' & Girls' (Coed)- Uniform



HOODED PULLOVER SWEATSHIRT

Color: Classic Navy, Pewter Heather
Grades K-12



ZIP FRONT SWEATSHIRT

Color: Classic Navy, Pewter Heather
Grades K-12



LONG AND SHORT SLEEVE RAPID DRY POLO

Color: Classic Navy, White
Grades K-12



FLEECE LINED RAIN JACKET

Color: Classic Navy
Grades K-12



FLEECE JACKET

Color: Classic Navy
Grades K-12

LANDS' END SCHOOL

04/11/2024



GRADES 6-10 ONLY PE UNIFORM ORDER FORM

PE uniforms are available for purchase in the Secondary building, 1st Floor Administration Office.
Sizing options are as follows:

PE DriFit Shirt

100% Polyester, moisture-wicking t-shirt

\$13.00 each

Youth S
Youth M
Youth L
Youth XL
Adult S
Adult M
Adult L
Adult XL
Adult 2X

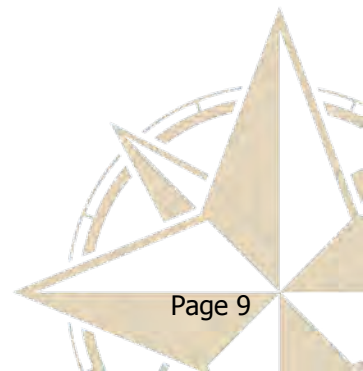


PE Shorts

100% Polyester, drawstring

\$13.00 each

Youth S
Youth M
Youth L
Youth XL
Adult S
Adult M
Adult L
Adult XL
Adult 2X





SPORTS OFFERED

Island Pacific Academy Navigator student-athletes compete in the Interscholastic League of Honolulu (ILH). The ILH consists of over 20 programs on Oahu. In addition to ILH competition, Island Pacific Academy athletes can compete on the state level in HHSAA state championships. Island Pacific Academy has regularly fielded over 30 teams from more than 10 sports. In addition to school teams, Island Pacific Academy also participates in Co-Op teams with other schools, and PAC-5 athletics. PAC-5 is a system of co-op teams within the ILH composed of smaller independent schools to field teams that are not sustainable for small schools.

Within the ILH, IPA participates at three levels of competition:

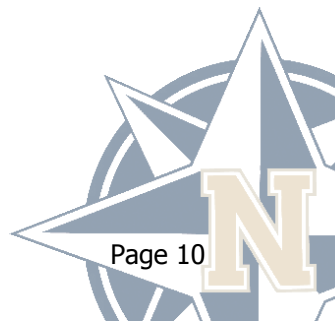
- Intermediate: Students in Grades 7-9 are eligible for this level
- Junior Varsity: Students in Grades 9-11 are eligible for this level
- Varsity: Students in Grades 9-12 are eligible for this level.

Level of participation is based on team declarations, grade level of the student and coaches discretion. Participation in athletics requires an additional fee of \$260. This fee covers league expenses associated with the sport. This fee is paid via the www.registermyathlete.com website.

All student-athletes are required to have an updated physical form every year. Physicals are valid for 12 months. IPA's student-athletes are the Navigators. The athletic teams use a logo that combines the compass rose from the IPA school shield and a capital N. More information about IPA's Athletics Program can be found in the 2025-2026 Student/Parent Athletic Handbook.

To register for a sport, sign and upload documents, go to www.registermyathlete.com and set up an account for your student-athlete. Registering for the Fall Season via Register My Athlete will begin during the summer months. Certain sports may be offered as a PAC-5 option, or as a Co-Op with another member school, not as a stand alone Island Pacific Academy team.

For any athletics questions, please contact the Director of Athletics at (808) 674-3572 or rfujino@ipahawaii.org





SPORTS OFFERED

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To register for a sport, sign and upload documents, go to www.registermyathlete.com and set up an account for your student-athlete.

Fall			
Girls Volleyball	Varsity		Intermediate
Boys Cross Country	Varsity		Intermediate
Girls Cross Country	Varsity		Intermediate
Boys Sporter Air Riflery	Varsity	Junior Varsity	
Girls Sporter Air Riflery	Varsity	Junior Varsity	
Boys Bowling	Varsity	Junior Varsity	
Girls Bowling	Varsity	Junior Varsity	
Football (Co-Ed) (PAC-5)	Varsity		Intermediate

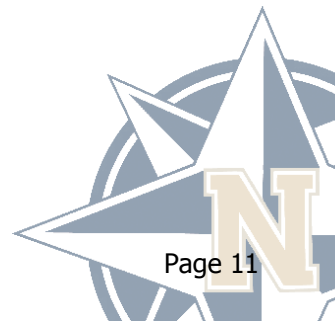
Winter			
Boys Tennis			Intermediate
Girls Tennis			Intermediate
Boys Basketball	Varsity		Intermediate
Girls Basketball	Varsity		Intermediate
Boys Swimming (PAC-5)	Varsity		Intermediate
Girls Swimming (PAC-5)	Varsity		Intermediate
Precision Air Riflery (Co-Ed)	Varsity	Junior Varsity	
Boys Soccer (PAC-5)	Varsity	Junior Varsity	Intermediate
Girls Soccer (PAC-5)	Varsity	Junior Varsity	Intermediate
Boys Wrestling (PAC-5)	Varsity	Junior Varsity	Intermediate
Girls Wrestling (PAC-5)	Varsity	Junior Varsity	Intermediate

Spring			
Boys Golf	Varsity	Junior Varsity	Intermediate
Girls Golf	Varsity	Junior Varsity	Intermediate
Boys Volleyball	Varsity		Intermediate
Boys Track and Field	Varsity	Junior Varsity	Intermediate
Girls Track and Field	Varsity	Junior Varsity	Intermediate
Boys Tennis	Varsity		
Girls Tennis	Varsity		
Baseball (Co-Ed) (PAC-5)	Varsity		Intermediate
Girls Softball (PAC-5)	Varsity		Intermediate
Boys Judo (PAC-5)	Varsity	Junior Varsity	Intermediate
Girls Judo (PAC-5)	Varsity	Junior Varsity	Intermediate

*Sports are subject to change based on availability and interest from the students

**Some teams may become a Co-Op team with other schools

***Some sports/levels may be added at a later time





STUDENT TOOLBOX

AN INDEPENDENT K-12 COLLEGE PREPARATORY SCHOOL





GRADES K-5 SUPPLY LIST 2025-2026

School supplies may be ordered through [Ready for Success](#). If you choose to order through them, please do so between June 16-July 8th.

	Kindergarten
2	Two-pocket plastic folder (1 Red, 1 Purple for Mandarin)
5	Crayons - 24 count (1 for 'Ōlelo)
2	Colored marker set (broad)
1	Crayola watercolor paint set - 16 colors
2	Colored Pencils - 12 count
9	Glue sticks, 1.41 oz (2 for Mandarin, 1 SEED)
1	Playdoh 4-pack (4oz containers) in basic colors (other colors ok if basic cannot be found) (1 for Mandarin)
1	PRIMARY Journal Book
2	Elmer's Glue, 4 oz (1 for ART)
3	Dozen #2 Pencils sharpened (1 for Mandarin)
1	Scissors - 5" blunt tip
2	Sharpie marker - fine tip, black
1	Set Dry erase markers - 4 pack
2	Large white erasers Hi Polymer, Pentel brand
1	Headphone with aux port
1	3/4" masking tape roll for SEED
*	Any recycled wine corks from family & friends (SEED)

	Grade 1
4	Crayola Crayons - 24 count
2	Colored pencils - 12 count (1 for 'Ōlelo)
1	Watercolor paint set - 16 colors
4	PRIMARY Journal Book (1 for SEED)
5	Large white erasers, Hi Polymer, Pentel brand (1 for ART)
4	Dozen pencils, sharpened
1	5" blunt tip scissors (please label with name)
1	UNRULED Composition Book
9	Glue sticks, 1.41 oz
1	3/4" masking tape roll for SEED
*	Any recycled wine corks from family & friends (SEED)
1	5" x 8" pencil box
5	Plastic folders w/ pockets and 3-prongs, 1 each red, orange, yellow, green, blue
1	Elmer's glue
1	Headphone with aux port
2	Sharpie, fine tip (black)
2	Sharpie, ultra-fine tip (black)
2	Crayola Markers, broad line
1	fine-tip EXPO marker and whiteboard eraser
4	4 oz. Playdoh
1	Crayola Colors of the World Crayons, 24 count
1	Zipper Pouch, 3-fold punched clear, 8.5"x11"
1	Two-pocket plastic folder (Red) for Mandarin
2	Elmer's Glue Stick 1.4 oz (40g) for Mandarin not labeled
1	Crayola Markers, broad line for Mandarin
Please label all supplies, except pencils	

School supplies may be ordered through [Ready for Success](#). If you choose to order through them, please do so between June 16-July 8th.

Grade 2	
2	Colored pencils - 12 count (1 for Music)
3	Crayons - 24 count
2	Sets washable markers - 1 broad, 1 thin
1	Crayola broad tip markers - 10 count Classic Colors (1 for Art)
1	Crayola watercolor paint set - 16 colors
2	Pack of 3x3 Sticky Notes, any color
1	Dry board eraser
3	Dry erase markers, black
5	Plastic folders w/ 3 prongs and pockets: 1 blue, 1 red, 1 green, 1 orange, 1 yellow
*	Any recycled wine corks from family & friends (SEED)
5	Elmer's Glue sticks, 1.41 oz (Jumbo)(1 SEED)
1	Elmer's Liquid Glue, 4 oz
3	Large white erasers, Hi Polymer, Pentel brand
4	Dozen #2 pencils, SHARPENED (1 for 'Ōlelo)
3	Sharpies, extra fine tip, black
3	Sharpies, fine tip, black
2	Yellow highlighter
2	Blue ballpoint pen
3	WIDE RULED Composition Book - 100 pgs (1 for SEED)
1	Primary Lined Composition Notebook - 100 pgs
2	3/4" masking tape roll for SEED
1	UNRULED Composition Book
1	5"-7" scissors, precision tip
1	5"x 8" pencil box
1	Ruler
1	Headphone with aux port and microphone (no ear buds)
1	Two-Pocket plastic folder (Orange) for Mandarin
1	Crayons - 24 count for Mandarin
1	Large white erasers Hi Polymer, Pentel brand for Mandarin not labeled
Please label all supplies	

Grade 3	
1	Colored pencils - 12 count
2	Crayons - 24 count (1 for 'Ōlelo)
1	Washable broad markers - 8 or 10 count
1	The Wild Robot (paperback book copy)
3	Dry erase markers (blue) - chisel or blunt (1 for Music and 1 for Mandarin not labeled)
1	Ticonderoga pencils 12 count (for ART)
1	Two-pocket folder (Yellow) for Mandarin
1	6"-7" scissors, precision tip
2	WIDE RULED Composition Books, 100 pgs
2	Red ballpoint pens
3	Large white erasers, Hi Polymer, Pentel brand
3	Dozen #2 pencils, sharpened (1 for Music)
*	Any recycled wine corks from family & friends (SEED)
2	3/4" masking tape roll for SEED
2	Sharpies, extra fine tip, black (1 for Mandarin) not labeled
2	Yellow highlighter
3	1/2" 3 ring binder (1 for Music)
1	5"x 8" pencil box
3	Glue sticks, 1.41 oz (1 for 'Ōlelo)
1	Dry board eraser
1	pack wide ruled loose leaf paper
1	Headphone with aux port and microphone
1	Crayola colored pencils - 24 count (Mandarin)
1	Crayola Markers 20
Please label all supplies	



School supplies may be ordered through [Ready for Success](#). If you choose to order through them, please do so between June 16-July 8th.

Grade 4	
3	Dozen #2 pencils, sharpened
2	Washable broad tip markers 10 count (no neon) (labeled)
2	Colored pencils - 24 count
2	Crayons - 24 count
4	Green ballpoint pens
4	Yellow highlighter
4	Dry erase markers, fine point, black
6	Sharpies, ultra fine point, black (4 for Art)
6	Sharpies, fine point, black (4 for Art)
6	Large white erasers, Hi Polymer, Pentel brand (1 for 'Ōlelo and 1 for Mandarin)
1	12" Ruler with centimeters and inches
1	5"-7" scissors
1	Elmer's glue, 4 fl. oz.
4	Glue stick 1.41 oz (1 for Music not labeled)
1	Manual pencil sharpener w/ lid
1	5"x 8" pencil box
1	UNRULED Composition Book
4	WIDE RULED Composition Books - 100 page (1 for SEED)
4	Plastic folders w/pockets: red, orange, yellow, purple (1 each)
1	Plastic folder w/ three prongs and pocket: Blue
1	Headphone or earbuds with aux port and microphone
1	1/2" 3 ring binder for Music *may be gently used from previous year
1	3/4" masking tape roll for SEED
*	Any recycled wine corks from family & friends (SEED)
1	Box 1000 craft sticks
1	Two-Pocket plastic folder (Green) for Mandarin
2	Permanent marker Sharpie fine point black for Mandarin not labeled
2	Permanent marker Sharpie fine point blue for Mandarin not labeled
1	5"-7" scissors, precision tip

Please label all supplies

Grade 5	
1*	Colored pencils - 24 count
1*	Colored marker set, broad tip (labeled)
6	Dry erase markers, NO neon, 3 fine tip and 3 chisel tip
1	Tacky Glue, 8 oz.
2	3/4" masking tape roll for SEED
1	Box 1000 craft sticks
*	Any recycled wine corks from family & friends (SEED)
1	Two-Pocket plastic folder (Blue) for Mandarin
2	Dry erase marker Expo black fine point for Mandarin not labeled
1	12 color fine point sharpie for Mandarin not labeled
1*	Pencil Pouch
4*	Large white erasers, Hi Polymer, Pentel brand (labeled)
3	Dozen #2 pencils (sharpened and labeled)
1*	5"-7" scissors, precision tip
1*	Pack of colored highlighters (each labeled)
5	WIDE RULED Composition Books - 100 pgs 1 for SEED (labeled)
2	Sharpies - extra fine tip, black (each labeled)
3	Sharpies - fine tip, black (each labeled) (1 for Music- not labeled)
4	Pocket folders - solid colors red, blue, green, yellow
2	Glue stick, 1.41 oz (labeled) (1 for 'Ōlelo)
1	3x5 white ruled index cards
1	4 pack of 3x3 yellow Post It Notes
1	5"x 8" Pencil box
1	1/2" 3 ring binder for Music *may be gently used from previous year
1	Dry Erase eraser (for ART)
1	Headphone or earbuds with aux port and microphone

* Items with asterisk may be gently used

Please label all supplies



GRADES 6-8 SUPPLY LIST 2025-2026

All students Grades 6-8 will receive an IPA issued iPad.

School supplies may be ordered through [Ready for Success](#), if you choose to order through them, please do so between June 16-July 8th.

(2) 1.5"-3.0" Binder	2 pocket folder (1-2)	iPad blue tooth keyboard
loose-leaf college ruled for binders	pens (dark blue, black and red)	Ruler (12")
5-Tab Dividers for Binders	earbuds w/ microphone	Eraser
3"x5" index cards (lined)	sharpies (fine, black)	Post-its
glue sticks (2)	pencil sharpener	Water Bottle (refillable)
crayons or colored pencils	small scissors	medium/large pencil pouch
correction tape or white out	Duct Tape	Back up battery with adapter cord/
highlighters (multiple colors)	Scotch Tape (1)	portable charging block
pencils (mechanical or regular)	Expo dry erase markers (2-3)	

Class Supplies: These additional supplies are class specific

Mathematics

Graph Paper

TI-84 Graphing Calculator or Equivalent (Grade 8 Required)

Art (Grades 7-8)

9" x 12" Hardbound sketchbook

at least 50 sheets

Design Thinking

small roll of foil (Grade 6 only)

Spanish

Composition Notebook

Tri-fold poster board

Science

Composition Notebook (Grade 6, 7, and 8)

Pack of hair ties (for long hair for labs) (All grades)

Blue **Ballpoint** Pens (Grade 6 & 7)

Clear office scotch tape (5 rolls) (Grade 6 & 7)

Tri-fold poster board (Grade 6, 7 & 8)

English

Composition Notebook (Grade 6)

Independent reading book(s)

Physical Education

(2) IPA Gym Shorts

(2) IPA Gym Shorts

Athletic Shoes

Socks

Sunscreen

Sports Mouthguard (highly recommended)

Deodorant (highly recommended)



GRADES 9-12 SUPPLY LIST 2025-2026

Students will receive an IPA issued device for the 2025-2026 school year.

School supplies may be ordered through [Ready for Success](#), if you choose to order through them, please do so between June 16-July 8th.

General Supplies: These supplies will be used for all classes and may need to be replenished

1.5" or 2" 3-ring binder w/ lined, loose leaf paper and dividers	pencil bag/box for supplies
3"x5" index cards (lined)	#2 pencils (mechanical or regular)
colored pencils	eraser
correction tape or white out	2 pocket folder (1-2)
ruler (12")	Hawaii State Library Card
Post-Its	earbuds/earphones w/ mic
School approved sweatshirt (for chilly rooms) (IPA or College Sweatshirt)	laptop/ipad charger
	refillable water bottle (labeled with name)

Class Supplies: These additional supplies are class specific

Mathematics (MAT)

TI-84 Graphing Calculator or Equivalent(Required)
graph paper

Natural Sciences (NS)

TI-84 Graphing Calculator or Equivalent (required)
graph paper (Gen Bio and AP Bio)
3 ring binder or subject notebook
metric ruler

Spanish

Bring your textbook and workbook from last year—we'll continue with them!

Visual and Performance Arts (VPA)

Introduction to Visual and Performance Arts Hardback
8.5" x 12" Sketchbook

Visual Arts 1, 2, 3, 4 & Honors

Hardbound 9"x12" Sketchbook

Physical Education (PE)

(2) IPA Gym Shorts
(2) IPA Gym Shirts
Athletic shoes
socks
sunscreen
sports mouthguard (highly recommended)
deodorant (highly recommended)

English

Grade 9, AP African American Studies, AP English Language
College-ruled Composition Notebook

Publication 1 & 2

SanDisk Ultra Dual Drive USB Type-C 256GB
with a USB-C connection

AP Psychology

(2) college ruled composition books (highly recommended)

Introduction to Game Development

SanDisk Ultra Dual Drive USB Type-C 256GB
with a USB-C connection (or similar)

Introduction to VEX Robotics

Engineering notebook

Journalism

SanDisk Ultra Dual Drive USB Type-C 256GB
with a USB-C connection

Introduction to Engineering

Engineering Notebook (bound)

Design Thinking

Sketchbook



GRADES 6-12 BOOK LIST 2025-2026

Books will need to be acquired on your own before the start of school. Start early to ensure you are able to purchase all books required.

COURSE	GR	TITLE	ISBN
Grade 6			
English 6	6	KINO and the KING by Angeli, Jen The Hobbit (75th Anniversary Edition) by Tolkien, J.R.R. The Thief by Turner, Megan Whalen	9781627470636 9780547928227 9780060824976
Humanities 6	6	Seedfolks by Fleischman, Paul Daniel's Story by Matas, Carol	9780064472074 9780590465885
Grade 7			
English 7	7	Walk Two Moons by Creech, Sharon Listen, Slowly by Lai, Thanhha Outsiders by Hinton, S.E. (Platinum Edition)	3780142407332 9780062229199 9780142407332
Spanish 7 (1A)	7	Spanish textbooks can be purchased at the following website: https://klettwl.com/store/content/islandpacificacademy	—
Art 7	7	Wiley and the Hairy Man by Zeder, Susan	9781583427897
Grade 8			
English 8	8	American Born Chinese by Yang, Gene Luen Diary of Anne Frank (Play Version) by Goodrich/Hackett Lord of the Flies by Golding, William/Epstein, E.L.	9780312384487 9780822203070 9780399501487
Spanish 8 (1B)	8	Spanish textbooks can be purchased at the following website: https://klettwl.com/store/content/islandpacificacademy	—
Art 8	8	The Yellow Boat by Saar, David	9780876023525
GRADES 9-12	GR	TITLE	ISBN
English: Literature & Rhetoric			
ELR 100 English 9	9	Fahrenheit 451 by Bradbury, Ray The Healers by Artimage, Kimo The Tempest (No Fear Shakespeare) by Shakespeare, William Feed by Anderson, M. T. Patron Saints of Nothing	9781451673319 9780824856458 9781586638498 9780763662622 9780525554929
ELR 200 English 10	10	Divergent by Roth, Veronica Romeo & Juliet (No Fear Shakespeare) by Shakespere, William The Things They Carried by O'Brien, Tim Their Eyes Were Watching God by Neale Hurston, Zora	9780062387240 9781586638450 9780618706419 9780060838676

ELR 250 AP African American Studies	10	REQUIRED TO PURCHASE DIGITAL TEXT DIRECTLY FROM IPA AT BEGINNING OF SCHOOL YEAR Freedom on My Mind: A History of African Americans Updated the AP® Course (3rd Edition, 2025) by Butler, Alysha; Rachel Williams-Giordano; Deborah Gray White; Mia Bay; and Waldo E. Martin Jr.	DIGITAL (Purchased direction from IPA)
ELR 300 English 11	11	Glass Castle: A Memoir by Walls, Jeannette I Was Their American Dream: A Graphic Memoir by Gharib, Malaka Just Mercy (Movie Tie-In) by Stevenson, Bryan Krik? Krak! by Danticat, Edwidge	9780743247542 9780525575115 9780593177044 9781616957001
ELR 420 AP Language & Comp.	11	Glass Castle: A Memoir by Walls, Jeannette I Was Their American Dream: A Graphic Memoir by Gharib, Malaka Just Mercy (Movie Tie-In) by Stevenson, Bryan	9780743247542 9780525575115 9780593177044
ELR 400 English 12	12	The Alchemist by Coelho, Paulo Never Let Me Go by Ishiguro, Kazuo Othello (No Fear Shakespeare) by Shakespeare, William The Help by Stockett, Kathryn	9780062315007 9781400078776 9781586638528 9780425232200
ELR 450 AP Literature & Comp.	12	Kitchen by Yoshimoto, Banana Slaughterhouse-Five by Vonnegut, Kurt This One Summer by Tamaki, Mariko Tomorrow, and Tomorrow, and Tomorrow by Zevin, Gabrielle Call Us What We Carry by Gordman, Amanda Topdog/Underdog by Parks, Suzan-Lori	9780802142443 9780385333849 9781596437746 9780593321201 9780593465066 9781559362016
Humanities			
HSS 300, HSS 350 U.S. History, AP U.S. History	10-12	AMSCO Advanced Placement United States History (4th Edition) by Newman, John J. and John M. Schmanbach	9781690305507
HSS 400, HSS 450 Psychology, AP Psychology	12	Myers' Psychology for the AP® Course ©2024 (4th Edition) by Myers, David G.; C. Nathan Dewall; and Elizabeth Yost Hammer	9781319281168
HSS 550 AP Government & Politics	11-12	AMSCO Advanced Placement United States Government & Politics (3rd Edition) by Wolfford, David	9781690384168
Mathematics			
MAT 300 Statistics & Probability	9-12	Statistics and Probability With Applications by Starnes, Daren S., and Luke Wilcox	9781319244323
Science			
NS 250 AP Biology	10-12	Campbell Biology in Focus by Urry L, Cain ML, and Wasserman, SA	9780134710679
NS 300 Chemistry	11	Basic Chemistry by Timberlake, Karen, and William Timberlake	9780321809285
NS 350 AP Chemistry	11-12	(Optional) AP Chemistry 1 by Smith, Cheri (Optional) AP Chemistry 2 by Smith, Cheri	9781774301906 9781774301913

NS 400 Physics 1	11-12	(Free) OpenStax: Physics	9781951693602
NS 450 AP Physics 1	11-12	(Free) OpenStax: AP Physics	9781947172173
NS 500 AP Environmental Science	11-12	Biozone: AP Environmental Science by Biozone	9781988566320
Design Thinking			
DT 230 Yearbook Publications	9-12	The Associated Press Stylebook: 2024-2026 by The Associated Press	9781541605114
World Languages - Japanese			
WL 501B AP Japanese Language & Culture	11-12	Dekiru! An AP® Japanese Preparation Course (Japanese Edition) 1st Edition by Peterson, Hiromi, Naomi Hirano-Omizo, and Junko Ady	9781622911950
World Languages - Spanish			
WL 101A - WL 201A Spanish Levels 1 and 2	9-12	Spanish textbooks can be purchased at the following website: https://klettwl.com/store/content/islandpacificacademy	—



MORNING SUPERVISED STUDY & EXTENDED DAY PROGRAMS POLICIES & PROCEDURES (GRADES K-5)

MORNING SUPERVISED STUDY

Morning supervised study is a service provided to parents who need to drop their children off before 7:30am.

Program Hours:

Monday - Friday: 6:30am-7:45am
in the Elementary School Room 103

Drop off begins at 6:30am. Please walk your child(ren) into the elementary school building room 103 and sign in with the staff. Children are released at 7:45am to walk to their classrooms. Kindergarten students will be escorted to their classrooms by a staff member.

Fee for 2025-2026 School Year: Tuition is per child (no multiple children discount). See Registration Form for payment information. There will be no refunds after the first day of school.

Session 1: Aug-Dec \$915 (Grades K-5)
Session 2: Jan-May \$1070 (Grades K-5)
Both Sessions Aug-May: \$1900

Emergency Services:

Emergency Drop in services are available. 24 hour notice is required and will be charged a fee of \$15 a day.

EXTENDED DAY PROGRAM

The Extended Day Program provides services from the end of the school day until 5:30pm. Students are provided time for homework and free time. Spaces are limited. Registration ends August 4, 2025.

Program Hours:

Monday, Tuesday, Thursday and Friday: 3:00pm - 5:30pm
Wednesday: 2:15pm - 5:30pm

Fee for 2025-2026 School Year: Tuition is per child (no multiple children discount). See Registration Form for payment information. There will be no refunds after the first day of school.

Until 5:30pm - \$2200 (Grades K-5)

Late pick-up assessed after designated pick-up time: \$10 fee per every 5 minute increment will be assessed.

Emergency Services:

"Drop in" services are available for a fee of \$35 a day. Please provide 24 hour notice to ensure space is available.

Blackout Dates:

Students must be picked up no later than 11:00 am on the following date as there will be NO Extended Day Program offered:

- May Day: May 1, 2026



MORNING SUPERVISED STUDY PROGRAM REGISTRATION FORM (GRADES K-5)

PAYMENT INFORMATION

Please see Policies and Procedures for program details.

Check section below and complete accordingly.

Submit to Ms. Katie or Mr. Zach. Enrollment forms must be received by August 4, 2025.

There will be no refunds after the first day of school.

Mail:

Katie Metz
Island Pacific Academy
909 Haumea Street
Kapolei, HI 96707

Email:

Katie Metz
kmetz@ipahawaii.org

- ☐ August 13, 2025 - May 21, 2026 - \$1900 (Grades K-5)
(No Morning Care May 1st, 2026 for May Day)

Payment : Please complete the authorized pick-up information below. Once this paperwork is received, registration and payment information will be sent directly in July. CampBrain is the authorized registration and payment system for Morning Supervised Study and Extended Day Programs. Please do not submit payments for these programs at this time.

PICK-UP INFORMATION

Student Name: _____ Grade: _____

Authorized Pick-up:

Parent Name(s)	Relationship to Student	Phone Number
Name (Other Authorized Pick-up)	Relationship to Student	Phone Number

Parent Signature: _____ Date: _____

Questions? Contact Ms. Katie at (808) 674-3563 ext. 441 or kmetz@ipahawaii.org



EXTENDED DAY PROGRAM REGISTRATION (GRADES K-5)

PAYMENT INFORMATION

Please see Policies and Procedures for program details.

Check section below and complete accordingly.

Submit to Ms. Katie or Mr. Zach. Enrollment forms must be received by August 1, 2025.

There will be no refunds after the first day of school.

Mail form to:

Katie Metz
Island Pacific Academy
909 Haumea Street
Kapolei, HI 96707

Email form to:

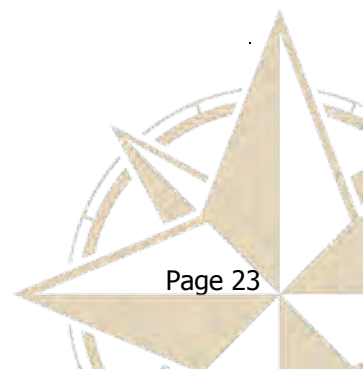
Katie Metz
kmetz@ipahawaii.org

- ☐ August 12-May 22, until 5:30pm - \$2200 (Grades K-5)
No Class May 1, 2026 - May Day Early Release

Payment: Registration and payment can be completed on the Campbrain platform. Registration will open July 1, 2025. CampBrain is the authorized registration and payment system for Morning Supervised Study, Extended Day Programs and drop in services. Payment will be completed at the time of registration.

Campbrain: <https://ipaauxiliary.campbrainregistration.com/>

Questions? Contact Ms. Katie Metz at kmetz@ipahawaii.org or Mr. Zach Faulkner at zfaulkner@ipahawaii.org





NEW STUDENTS ONLY HEALTH REQUIREMENTS AND FORMS

For families that are new to Island Pacific Academy, please have the following items completed and submitted to the locations listed below before the first day of school, August 13, 2025.

- Students transferring from another public or private school in the State of Hawaii:
You **MUST** request a Student Release Form from your student's previous school to ensure that your child's all records are forwarded to Island Pacific Academy.
- Students transferring from a mainland school or enrolling in a Hawaii school for the first time:
Student **MUST** complete:
 - A physical exam within one year before the first day of school. A U.S.- licensed physician must perform the exam and complete the State of Hawaii DOE Student Health Record Form 14 (enclosed). If more convenient, this exam and form may be completed on the mainland before your arrival.
 - A Tuberculosis Clearance before attending school in Hawaii. TB clearances must have been performed after the age of 12 months or older. The results of the TB test can be recorded on Form 14 or State of Hawaii TB Clearance Form (see the forms section of this guide) and submitted before their first day of attendance. Please plan accordingly if your student will be receiving a Mantoux Placement Skin test as this could take 2-3 days to complete. This test may be done at the same time as the physical exam.
 - Provide an updated immunization record or a completed Form 14 indicating immunizations dates. If you have any questions about exemptions for immunizations please contact our Health Aide.

Please note that Tuberculosis (TB) clearances and physical examinations are required for ALL students, exemptions are not permitted for these health requirements.

Please submit all completed forms prior to your student's first day of school.

For your convenience, forms can be:

- Mailed directly to the school
Attn: Health Aide
Island Pacific Academy
909 Haumea Street Kapolei, HI
96707
- Or emailed to healthroom@ipahawaii.org

Students who have not completed each of these requirements will NOT be permitted to enter school until these requirements are met.

Should you have any questions, please email our health aide at healthroom@ipahawaii.org or call our health room (808) 674-3523 ext 415.



GRADE 7 HEALTH REQUIREMENTS

The Hawaii Department of Health (DOH) requires all continuing Island Pacific Academy students to complete the following health requirements within 12 months before first date of attendance in the 7th grade and pursuant to [state law](#) (§11-157-6.1 (b) and Exhibit A: Table 4):

- A physical examination
 - A physical examination can be administered by a U.S. licensed physician, an Advanced Practice Registered Nurse, or a Physician Assistant.
 - On the day of your child's appointment, please provide the examining provider with the attached form, Student Health Record (Form 14).
- Additional immunizations
 - The updated immunization requirements conform with current national recommendations and reflect what occurs in healthcare provider offices and clinics in Hawaii as standard medical practice. Below are the additional immunizations required for 7th grade:
 - TDAP (Tetanus-Diphtheria-Pertusis)
 - HPV (Human Papillomavirus)
 - MCV (Meningococcal Conjugate)

Additional information can be found at [DOH Website](#).

Please note: The Hawaii State Department of Education Physical Examination for Athletes is a requirement for all grade 7-12 students participating in any Island Pacific Academy athletic programs. The physical is good for one year from the date of the examination so please plan accordingly. There is a separate examination form that will need to be completed in addition to the Student Health Record (Form 14), if your child plans to participate in a spring sport, you may wish to wait until the summer months to have their physical. Plan ahead and schedule appointments early to ensure your child's physical examination is completed in a timely manner. If your child is not participating in sports, the Sports Physical form is not necessary and does not need to be submitted.

These forms should also be available at your doctor's office or online at [Student Health Record \(Form 14\)](#), [Sports Physical Form](#).

Please provide Island Pacific Academy with a copy of the completed Student Health Record (Form 14), with updated immunizations, prior to the first day of school on August 13, 2025.

For your convenience, forms may either be:

- Mailed directly to the school
Attn: Health Aide
Island Pacific Academy
909 Haumea Street
Kapolei, HI 96707
- Emailed to healthroom@ipahawaii.org



STUDENT MEDICATIONS

Students are not permitted to keep any medications in their personal possession on campus unless a Self-Administration of Emergency Rescue Medication form or Self-Administration of Dietary Supplement/Over-the-counter Medications has been completed and submitted to our school health aide. The Self-Administration of Emergency Rescue Medication form does require your approval from the student's provider. Once the provider has approved the form and has been reviewed by our school health aide then the student may carry rescue medication in their possession. Please review the 2024-2025 Parent/Student Handbook, General Policies, Consequences for Breaking the Code of Conduct.

If any student who, during the regular school day, is required to take medication prescribed for him/her by a physician or over the counter medication the student will need to be assisted/observed by the health aide in the administration of the medication. For this to occur, one or both of the following forms must be submitted:

- **Authorization for Storage and Administration of Prescribed Medications form** is completed, signed by a physician and the parent or guardian of the student indicating the desire that the school's health aide assist the student in the manner set forth in the physician's order.
- **Self-Administration of Emergency Rescue Medication form** (i.e., Albuterol or Epi-Pen)
- **Self-Administration of Dietary Supplements/ Over the Counter Medications** (i.e., Tylenol, Advil, Over the Counter allergy medications)

For your convenience, forms can be:

- Mailed directly to the school
Attn: Health Aide
Island Pacific Academy
909 Haumea Street
Kapolei, HI 96707
- Emailed to healthroom@ipahawaii.org

Should you have any questions, please email our Health Aide at healthroom@ipahawaii.org.

Department of Education
STUDENT'S HEALTH RECORD

Student Address Label

Name _____
(Last) (First) (Middle Initial)

Female ☐

Preschool:

Entry Date ____ / ____ / ____

Male ☐

Elementary:

Entry Date ____ / ____ / ____

Intermediate/Middle: Entry Date ____ / ____ / ____

High: Entry Date ____ / ____ / ____

Birthdate _____
Month Day Year

Parent's Name _____
(Mother/Legal Guardian) (Father/Legal Guardian)

Allergies: _____

Please complete the following sections **(CHECK IF YES)**

MEDICAL STATUS

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

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 EVALUATION

Check one box below, complete date assessment, test or x-ray was administered. Physician, APRN, PA, Clinic

<input type="checkbox"/> Negative TB Risk Assessment	Date: ____ / ____ / ____	
<input type="checkbox"/> Negative test for TB infection	Date: ____ / ____ / ____	
<input type="checkbox"/> Positive test, and negative chest x-ray	Date: ____ / ____ / ____	

DENTAL EXAMINATION

Dental Check-Up	Date: ____ / ____ / ____
Dental Check-Up	Date: ____ / ____ / ____

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

DTaP, DTP, DT, Tdap or Td	Type						
	Date	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
Polio (IPV or OPV)	Type						
	Date	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
Hib (<i>Haemophilus influenzae</i> type b)	Type						
	Date	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
Pneumococcal Conjugate	Type						
	Date	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
Hepatitis B	Type						
	Date	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
Hepatitis A	Type						
	Date	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
MMR	Type					Varicella Date	
	Date	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____		____ / ____ / ____
HPV	Type					Meningococcal Conjugate Date	
	Date	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____		____ / ____ / ____
Other	Type						
	Date	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____

Physician, APRN, PA or Clinic _____

Health History Comments: Include Referrals and Reports. Recommendation for significant findings.

(Please Print)

[illegible]



TB Document F: State of Hawaii TB Clearance Form

Hawaii State Department of Health
Tuberculosis Control Program

Patient Name	DOB	TB Screening Date

I have evaluated the individual named above using the process set out in the DOH TB Clearance Manual dated 2/10/17 and determined that the individual does not have TB disease as defined in section 11-164.2-2, Hawaii Administrative Rules.

Screening for schools, child care facilities or food handlers <i>(TB Document A or E)</i>
<input type="checkbox"/> Negative TB risk assessment
<input type="checkbox"/> Negative test for TB infection
<input type="checkbox"/> Positive test for TB infection, and negative chest X-ray

Initial Screening for health care facilities or residential care settings <i>(TB Document B or C)</i>
<input type="checkbox"/> Negative test for TB infection (2-step)
<input type="checkbox"/> New positive test for TB infection, and negative chest X-ray
<input type="checkbox"/> Previous positive test for TB infection, negative CXR within previous 12 months, and negative symptom screen
<input type="checkbox"/> Previous positive test for TB infection, and negative CXR

Annual Screening for Health care facilities or residential care settings <i>(TB Document D)</i>
<input type="checkbox"/> Negative test for TB infection
<input type="checkbox"/> New positive test for TB infection, and negative chest X-ray
<input type="checkbox"/> Previous positive test for TB infection, and negative symptoms screen
<input type="checkbox"/> Previous positive test for TB infection, and negative CXR

Signature or Unique Stamp of Practitioner: _____

Printed Name of Practitioner: _____

Healthcare Facility: _____

This TB clearance provides a reasonable assurance that the individual listed on this form was free from tuberculosis disease at the time of the exam. This form does not imply any guarantee or protection from future tuberculosis risk for the individual listed.



TB Document G: State of Hawaii TB Risk Assessment for Adults and Children

Hawaii State Department of Health
Tuberculosis Control Program

1. Check for TB symptoms

- If there are significant TB symptoms, then further testing (including a chest x-ray) is required for TB clearance.
- If significant symptoms are absent, proceed to TB Risk Factor questions.

☐ Yes

☐ No

Does this person have significant TB symptoms?

Significant symptoms include cough for 3 weeks or more, plus at least one of the following:

☐ Coughing up blood

☐ Fever

☐ Night sweats

☐ Unexplained weight loss

☐ Unusual weakness

☐ Fatigue

2. Check for TB Risk Factors

- If any “Yes” box below is checked, then TB testing is required for TB clearance
- If all boxes below are checked “No”, then TB clearance can be issued without testing

☐ Yes

☐ No

Was this person born in a country with an elevated TB rate?

Includes countries other than the United States, Canada, Australia, New Zealand, or Western and North European countries.

☐ Yes

☐ No

Has this person traveled to (or lived in) a country with an elevated TB rate for four weeks or longer?

☐ Yes

☐ No

At any time has this person been in contact with someone with *infectious TB disease*? (Do not check “Yes” if exposed only to someone with latent TB)

☐ Yes

☐ No

Does the individual have a health problem that affects the immune system, or is medical treatment planned that may affect the immune system?

(Includes HIV/AIDS, organ transplant recipient, treatment with TNF-alpha antagonist, or steroid medication for a month or longer)

☐ Yes

☐ No

For persons under age 16 only: Is someone in the child’s household from a country with an elevated TB rate?

Provider Name with Licensure/Degree:

Person's Name and DOB:

Assessment Date:

Name and Relationship of Person Providing
Information (if not the above-named person):

IMPORTANT NOTICE TO PARENTS

State of Hawai'i
Department of Health
Immunization Branch



SCHOOL HEALTH REQUIREMENTS, EFFECTIVE: JULY 1, 2020

What does Hawai'i State Law require for childcare facility and school attendance?

Hawai'i State Law requires all students to meet physical examination, immunization, and tuberculosis clearance requirements before they may attend a childcare facility, preschool, or public/private school in the State.

Are exemptions allowed?


Children may be exempt from immunization requirements for medical or religious reasons, if the appropriate documentation is presented to the childcare facility or school. Religious exemption forms may be completed at the childcare facility or school that your child will attend. Medical exemptions must be obtained from your child's healthcare provider. No other exemptions are allowed by the State.


What are the health requirements?

- 1 Physical Examination:**
 - Must be completed within one year before:
 - First date of attendance at a childcare facility, preschool, or school in Hawai'i; and
 - First date of attendance in the seventh grade.
 - Must be performed by a U.S. licensed physician, APRN or PA.
- 2 Immunizations:**

Immunizations are required for childcare facility and school attendance. Required immunizations depend on the age of the child (childcare or preschool) or grade of the student. All immunizations must meet minimum age and interval requirements between vaccine doses.
- 3 Tuberculosis (TB) Clearance:**

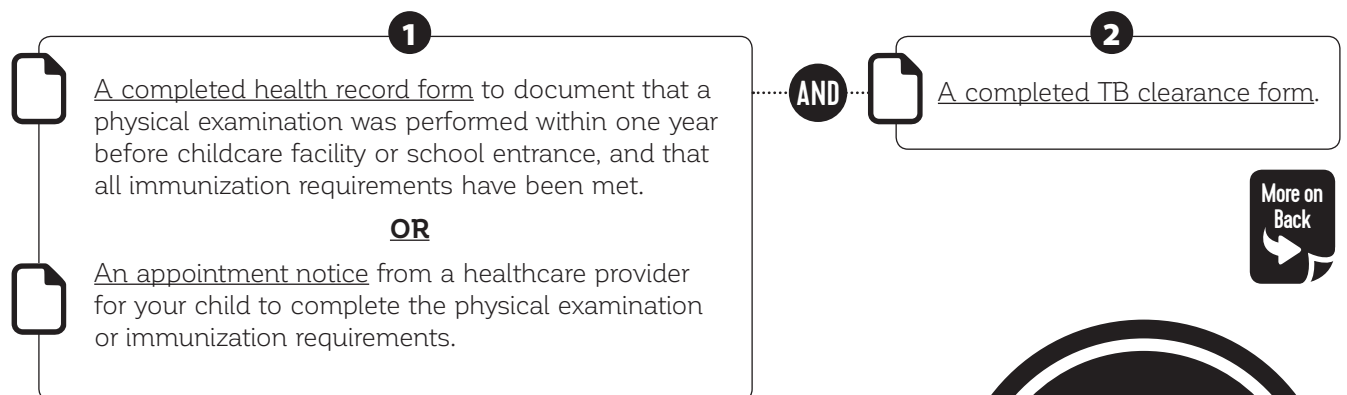
For information regarding TB clearance requirements for school attendance, talk to your child's healthcare provider or contact the Department of Health Tuberculosis Control Branch:

 call: (808) 832-5731

 web: health.hawaii.gov/tb

What is required by the first day of school?

By the first day of school, all students entering childcare, preschool, or school in Hawai'i for the first time must have:



Students who have not completed the above requirements by the first day of school will not be allowed to attend school until these requirements are met.



Where do I get the “Student’s Health Record” form?

You can get a copy of the “Student’s Health Record” (Form 14) from the childcare facility or school where your child will be enrolled or from your child’s healthcare provider.

What if my child is transferring from another state or territory of the U.S.?

You will need to show proof that the health requirements have been met prior to childcare facility or school entry. The childcare facility or school will accept out-of-state records that meet the State of Hawai‘i requirements for physical examination, immunizations, and tuberculosis clearance.

Which immunizations are required?

Immunizations are required for all students entering childcare or preschool, kindergarten, and seventh grade, and for those students entering school in Hawai‘i for the first time, regardless of age.

Childcare or Preschool

- Diphtheria-Tetanus-Pertussis (DTaP)
- *Haemophilus influenzae* type b (Hib)
- Hepatitis A (Hep A)
- Hepatitis B (Hep B)
- Measles-Mumps-Rubella (MMR)
- Pneumococcal Conjugate Vaccine (PCV)
- Polio (IPV)
- Varicella (chickenpox)

Kindergarten – 12th Grade

- DTaP
- Hep A
- Hep B
- Human Papillomavirus (HPV)*
- Meningococcal Conjugate (MCV)*
- MMR
- IPV
- Tetanus-diphtheria-pertussis (Tdap)*
- Varicella

7th Grade

- HPV
- MCV
- Tdap

**All students entering school in Hawai‘i for the first time in 7th grade or higher must show evidence of receiving these immunizations prior to school attendance.*

Questions?

Hawai‘i Department of Health Immunization Branch



Web: health.hawaii.gov/docd/vaccines-immunizations/school-health-requirements/
Email: immunization@doh.hawaii.gov
Call: (808) 586-8332 or 1 (800) 933-4832

Hawai‘i Department of Health Tuberculosis Control Branch



Web: health.hawaii.gov/tb
Call: (808) 832-5731

Nondiscrimination in Services. We provide access to our activities without regard to race, color, national origin (including language), age, sex, religion, or disability. Write or call the Hawai‘i Department of Health Immunization Branch or our departmental Affirmative Action Officer at P.O. Box 3378, Honolulu, Hawai‘i 96801-3378 or at (808) 586-4616 (voice/tty) within 180 days of a problem.

August 2019





TABLE 2: REQUIRED IMMUNIZATIONS – GRADES KINDERGARTEN – 12*

BY THIS GRADE	STUDENTS ARE REQUIRED TO HAVE								
	DTaP (Diphtheria, Tetanus, Pertussis)	Polio	Hepatitis B	Hepatitis A	MMR (Measles, Mumps, Rubella)	Varicella (Chickenpox)	HPV (Human Papillomavirus Vaccine)	MCV (Meningococcal Conjugate Vaccine)	Tdap (Tetanus, Diphtheria, Pertussis)
ALL KINDERGARTEN STUDENTS AND NEW ENTERERS IN GRADES 1 – 6	5 doses	4 doses	3 doses	2 doses	2 doses	2 doses	Not required for this grade	Not required for this grade	Not required for this grade
7TH GRADE ATTENDANCE							2 doses	1 dose	1 dose
ALL NEW ENTERERS IN GRADES 7 – 12	5 doses	4 doses	3 doses	2 doses	2 doses	2 doses	2 or 3 doses [†]	1 dose [¶]	1 dose

*SEE TABLE 6: EXCEPTIONS TO IMMUNIZATION REQUIREMENTS

[†]Age 9 through 14 years at initial vaccination: 2 doses of HPV required
 Age 15 years or older at initial vaccination: 3 doses of HPV required

[¶]Age 10 through 15 years upon new entrance: 1 dose of MCV required
 Age 16 years and older upon new entrance: At least 1 dose of MCV on or after age 16 years required, a minimum of 8 weeks after a previous dose



AUTHORIZATION FOR STORAGE & ADMINISTRATION OF PRESCRIBED MEDICATIONS

STUDENT INFORMATION

Student's Name (last, first): _____ Date of Birth: _____

Address: _____ Phone: _____

Student's Grade/Class: _____ Allergies: _____

PARENTS REQUEST AND AUTHORIZATION

I, the undersigned, request and authorize Island Pacific Academy's Health Care Coordinator/Staff to store and administer medication as prescribed by my child's physician. I request and authorize release of information between the school's Health Care Department and the prescribing physician and his/her office staff pertinent to my child's condition/health. I understand that a new request is to be processed annually and at anytime there is a change in medication or physician's orders.

Parent/Guardian's Printed Name: _____ Phone: _____
phone contact during school hours

Parent/Guardian's Signature: _____ Phone: _____

PHYSICIAN'S REQUEST

Medication	Dose	Route of Admin	Frequency	Diagnosis (Reason for Admin)	Start Date	End Date

Note: Separate form is required for each medication prescribed and end date must be on or before last day of the school year.

It is/may be necessary for this medication to be administered during school hours. ☐ (Initial box)

Physician's Printed Name: _____ Physician's Fax: _____

Physician's Address: _____ Physician's Phone: _____

Physician's Signature: _____ Date: _____

ACCEPTANCE OF REQUEST

ISLAND PACIFIC ACADEMY OFFICE USE ONLY

Medication labeled properly: Y / N Amount of medication received _____ Parent's Initials: _____

Special Instructions: _____

Date Request Received by Island Pacific Academy Health Staff _____

Request Accepted By: _____ Signature Required



SELF-ADMINISTRATION OF DIETARY SUPPLEMENTS/ OVER-THE-COUNTER MEDICATIONS

PARENT REQUEST AND AUTHORIZATION

I, the undersigned, request and authorize my child _____ to
self-carry and self-administer his/her dietary supplements/over-the-counter medications (please
check all that apply):

☐ **Dietary Supplement** ☐ **Over-the-Counter Medication**

while at school or during school events. This authorization is given based on the following:

- ❖ My child is capable of and has been instructed in the proper method of self-administration of this medication.
- ❖ I understand that my child shall be permitted to carry at all times his/her medication as long as he/she does not endanger himself/herself, or others, and will not misuse the medication.
- ❖ I understand that if my child misuses or exceeds the prescribed dosage, or endangers others with the medication, school employees may confiscate the medication.
- ❖ I understand that Island Pacific Academy and its employees shall not incur any liability as a result of injury arising from the self-administration of the medication by my child.
- ❖ I shall be exempt from liability and hold harmless all Island Pacific Academy employees or agents against any claims arising out of the self-administration of medication by my child.
- ❖ I understand that this authorization is effective for only this current school year and that it must be renewed annually.

FOR DIETARY SUPPLEMENTS / OVER-THE-COUNTER MEDICATIONS ONLY:

Medication Name: _____ Brand: _____ Dose: _____

Specific Indication for Use: _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

No Physician Signature Needed for Dietary Supplements/Over-the-Counter Medications

For Island Pacific Academy Office Use Only:

Reviewed/Accepted by: _____ Date: _____





SELF-ADMINISTRATION OF EMERGENCY RESCUE MEDICATION

PARENT REQUEST AND AUTHORIZATION

I, the undersigned, request and authorize my child _____ to self-carry and
self-administer his/her rescue medication: (please check all that apply)

Child's Name

☐ inhaler

☐ auto-injectable epinephrine (EpiPen)

This Authorization is given based on the following:

- ❖ My child is capable of and has been instructed in the proper method of self-administration of this medication.
- ❖ I understand that my child shall be permitted to carry at all times his/her medication as long as he/she does not endanger herself, or others, and will not misuse the medication.
- ❖ I understand that if my child misuses or exceeds the prescribed dosage, or endangers others with the medication, school employees may confiscate the medication.
- ❖ I understand that Island Pacific Academy and its employees shall not incur any liability as a result of injury arising from the self-administration of the medication by my child.
- ❖ I shall exempt from liability and hold harmless all IPA employees or agents against any claims arising out of the self-administration of medication by my child.
- ❖ I understand that this authorization is effective for only this current school year and that it must be renewed annually.

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

PHYSICIAN'S CERTIFICATION

I, the undersigned, certify that _____ has asthma, anaphylaxis, or
another potentially life-threatening illness _____, and that he/she is capable

Child's Name

Specify Illness

of, and has been instructed in the proper handling and self-administration of, his/her own: (please check all that apply)

☐ inhaler

☐ auto-injectable epinephrine (EpiPen)

Medication: _____ Dose: _____ Route: _____

Time to be administered: _____

Possible Side Effects: _____

Diagnosis/Medical reason for medication: _____

Physician's Name: _____

Physician's Signature: _____ Date: _____

Address: _____ Phone: _____

Reviewed/Accepted by: _____ Date: _____

Hawaii State Department of Education

PHYSICAL EXAMINATION FOR ATHLETES

Student's Name _____ M/F _____ Date of Birth ____/____/____ Grade _____
 (Print) Last First MI Month Day Year
 Address _____ Home Phone _____ Student Resides With _____
 Street No. City State Zip Code
 Fall Sport _____ Winter Sport _____ Spring Sport _____

Father's/Guardian's Name _____ Bus. Phone _____ Cell or Pager _____
 Mother's/Guardian's Name _____ Bus. Phone _____ Cell or Pager _____
 Emergency Contact _____ Bus. Phone _____ Cell or Pager _____
 Name & Relationship _____
 Emergency Contact _____ Bus. Phone _____ Cell or Pager _____
 Name & Relationship _____
 Emergency Contact _____ Bus. Phone _____ Cell or Pager _____
 Name & Relationship _____
 Health and/or Insurance Carrier _____ Policy # _____

The student and parent/guardian consent and authorize school officials through an Athletic Health Care Trainer (AHCT), qualified coach/staff, or physician as determined by the school, to provide any first aid and/or emergency care as well as follow-up first aid or medical treatment that may be reasonably necessary for the student as determined by a school official in the course of athletic practice, competition or travel.

The student and parent/guardian further consent and authorize the school's AHCT to provide appropriate therapeutic modalities in order to return student to athletic competition, such care to be conducted under the direction of a physician.

The student and parent/guardian further consent and authorize the school's AHCT to administer baseline and/or post injury concussion management assessment in order to manage a concussion or suspected head trauma, such care to be conducted under the direction of a physician.

The student and parent/guardian hereby consent to the release of medical information by physician to school to obtain information regarding the medical history, records of injury or surgery, serious illness, and rehabilitation results of the student from his/her physician(s). We understand that the purpose of this request for medical information is to assist the school in the management or rehabilitation of an injury/illness. This information is confidential and except as provided in this release will not be otherwise released by the parties in charge of the information. This release remains valid until revoked by the adult student or parent/guardian in writing.

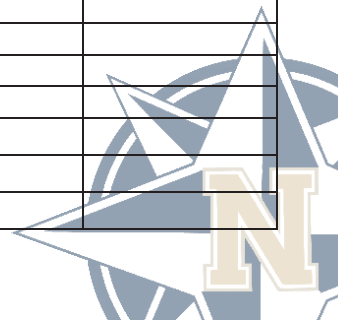
Signature of Student _____ Signature of Parent/Guardian _____ Date _____
 (parent/guardian fill out back side of this form)

To be completed by Physician only

Height _____ feet & inches Weight _____ lbs Blood Pressure ____/____ Pulse _____ bpm
 Vision: R 20/____ L 20/____ Corrected: Yes No Pupils: Equal ____ Unequal ____
 Asthma _____ (Medication Used) Diabetes _____ (Medication Used) Allergies _____ (Medication Used)

MEDICAL	NORMAL	COMMENTS	INITIALS
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart/Murmurs			
Pulses			
Lungs			
Abdomen			
Skin			
Genitalia			
MUSCULOSKELETAL			
Neck			
Back/Spine			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Calf/ankle			
Foot/toes			
Other			

(Over)



Parent/Guardian and Student to fill out before Physical Examination

Explain "Yes" answers below. Circle question you don't know the answer to.

	Yes	No		Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	25. Do you cough, wheeze or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or nonprescription (over the counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have allergies to medicines, pollens, foods or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	28. Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>	<input type="checkbox"/>	29. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever passed out or nearly passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	30. Have you had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had discomfort, pain or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	31. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	32. Have you been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has a doctor ever told you that you have: (circle all that apply) High blood pressure A heart murmur High Cholesterol A heart infection	<input type="checkbox"/>	<input type="checkbox"/>	33. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
			34. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>	35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has anyone in your family died for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	36. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	37. When exercising in the heat, do you have severe muscle cramps, or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	38. Do you have any hearing problems?	<input type="checkbox"/>	<input type="checkbox"/>
14. Has a family member died while exercising?	<input type="checkbox"/>	<input type="checkbox"/>	39. Do you have a hearing device?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does anyone in your family have Marfan Syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	40. Do you have a family member with hearing problems?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	41. Has a doctor told you that you, or does someone in your family have sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	42. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you ever had an injury, like sprain, muscle or ligament tear, or tendonitis, that caused you to miss a practice or game? If yes, list affected area: _____	<input type="checkbox"/>	<input type="checkbox"/>	43. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
			44. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
			45. Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
			46. Would you like to lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you had any broken or fractured bones or dislocated joints? If yes, list affected area: _____	<input type="checkbox"/>	<input type="checkbox"/>	47. Would you like to gain weight?	<input type="checkbox"/>	<input type="checkbox"/>
			48. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, list affected area: _____	<input type="checkbox"/>	<input type="checkbox"/>	49. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
			50. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
			51. Do you feel depressed?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	52. Do you have a history of multiple or long nosebleeds?	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	<input type="checkbox"/>	<input type="checkbox"/>	53. MALES ONLY: Do you ever have or had swelling of your testicles or groin?	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	FEMALES ONLY		
24. Has a doctor ever told you that you have asthma or wheezing?	<input type="checkbox"/>	<input type="checkbox"/>	54. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
EXPLAIN "YES" answers here: (Add additional pages if necessary)			55. How many periods have you had in the last 12 months?	_____	

I hereby verify to the best of my knowledge that the answers which have been provided to the above questions are correct.

Signature of Student _____ Signature of Parent/Guardian _____ Date _____

Clearance: (Place a check in appropriate box below)

☐ Cleared for all sports
☐ Cleared after completing evaluation/rehabilitation for _____
☐ Not cleared for:
 ☐ Collision (Football)
 ☐ Contact (Baseball, Basketball, Cheerleading, Judo, Softball, Soccer, Volleyball, Wrestling)
☐ Non contact
 ☐ Strenuous
 ☐ Moderately Strenuous
 ☐ Non-strenuous

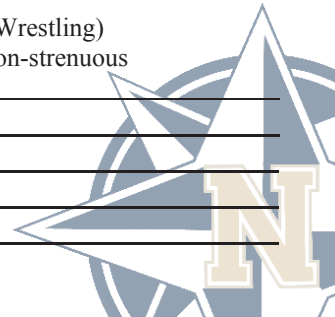
Reason not cleared: _____

Physician's Recommendation _____

Name of Physician _____ **Date of Physical Exam** _____

Address _____ **Telephone** _____

Signature of Physician _____ **Fax Number** _____





CATERED LUNCH OPTIONS AVAILABLE TO GRADES K-12, FACULTY AND STAFF

Eating healthy helps set the stage for healthy learning. When students are provided with healthy snacks, a nutritious lunch, and stay hydrated throughout the day they are better equipped for physical activity; and, most importantly for school, their brains are supplied with fuel for the academic day.

Island Pacific Academy expects that all students will eat a nutritious lunch each day. Students have two (2) lunch options: bringing lunch from home and/or ordering with the following caterers which offer a menu specifically for IPA:

- **My Hot Lunchbox** Enjoy ordering lunch from a wide variety of options provided by your student's favorite local restaurants, including Panda Express, Jersey Mike's, and Raising Cane's.
- **The Happy Bento** serves nutritious, balanced, USDA-compliant meals. We strive to educate kids about how delicious fresh food can taste. You'll never see a "fruit cup" in our lunches; we serve only fresh produce and prioritize locally grown fruits and vegetables whenever possible. Our schools enjoy satisfying, healthy, and delicious lunches every school day.

Lunch menus and online ordering platforms for the 2025-26 school year will be available beginning mid July. Please visit <https://islandpacificacademy.org/student-life/lunch/>.

All lunches must be ordered and paid online. No forms or payments will be accepted at the school.

Should you have any questions, please contact Evelyn Okimoto at eokimoto@ipahawaii.org.



WHENEVER YOU CAN, HELP! T-SHIRTS

Show Your School Spirit!

FOR STUDENTS AND OHANA IN GRADES K-12

Continuing the legacy of IPA's founding Headmaster, Dr. Dan White, we encourage you to order a t-shirt to share the IPA Way of "Whenever You Can, Help!" These shirts will be worn once a month, on the second Monday of each month.

Purchase is encouraged, but optional. Students should wear a school uniform on the established t-shirt days if they do not have this t-shirt.

Shirts are only printed when pre-ordered and ordering is available for a limited time. Orders are being accepted through Friday, August 29th. When ordering, please add your child's name and grade level.



Please use this link for students: <https://ipatshirt.com>

Please use this link for adults: <https://ipatshirt.com/forteachers>



ISLAND PACIFIC ACADEMY

SCHOOL CALENDAR 2025-2026

WHERE VALUES MATTER

JULY 2025						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

AUGUST 2025						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

SEPTEMBER 2025						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

OCTOBER 2025						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

NOVEMBER 2025						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

DECEMBER 2025						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

JANUARY 2026						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

FEBRUARY 2026						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

MARCH 2026						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

APRIL 2026						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

MAY 2026						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

JUNE 2026						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

JULY

4 - INDEPENDENCE DAY - **SCHOOL CLOSED**
25 - NEW PARENT RECEPTION

AUGUST

1 - FIRST DAY FOR FACULTY
8 - MEET & GREET (GR. K-5)
11 - NEW STUDENT ORIENTATION (GR. 6-12)
13 - FIRST DAY OF SCHOOL (GR. K-12)
15 - STATEHOOD DAY - **SCHOOL CLOSED**
28 - BACK TO SCHOOL NIGHT (GR. 6-12)

SEPTEMBER

1 - LABOR DAY - **SCHOOL CLOSED**
12 - BACK TO SCHOOL NIGHT (GR. K-5)
13 - IPA FOUNDER'S DAY

OCTOBER

4 - OPEN HOUSE
10 - FACULTY PROFESSIONAL DEVELOPMENT DAY - **NO CLASSES**
13 - INDIGENOUS PEOPLES' DAY - **SCHOOL CLOSED**
14-17 - FALL BREAK - **NO CLASSES**
25 - FALL FESTIVAL
29 - IPA GIVES BACK (GR. 6-12)

NOVEMBER

7-10 - PARENT CONFERENCES - **NO CLASSES (GR. K-12)**
8 - GALA FUNDRAISER
11 - VETERAN'S DAY - **SCHOOL CLOSED**
13-14 - SECONDARY EVENTS TBD
13-15 - FALL PLAY PRODUCTION
26 - LA KUPUNA DAY (GR. K-5)
27-28 - THANKSGIVING BREAK - **SCHOOL CLOSED**

DECEMBER

5 - HO'IKE NIGHT
19 - FIRST SEMESTER ENDS (GR. K-12)
22-JAN 5 - WINTER BREAK - **NO CLASSES**

JANUARY

5 - FACULTY PROFESSIONAL DEVELOPMENT DAY - **NO CLASSES**
6 - SCHOOL RESUMES, SECOND SEMESTER BEGINS (GR. K-12)
19 - MARTIN LUTHER KING JR. DAY - **SCHOOL CLOSED**

FEBRUARY

16 - PRESIDENTS DAY - **SCHOOL CLOSED**

MARCH

5-6 - SECONDARY EVENTS TBD
7 - SPRING MUSICAL PRODUCTION
9-13 - SPIRIT WEEK (GR. K-12)
16-20 - SPRING BREAK - **NO CLASSES**
26 - KUHIO DAY - **SCHOOL CLOSED**

APRIL

3 - GOOD FRIDAY - **SCHOOL CLOSED**
9-10 - PARENT CONFERENCES - **NO CLASSES (GR. K-12)**
22 - MAKE A DIFFERENCE DAY (MADD) (GR. 6-12)
24 - SPRING MUSIC FESTIVAL (GR. 9-12)

MAY

1 - MAY DAY CELEBRATION (EARLY DISMISSAL FOLLOWING PROGRAM)
6 - ART SHOW (GR. K-12)
21 - LAST DAY OF SCHOOL
22 - IPA COMMENCEMENT
25 - MEMORIAL DAY - **SCHOOL CLOSED**
29 - LAST DAY FOR FACULTY
29 - IPA GOLF TOURNAMENT

JUNE

11 - KAMEHAMEHA DAY - **SCHOOL CLOSED**
19 - JUNETEENTH - **SCHOOL CLOSED**

IPA SPECIAL EVENTS
HOLIDAYS/SCHOOL CLOSED

CAMPUS EVENT

CALENDAR SUBJECT TO CHANGE
REV. 06/16/25