



ISLAND
PACIFIC
ACADEMY

WHERE VALUES MATTER

BACK TO SCHOOL

PARENT / STUDENT
RESOURCE GUIDE
2026-2027



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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 7, 2026)

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 11, 2026)

5:30-6:10pm For Grades K-5 parents only
Parents are invited to visit Specials classes; Art, Digital Innovation, Japanese, Music, 'Ike Hawai'i, Physical Education and STEM

6:15-7:00pm Kindergarten parents proceed to "Open House"
Visit your child's classroom and view student work. There will also be time for Q & A.

6:15-7:00pm 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 10, 2026 9:00am - 12:00pm

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

Students should come dressed comfortably and appropriately for the school setting. The Orientation will be conducted by the Secondary Executive Student Council and other student volunteers, along with Administration and select faculty in the Gulab & Indru Watumull Room, adjacent to the Administration Office.

Students will receive their locker assignments and be able to store their belongings on this day if wanted.

An overview from Administration will also be given during the session. Lunch will be provided. The event is only for students.

Who Should Attend:

ALL Grade 6 students; ALL NEW Grades 7-12 students

BACK-TO-SCHOOL NIGHT

GRADES 6-12

Thursday, August 27, 2026, 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. **You must 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 107C
Honolulu, Hawaii
808-585-7441

Peak Hours: June 11 - August 8
Monday-Friday: 10am-6pm
Saturday: 10am-5pm
Sunday: CLOSED

Off Peak Hours: August 11 - June 5
Tuesday-Friday: 10am-5pm
Saturday: 10am-4pm
Sunday & Monday: CLOSED



Girl's Tops



Long & Short Sleeve Rapid Dry Polo
Colors: Classic Navy, White
Grades: K - 12



Feminine Fit Short Sleeve Rapid Dry Polo
Colors: Classic Navy, White
Grades: K - 12



Long and Short Sleeve Interlock Polo
Colors: Classic Navy, Maize, White
Grades: K - 12



Long and Short Sleeve Feminine Fit Interlock Polo
Colors: Classic Navy, Maize, White
Grades: K - 12



Long & Short Sleeve Mesh Polo
Colors: Classic Navy, White
Grades: K - 12



Long & Short Oxford Dress Shirt
Colors: French Blue, White
Grades: K - 12



Cotton Modal Button Front Cardigan Sweater
Colors: Classic Navy
Grades: K - 12



Cotton Modal Zip Front Cardigan Sweater
Colors: Classic Navy
Grades: K - 12

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LANDS' END

Girl's Bottoms



Long and Short Sleeve Mesh Pleated Polo Dress
Color: Classic Navy
Grades: K - 5



Short Sleeve Interlock Polo Dress
Color: Classic Navy
Grades: K - 5



Performance Pleated Skort
Color: Classic Navy
Grades: K - 12



Ponte Button Front Skort
Colors: Classic Navy, Khaki
Grades: K - 5



Blend Chino Skort
Colors: Classic Navy, Khaki
Grades: K - 12



Active Chino Skort
Colors: Classic Navy, Khaki
Grades: K - 12



Performance Chino Skort
Colors: Classic Navy, Khaki
Grades: K - 12



Box Pleat Skirt Top of Knee
Color: Classic Navy, Khaki
Grades: K - 12



Box Pleat Skirt Below the Knee
Color: Classic Navy, Khaki
Grades: K - 12



Ponte Skirt
Color: Classic Navy, Khaki
Grades: K - 12



Active Performance Chino Pants and Shorts
Colors: Classic Navy, Khaki
Grades: K - 12



Plain Front Blend Chino Pants and Shorts
Colors: Classic Navy, Khaki
Grades: K - 12



Elastic Waist Pants and Shorts
Colors: Classic Navy, Khaki
Grades: K - 12



Bermuda Shorts
Colors: Classic Navy, Khaki
Grades: K - 12

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LANDS' END

Boy's Tops



Long & Short Sleeve Rapid Dry Polo
Colors: Classic Navy, White
Grades: K - 12



Long and Short Sleeve Interlock Polo
Colors: Classic Navy, Maize, White
Grades: K - 12



Long & Short Sleeve Mesh Polo
Colors: Classic Navy, White
Grades: K - 12



Long & Short Oxford Dress Shirt
Colors: French Blue, White
Grades: K - 12



Men's Long Sleeve and Short Sleeve Oxford
Colors: White
Grades: 9 - 12



Cotton Modal Button Front Cardigan Sweater
Colors: Classic Navy
Grades: K - 12



Cotton Modal Zip Front Cardigan Sweater
Colors: Classic Navy
Grades: K - 12

Boy's Bottoms



Active Performance Chino Pants and Shorts
Colors: Classic Navy, Khaki
Grades: K - 12



Plain Front Blend Chino Pants and Shorts
Colors: Classic Navy, Khaki
Grades: K - 12



Wrinkle Resistant Plain Front Chino Pants and Shorts
Color: Classic Navy
Grades: K - 12



Sport Active Performance Shorts
Colors: Classic Navy, Khaki
Grades: K - 12



Elastic Waist Pants and Shorts
Colors: Classic Navy, Khaki
Grades: K - 12

Outerwear and Accessories



Active Performance Full and Quarter Zip Jacket
Colors: Classic Navy
Grades: K - 12



Full Zip Jacket and Hooded Pullover
Colors: Navy
Grades: K - 12



Quarter Zip Sweatshirt
Colors: Classic Navy, Pewter Heather
Grades: K - 12



Mid-Weight Fleece Jacket
Colors: Classic Navy
Grades: K - 12



Fleece Lined Rain Jacket
Colors: Classic Navy, Maize, White
Grades: K - 12



Legacy Varsity Cardigan
Colors: Classic Navy
Grades: K - 12



Legacy Full Zip Varsity Cardigan
Colors: Classic Navy
Grades: K - 12



Reversible Belt
Color: Brown/Black
Grades: K - 12



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

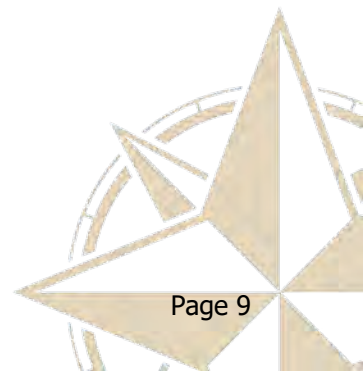


PE Shorts

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:

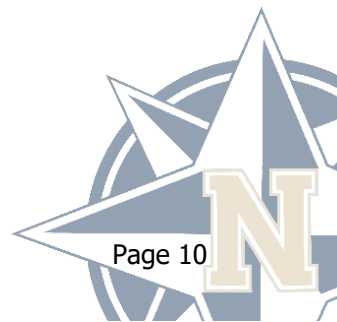
- Intermediate: Students in Grades 7-9 are eligible for this level
- Junior Varsity: Students in Grades 9-11 are eligible for this level
- Varsity: Students in Grades 9-12 are eligible for this level.

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 2026-2027 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 (CT-Maryknoll)	Varsity	Junior Varsity	
Cheerleading (PAC-5)	Varsity	Junior Varsity	Intermediate
Football (Co-Ed) (PAC-5)	Varsity		Intermediate

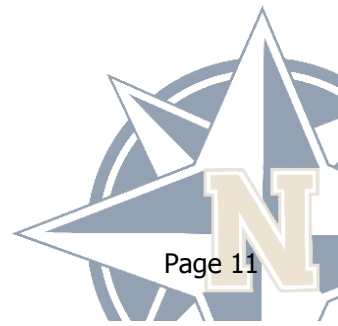
Winter			
Boys Tennis			Intermediate
Girls Tennis			Intermediate
Boys Basketball	Varsity		Intermediate
Girls Basketball	Varsity		Intermediate
Boys Swimming	Varsity		Intermediate
Girls Swimming	Varsity		Intermediate
Precision Air Riflery (Co-Ed)	Varsity	Junior Varsity	
Boys Soccer (PAC-5)	Varsity	Junior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



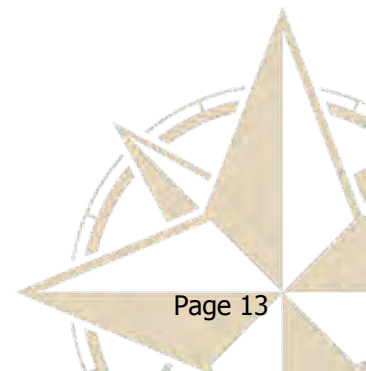


GRADES K-5 SUPPLY LIST 2026-2027

School supplies may be ordered through [Ready for Success](#). If you choose to order through them, please do so between June 15-July 6th.

	Kindergarten
2	Two-pocket plastic folder (1 Red, 1 Purple)
2	PRIMARY Journal Book (1 for STEM)
6	Glue sticks, 1.41 oz
2	Elmer's Glue, 4 oz (1 for ART)
1	Scissors - 5" blunt tip
5	Crayons - 24 count (1 for 'Ōlelo)
2	Colored marker set (broad)
2	Colored Pencils - 12 count
2	Dozen #2 Pencils sharpened (1 for Music)
2	Sharpie marker - fine tip, black
2	Large white erasers Hi Polymer, Pentel brand
1	Set Dry erase markers - 4 pack
1	Crayola watercolor paint set - 16 colors
1	Playdoh 4-pack (4oz containers)
1	Headphones - USB-C wire

	Grade 1
5	Plastic folders w/ pockets and 3-prongs, 1 each
1	WIDE RULED Composition Book - 100 pgs (for STEM)
4	Crayola Crayons - 24 count
1	Crayola Markers, broad line
1	Crayola Colors of the World Crayons, 24 count
2	Colored pencils - 12 count (1 for 'Ōlelo)
4	Dozen pencils, sharpened
2	Sharpie, fine tip (black)
2	Sharpie, ultra-fine tip (black)
1	Fine-tip EXPO marker
1	Whiteboard Eraser
9	Glue sticks, 1.41 oz
1	Elmer's glue, 4 fl. oz.
1	5" blunt tip scissors (please label with name)
5	Large white erasers, Hi Polymer, Pentel brand (1 for ART)
4	4 oz. Playdoh
1	Watercolor paint set - 16 colors
1	5" x 8" pencil box
1	Zipper Pouch, 3-hole punched clear, 8.5"x11"
1	Headphones - USB-C wire with microphone
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 15-July 6th.

Grade 2	
4	Plastic folders w/ 3 prongs and pockets: 1 blue, 1 red, 1 orange, 1 yellow
3	WIDE RULED Composition Book - 100 pgs (1 for STEM)
1	Primary Lined Composition Notebook - 100 pgs
1	UNRULED Composition Book
3	Crayons - 24 count
1	Crayola Colors of the World Crayons - 24 count
1	Set washable markers (broad)
1	Crayola broad tip markers - 10 count Classic Colors (for Art)
1	Colored pencils - 12 count
4	Dozen #2 pencils, SHARPENED (1 for 'Ōlelo)
4	Sharpies, extra fine tip (black)
2	Sharpies, fine tip (black)
1	Dry erase marker (black)
1	Dry erase board eraser
1	Yellow highlighter
2	Blue ballpoint pen
6	Glue sticks (1.41 oz)
1	5"-7" scissors, precision tip
3	Large white erasers, Hi Polymer, Pentel brand
2	Pack of 3x3 Sticky Notes (any color)
1	Crayola watercolor paint set - 16 colors
1	12" Ruler with Centimeters and Inches *labeled (Can be gently used)
1	5"x 8" pencil box
1	Headphones - USB-C wire with microphone
Please label all supplies	

Grade 3	
3	1/2" 3 ring binder (1 is for Music) (*please label)
1	Green plastic pocket folder with prongs (*please label)
1	Yellow plastic pocket folder (*please label)
3	WIDE RULED Composition Books (*please label) (1 for STEM)
1	pack wide ruled loose leaf paper
1	Crayons - 24 count (for 'Ōlelo)
1	Colored pencils - 24 count
3	Dozen #2 pencils, sharpened
1	Colored sharpies 12 pack fine tip (for ART)
2	Sharpies, ultra fine point (*please label)
2	Dry erase markers (blue for Music, blue or black for classroom)
1	dry erase board eraser (*please label)
2	Yellow highlighter
2	Red ballpoint pens
3	Glue sticks, 1.41 oz (1 is for 'Ōlelo)
1	6"-7" scissors (*please label)
2	Large white erasers
1	pencil box (larger size preferred) (*please label)
1	Headphones - USB-C wire with microphone



School supplies may be ordered through [Ready for Success](#). If you choose to order through them, please do so between June 15-July 6th.

Grade 4	
1	1" 3 Ring Binder for Daily Use (Can be gently used)
1	1/2" 3 Ring Binder for Music *may be gently used from
2	3-Hole Plastic Folders with 2 Pockets (Can be gently used)
5	Composition Books, Wide Ruled (1 for STEM) - No Spiral
1	Pack of Lined Loose Leaf Paper, Wide Ruled
1	Pack of Plastic Binder Dividers (5-Tab Preferred)
2	Packs of Crayons - 24 Count (Can be gently used)
1	Pack of Washable Broad Tip Markers, 10 Count
1	Pack of Colored Pencils - 24 Count (Can be gently used)
3	Dozen #2 Pencils, Sharpened
1	Manual Pencil Sharpener with Lid *labeled (Can be gently used)
6	Sharpies: Ultra Fine Point, Black (4 for Art)
6	Sharpies: Fine Point, Black (4 for Art)
1	Dry Erase Board eraser
6	Dry Erase Board markers: Fine Point (Skinny), Black
1	Pack of Yellow Highlighters - 4 Count
1	Pack of Colored Pens - 4 Count (Any color ink)
6	Glue Sticks 1.41 oz (1 for Music)
1	Elmer's Glue, 4 fl. oz.
1	5"-7" Scissors *labeled (Can be gently used)
4	Pentel Hi-Polymer Large White Block Erasers (1 for 'Ōlelo)
1	12" Ruler with Centimeters and Inches *labeled (Can be gently used)
1	5"x 8" Pencil Box or Soft Case *labeled (Can be gently used)
1	Headphones - Bluetooth or USB-C wire with microphone
Please label the items that are starred	

Grade 5	
1	1/2" 3 ring binder for Music *may be gently used from previous year
4	Pocket folders - solid colors (red, blue, green, yellow)
6	WIDE RULED Composition Books - 100 pgs (1 for STEM)
1*	Colored marker set, broad tip (labeled)
1*	Colored pencils - 24 count
3	Dozen #2 pencils (sharpened and labeled)
2	Sharpies - extra fine tip, black (each labeled)
3	Sharpies - fine tip, black (each labeled) (1 for Music- not labeled)
6	Dry erase markers, NO neon, 3 fine tip and 3 chisel tip
1	Dry Erase eraser (for ART)
1*	Pack of colored highlighters (each labeled)
1*	5"-7" scissors, precision tip
2	Glue stick, 1.41 oz (labeled) (1 for 'Ōlelo)
4*	Large white erasers, Hi Polymer, Pentel brand (labeled)
1	4 pack of 3x3 yellow Post It Notes
1*	Pencil Pouch
1	5"x 8" Pencil box
1	Headphones - Bluetooth or USB-C wire with 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 device for the school year.

School supplies may be ordered through [Ready for Success](#), if you choose to order through them, please do so between June 15-July 6th.

(2) 1.5"-3.0" Binder	Highlighters (multiple colors)	Pencil Sharpener
8-Tab Dividers for Binders	Pencils (mechanical or regular)	Small Scissors
3"x5" Index Cards (lined)	Colored Pencils	Loose-Leaf College-Ruled Notebook
Glue Sticks	Pens (dark blue, black, and red)	Paper
Crayons	Earbuds w/ microphone	2 pocket folder
Correction Tape or White-Out	Sharpies (fine, black)	Medium/Large Pencil Pouch

Class Supplies: These additional supplies are class specific

Mathematics

Binder section for math
Folder
Graph Paper
Expo dry erase markers

Humanities (Gr 8)

Backup battery with adapter cord
Mints; no gum is allowed on campus
Refillable water bottle
(labeled with name)
Ruler (12")
School approved sweatshirt
(for chilly rooms)
Expo dry erase pens
(2-4 colors of your choice)
1" or 2" binder for US Constitution unit*
(student may use any way to keep the handouts organized so they can ignore this if not needed)

Science

Composition Notebook
Pack of Hair Ties
(for long hair for labs)

English

Composition Notebook (Gr 6)
Post-its
Independent reading book(s)

Spanish

Composition Notebook
Ring Holder for Index Cards
Post-its

Japanese

Binder section for Japanese
OR
Composition Notebook

‘Ōlelo Hawai‘i

Binder section for ‘Ōlelo Hawai‘i
OR
Composition Notebook

Design Thinking

Duct Tape
Scissors
Glue stick
Sticky notes 5 pads
Pens
Pencils
Small roll of foil

Physical Education

Water Bottle (refillable)
(2) IPA Gym Shorts
(2) IPA Gym Shirts
Athletic Shoes
Socks
Sunscreen
Sports mouthguard
(highly recommended)
Deodorant
(highly recommended)

Art (Gr 7-8)

9" x 12" Hardbound sketchbook,
at least 50 sheets

Music

Binder section for Music
OR
Composition Notebook



GRADES 9-12 SUPPLY LIST 2025-2026

Students will receive an IPA issued device for the 2026-2027 school year.

School supplies may be ordered through [Ready for Success](#), if you choose to order through them, please do so between June 15-July 6th.

All students will receive an IPA issued device for the school year.

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

3"x5" Index Cards (lined)	#2 Pencils (mechanical or regular)	Loose-Leaf, College-Ruled
Colored Pencils	Pens (dark blue, black, and red)	Notebook Paper
Correction Tape or White-Out	Sharpies (fine, black)	Earbuds/Earphones with mic
12 inch ruler	Highlighters (multiple colors)	Hawaii State Library Card

Class Supplies: These additional supplies are class specific

Mathematics (MAT)

3-Ring Binder w/ Lined Paper and Dividers
Folder
TI-84 Graphing Calculator or Equivalent
Pencils and Erasers
Colored Pencils
Graph Paper

Natural Sciences (NS)

3-Ring Binder w/ Lined Paper/Subject Notebook
(MUST have a specific book for each subject)
Metric Ruler
Highlighters
Post Its
TI-84 Plus Calculator or Equivalent
Graph Paper
Laptop/iPad charger

Humanities and Social Sciences (HSS)

Hawaii State Library Card
***Grade 9**
Note taking capabilities; digital or college-ruled paper
Pencil Bag/Box for Supplies
Backup battery for MacBook Air and adapter
School approved Sweatshirt (for chilly rooms)
Refillable water bottle (labeled with name)
Mints; no gum is allowed
Expo dry erase markers (2-4, any color)

Humanities and Social Sciences (HSS)(con't)

***Grades 11-12**

1.5" or 2" 3-Ring Binder w/ Lined Paper and Dividers

English: Literature and Rhetoric (ELR)

Composition Notebook (9th grade)
*if additional supplies are needed that aren't listed under General Supplies, specific English teachers will mention them with advance notice

Publication 1 and 2

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

Journalism

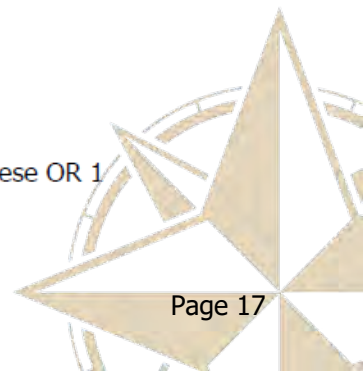
SanDisk Ultra Dual Drive USB Type-C 256GB with a USB-C connection

World Language (WL): Spanish

2" 3-Ring Binder w/ Lined Paper and Dividers
1-Subject Spiral Notebook, College Ruled
3-Ring Folders
\$6.00 for the National Spanish Exam
Post-It Notes
Index Cards & Ring Holder

World Language (WL): Japanese

Binder section with Lined Paper for Japanese OR 1 Subject Notebook
Pencils and an eraser



'Ōlelo Hawai'i

Binder section for 'Ōlelo Hawai'i OR Subject Notebook

Physical Education (PE)

Water Bottle (refillable)
(2) IPA Gym Shorts
(2) IPA Gym Shirts
Athletic Shoes
Socks
Sunscreen
Sports mouthguard (highly recommended)
Deodorant (highly recommended)

Design Thinking - Graphic Design

Sketchbook

Introduction to Engineering

Engineering Notebook (bound)

Visual and Performing Arts (VPA)

Introduction to Visual and Performing Arts
Hardback, 8.5" x 12" Sketchbook

Introduction to Digital Storytelling

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

Visual Arts 1,2,3,4 & Honors

Hawaii State Library Card
Hardbound 9" x 12" Sketchbook

Orchestra & Band

Black 1 1/2" binder
3 #2 Pencils
Instrument Rental or Purchase

Introduction to Game Development

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

AP AP Psychology

(2) college ruled composition books





GRADES 6-12 BOOK LIST 2026-2027

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: A Hawaiian Adventure by Angeli, Jen The Hobbit (75th Anniversary Edition) by Tolkien, J.R.R.	9781627470636 9780547928227
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 Outsiders by Hinton, S.E. (Platinum Edition) AND <u>Students are also required to purchase ONE of these three books:</u> 1. Listen, Slowly by Lai, Thanhha 2. The First Rule of Punk by Perez, Cella C. 3. Hatchet by Paulsen, Gary	9780064405171 978014407332 9780062229199 9780425290422 9781416936473
Spanish 1A (Foundations A)	7	Spanish textbooks can be purchased at the following website: https://klettwl.com/store/content/islandpacificacademy	—
Art 7	7	Wiley and the Hairy Man - The Play by Zeder, Susan	9781583427897
Grade 8			
English 8	8	American Born Chinese by Yang, Gene Luen Lord of the Flies by Golding, William/Epstein, E.L.	9780312384487 9780399501487
Spanish 1B (Foundations B)	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			
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	Freedom's Children: Young Civil Rights Activists Tell Their Own Stories by Levine, Ellen	9780698118706
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 Great Gatsby by Fitzgerald, F. Schott The Metamorphosis by Kafka, Franz Things Fall Apart by Achebe, Chinua A Raising in the Sun by Hansberry, Lorraine Fahrenheit 451 by Bradbury, Ray	9780743273565 9789982470810 9780385474542 9780679755333 9781451673319
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 Gone Too Far by Agbaje, Bola	9780802142443 9780385333849 9781596437746 9780593321201 9780593465066 9781559362016 9780713686982
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, Josh Tabor, and Luke Wilcox (4th Edition)	9781319244323
Science			
NS 300 Chemistry	11	Basic Chemistry by Timberlake, Karen, and William Timberlake	9780321809285
NS 350 AP Chemistry	11-12	Princeton Review AP Chemistry Premium Prep (28th Edition) by The Princeton Review (Free Online) OpenStax: Chemistry 2e	9798217125074 —
NS 400 Physics 1	11-12	(Free Online) OpenStax: Physics	—

NS 450 AP Physics 1	11-12	(Free Online) OpenStax: AP Physics	—
NS 650 AP Physics C	12	5 Steps to a 5: AP Physics C 2026 by Jacobs, Greg (Free Online) OpenStax: University Physics 1	9780321809285 —
Design Thinking			
DT 230 Yearbook Publications	9-12	The Associated Press Stylebook: 2024-2026 by The Associated Press	9781541605114
Visual & Performing			
VPA 100 Theatre Arts 1	9-12	Proof by Auburn, David	9780571199976
World Languages - Japanese			
WL 201B Japanese 2	9-12	Adventures in Japanese, Volume 2, Workbook by Peterson, Hiromi	9781622910670
WL 301B Japanese 3	9-12	Adventures in Japanese, Volume 2, Workbook (Japanese Edition) by Peterson, Hiromi	9781622910670
World Languages - Spanish			
WL 101A - WL 501A Spanish Levels 1 - AP Spanish Language & Culture	9-12	Spanish textbooks can be purchased at the following website: https://klettwl.com/store/content/islandpacificacademy	—



SUNRISE KIDS & EXTENDED DAY PROGRAMS POLICIES & PROCEDURES (GRADES K-8)

MORNING SUPERVISED STUDY

Sunrise Kids 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 Navigator Center

Drop off begins at 6:30am. Please walk your child(ren) into the elementary school building Navigator Center 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 2026-2027 School Year: Tuition is per child (10% discount offered for additional siblings). See Registration Form for payment information. There will be no refunds after the first day of school.

Aug-May: \$2000

No services offered May Day, holidays or breaks

Emergency Services:

Emergency Drop in services are available. 24 hour notice is required and will be charged a fee of \$20 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.

Program Hours:

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

Wednesday: 2:15pm - 5:30pm

Fee for 2026-2027 School Year: Tuition is per child 10% discount offered for additional siblings). See Registration Form for payment information. There will be no refunds after the first day of school.

Until 5:30pm - \$2500 (Grades K-8)

K-8 is \$230/month and can be added monthly as needed on Campbrain

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: April 30, 2027



SUNRISE KIDS AND EXTENDED DAY REGISTRATION (GRADES K-8)

PAYMENT INFORMATION

For registration please visit the CampBrain Website:
Registration for the 2026-2027 SY will open July 20, 2026.

CampBrain Website:
<https://ipauxiliary.campbrainregistration.com/>

Payment can be made on the website and broken down with installments as well. If you have any questions please reach out to Mr. Zachary Faulkner at zfaulkner@ipahawaii.org.

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

CampBrain is the authorized registration and payment system for Sunrise Kids, Extended Day Programs and drop in services. Payment will be completed at the time of registration.

Questions? Contact Ms. Katie Marko at kmarko@ipahawaii.org or Mr. Zachary 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 12, 2026.

- 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:

- Emailed to healthroom@ipahawaii.org
- Fax: (808) 674-3526
- Turned into the IPA Health Room in person Monday-Friday, 8a - 4p

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 the start of their 7th grade year. Failure to complete requirements after notices have been issued may result in exclusion from school attendance. Please review following requirements below:

- 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
 - Below are the additional immunizations required for 7th grade:
 - TDAP (Tetanus-Diphtheria-Pertusis)
 - HPV (Human Papillomavirus)
 - MCV (Meningococcal Conjugate)
- Religious/Medical Exemptions
 - If you would like to decline immunizations for your student an exemption form must be signed and emailed to the IPA Health Room. If exemptions forms are needed please reach out to our IPA Health Room for further assistance.

Additional information can be found at the [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 12, 2026.

For your convenience, forms may either be:

- Emailed to healthroom@ipahawaii.org
- Fax: (808) 674-3526
- Turned into the IPA Health Room in person Monday-Friday, 8a - 4p

For questions or clarification, please contact healthroom@ipahawaii.org or call (808) 674-3415.



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 2026-2027 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:

- Emailed to healthroom@ipahawaii.org
- Fax: (808) 674-3526
- Turned into the IPA Health Room in person Monday-Friday, 8a - 4p

Should you have any questions, please email 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
Negative TB Risk Assessment	Date: ____ / ____ / ____	
Negative test for TB infection	Date: ____ / ____ / ____	
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						
	Date						
HPV	Type						
	Date						
Other	Type						
	Date						

Physician, APRN, PA or Clinic _____



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.

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Does this person have significant TB symptoms? Significant symptoms include <u>cough for 3 weeks or more</u>, plus at least one of the following:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Coughing up blood</td> <td style="width: 33%;"><input type="checkbox"/> Fever</td> <td style="width: 33%;"><input type="checkbox"/> Night sweats</td> </tr> <tr> <td><input type="checkbox"/> Unexplained weight loss</td> <td><input type="checkbox"/> Unusual weakness</td> <td><input type="checkbox"/> Fatigue</td> </tr> </table>	<input type="checkbox"/> Coughing up blood	<input type="checkbox"/> Fever	<input type="checkbox"/> Night sweats	<input type="checkbox"/> Unexplained weight loss	<input type="checkbox"/> Unusual weakness	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Coughing up blood	<input type="checkbox"/> Fever	<input type="checkbox"/> Night sweats					
<input type="checkbox"/> Unexplained weight loss	<input type="checkbox"/> Unusual weakness	<input type="checkbox"/> 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

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>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.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Has this person traveled to (or lived in) a country with an elevated TB rate for four weeks or longer?</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>At any time has this person been in contact with someone with <i>infectious TB disease</i>? (Do not check “Yes” if exposed only to someone with latent TB)</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>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)</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>For persons under age 16 only: Is someone in the child’s household from a country with an elevated TB rate?</p>

Provider Name with Licensure/Degree: Assessment Date:	Person's Name and DOB: 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:**

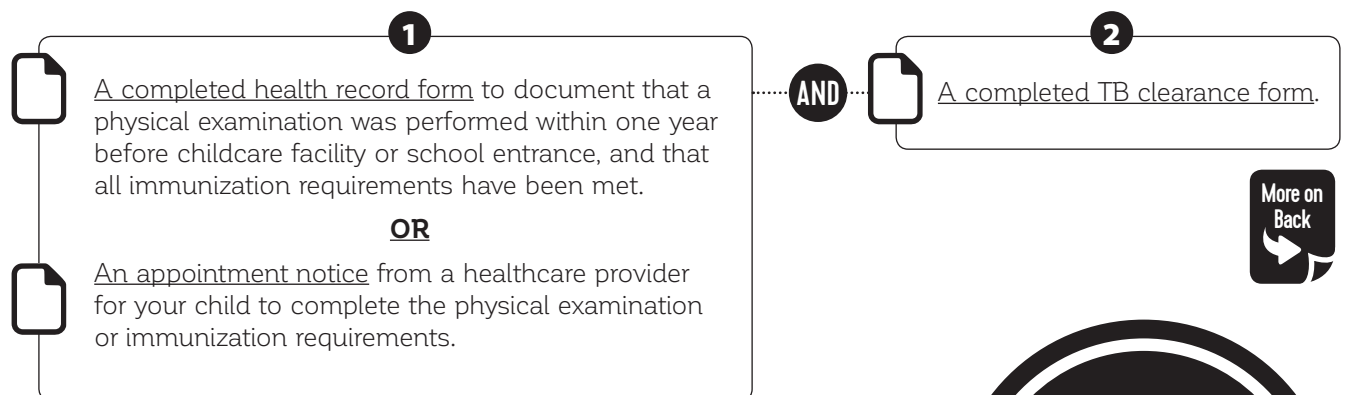
Immunizations are required for childcare facility and school attendance. Required immunizations depend on the age of the child (childcare or preschool) or grade of the student. All immunizations must meet minimum age and interval requirements between vaccine doses.
- 3 Tuberculosis (TB) Clearance:**

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.





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

Child's Name

Specify Illness

- 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.

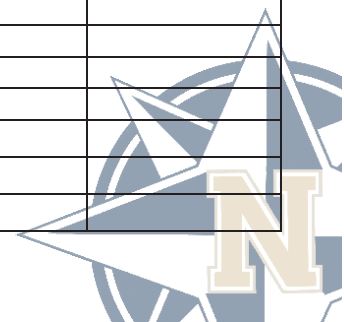
The student and parent/guardian hereby consent to the release of medical information by physician to school to obtain information regarding the medical history, records of injury or surgery, serious illness, and rehabilitation results of the student from his/her physician(s). We understand that the purpose 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			



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"/>
10. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>	34. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has anyone in your family died for no apparent reason?	<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"/>
12. Does anyone in your family have a heart problem?	<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"/>
13. Has any family member or relative died of heart problems or of sudden death before age 50?	<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"/>
14. Has a family member died while exercising?	<input type="checkbox"/>	<input type="checkbox"/>	38. Do you have any hearing problems?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does anyone in your family have Marfan Syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	39. Do you have a hearing device?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	40. Do you have a family member with hearing problems?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever had surgery?	<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"/>
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"/>	42. Have you had any problems with your eyes or vision?	<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"/>	43. Do you wear glasses or contact lenses?	<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"/>	44. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	45. Are you happy with your weight?	<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"/>	46. Would you like to lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	47. Would you like to gain weight?	<input type="checkbox"/>	<input type="checkbox"/>
24. Has a doctor ever told you that you have asthma or wheezing?	<input type="checkbox"/>	<input type="checkbox"/>	48. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
EXPLAIN "YES" answers here: (Add additional pages if necessary)			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"/>
			52. Do you have a history of multiple or long nosebleeds?	<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"/>
			FEMALES ONLY		
			54. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
			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

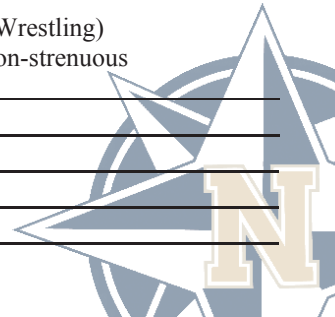
Reason not cleared: _____

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, Timmy T's, and Popeye's.

Lunch menus and online ordering platforms for the 2026-27 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 your division Office Managers.



K-12 T-SHIRT ORDERS

Show Your School Spirit!

FOR STUDENTS AND OHANA IN GRADES K-12

We have two optional shirts for purchase for our K-12 students and families! Purchase is encouraged, but optional. Students should wear a school uniform on the established t-shirt days if they do not have these shirts or the standard Where Values Matter T-shirt.

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.

Shirts are only printed when pre-ordered and ordering is available for a limited time. Orders are being accepted through **Friday, August 28th**. 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>



Test marketed last summer, these dri-fit long sleeve Where Values Matter shirts were a hit! Serving as a rash guard, these are perfect for UV protection on sunny days outside or layering indoors during Where Values Matter T-Shirt days.

Shirts are only printed when pre-ordered and ordering is available for a limited time. Orders are being accepted through **Friday, September 11th**. When ordering, please add your child's name and grade level.

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





ISLAND PACIFIC ACADEMY

SCHOOL CALENDAR 2026-2027

WHERE VALUES MATTER

JULY 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	

AUGUST 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					

SEPTEMBER 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			

OCTOBER 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

NOVEMBER 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					

DECEMBER 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		

JANUARY 2027						
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 2027						
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 2027						
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 2027						
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 2027						
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 2027						
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			

JULY

- 3 - INDEPENDENCE DAY - **SCHOOL CLOSED**
- 31 - NEW PARENT RECEPTION

AUGUST

- 3 - FIRST DAY FOR FACULTY
- 7 - MEET & GREET (GR. K-5)
- 10 - NEW STUDENT ORIENTATION (GR. 6-12)
- 12 - FIRST DAY OF SCHOOL (GR. K-12)
- 21 - STATEHOOD DAY - **SCHOOL CLOSED**
- 27 - BACK TO SCHOOL NIGHT (GR. 6-12)

SEPTEMBER

- 7 - LABOR DAY - **SCHOOL CLOSED**
- 11 - BACK TO SCHOOL NIGHT (GR. K-5)
- 13 - IPA FOUNDER'S DAY
- 14 - FALL ENRICHMENT BEGINS

OCTOBER

- 3 - OPEN HOUSE
- 8 - IPA GIVES BACK (GR. 6-12)
- 9 - FACULTY PROFESSIONAL DEVELOPMENT DAY - **NO CLASSES**
- 12 - INDIGENOUS PEOPLES' DAY - **SCHOOL CLOSED**
- 13-16 - FALL BREAK - **NO CLASSES**
- 24 - IPAPA FALL FESTIVAL

NOVEMBER

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

DECEMBER

- 4 - HO'IKE NIGHT
- 11 - FALL ENRICHMENT ENDS
- 18 - FIRST SEMESTER ENDS (GR. K-12)
- 21-23 - WINTER BREAK - **NO CLASSES**
- 24-JAN 1 - WINTER BREAK **SCHOOL CLOSED**

JANUARY

- 4 - FACULTY PROFESSIONAL DEVELOPMENT DAY - **NO CLASSES**
- 5 - SCHOOL RESUMES, SECOND SEMESTER BEGINS (GR. K-12)
- 18 - MARTIN LUTHER KING JR. DAY - **SCHOOL CLOSED**
- 25 - SPRING ENRICHMENT BEGINS

FEBRUARY

- 15 - PRESIDENTS DAY - **SCHOOL CLOSED**

MARCH

- TBD - SPRING PLAY PRODUCTION
- TBD - SPIRIT WEEK (GR. K-12)
- 19-25 - SPRING BREAK - **NO CLASSES**
- 26 - GOOD FRIDAY - **SCHOOL CLOSED**
- 29 - KUHIO DAY - **SCHOOL CLOSED**

APRIL

- 8-9 - PARENT CONFERENCES - **NO CLASSES**
- 9 - ANNUAL GOLF TOURNAMENT
- TBD - SPRING MUSIC FESTIVAL (GR. 9-12)
- 16 - SPRING ENRICHMENT ENDS
- 23 - MAKE A DIFFERENCE DAY (MADD) (GR. 6-12)
- 30 - LĀ MEI CELEBRATION (EARLY DISMISSAL FOLLOWING PROGRAM)

MAY

- 5 - ART SHOW (GR. K-12)
- 21 - IPA COMMENCEMENT
- 21 - FACULTY PROFESSIONAL DEVELOPMENT DAY - **NO CLASSES**
- 27 - LAST DAY OF SCHOOL
- 31 - MEMORIAL DAY - **SCHOOL CLOSED**

JUNE

- 3 - LAST DAY FOR FACULTY
- 11 - KAMEHAMEHA DAY - **SCHOOL CLOSED**
- 14 - SUMMER ENRICHMENT BEGINS
- 18 - JUNETEENTH - **SCHOOL CLOSED**

IPA SPECIAL EVENTS
 CAMPUS EVENT

HOLIDAYS/SCHOOL CLOSED

CALENDAR SUBJECT TO CHANGE
REV. 03/31/26