

## MOANALUA HIGH SCHOOL CO-CURRICULAR CLUB PERMISSION FORM

NAME OF CLUB: Math Team ADVISOR: Mr. Jason Nagaoka

**SCHOOL YEAR:** 2020 to 2021

| (NOTE: All information below is for the   | ne advisor only and will not be shared between club members.)  |
|---|--|
| Name of student:  | Grade:   |
| Student's Email Address:  | (Please PRINT clearly!)  |
|   | (Please PRINT clearly!)  |
| Student's Cell Number:  | Parent's Cell Number:  |
| Parent's Name/Relationship: _   |  |
| Parent's Email Address (option  | nal):  |
|   | (Please PRINT clearly!)  |
| Home Address:   | Apt. #:  |
| City:   | State: HAWAII Zip Code:  |
| Club Dues (non-refundable after   | er August membership drive period): \$ 0.00  |
| I fully understand that this is<br>such as service projects on o<br>required as part of being a mer<br>will take all necessary preca-<br>necessary forms for my permi | ny son/daughter to be a member of the club listed above. a voluntary co-curricular club and that certain activities or off campus and during or after school hours MAY be in good standing. I also understand that the advisor utions when club activities are happening and that all ssion, if needed for projects, will be provided in a timely by check, make it out to: MOANALUA HIGH SCHOOL.) |
|   | Date:  |
| (Parent's Signature)  |  |

## MOANALUA HIGH SCHOOL MATH TEAM CONTACT INFORMATION FORM

Please print neatly and accurately. Resubmit this form if there are any changes or updates.

## STUDENT INFORMATION (USE ONE BLOCK PER LETTER/NUMBER)

| Last Name  |   |       |       |       |                   |       |                  |                           |                   |       |       |        |       |        |        |        |              |        |      |      |       |       |     |      |       |        |       |     |
|--|---|-------|-------|-------|-------------------|-------|------------------|---------------------------|-------------------|-------|-------|--------|-------|--------|--------|--------|--------------|--------|------|------|-------|-------|-----|------|-------|--------|-------|-----|
|  |   |       |       |       |                   |       |                  |                           |                   |       |       |        |       |        |        |        |              |        |      |      |       |       |     |      |       |        |       |     |
| Firs   | First Name  |       |       |       |                   |       |                  |                           |                   |       |       |        |       |        |        |        |              |        |      |      |       |       |     |      |       |        |       |     |
|  |   |       |       |       |                   |       |                  |                           |                   |       |       |        |       |        |        |        |              |        |      |      |       |       |     |      |       |        |       |     |
| Pre  | Preferred Name or Pronunciation Guide                                       |       |       |       |                   |       |                  |                           |                   |       |       |        |       |        |        |        |              |        |      |      |       |       |     |      |       |        |       |     |
|  |   |       |       |       |                   |       |                  |                           |                   |       |       |        |       |        |        |        |              |        |      |      |       |       |     |      |       |        |       |     |
| Hor  | Home Phone Cell Phone   |       |       |       |                   |       |                  |                           |                   |       |       |        |       |        |        |        |              |        |      |      |       |       |     |      |       |        |       |     |
|  |   |       |       |       |                   |       |                  |                           |                   |       |       |        |       | _      |        |        |              |        |      |      |       |       |     |      |       |        |       |     |
| Do   | Do you share this cell phone with anybody else (e.g., parent, sibling)? Y N |       |       |       |                   |       |                  |                           |                   |       |       |        |       |        |        | 1      |              |        |      |      |       |       |     |      |       |        |       |     |
|  | -   |       |       |       |                   |       |                  |                           | -                 | -     |       |        |       |        | ,      | 37     |              |        | Υ    |      |       | N     |     |      |       |        |       |     |
| Can I send text messages to your cell phone if necessary?  Y  N  Email Address   |   |       |       |       |                   |       |                  |                           |                   |       |       |        |       |        |        |        |              |        |      |      |       |       |     |      |       |        |       |     |
|  |   |       |       |       |                   |       |                  |                           |                   |       |       |        |       |        |        |        |              |        |      |      |       |       |     |      |       |        |       |     |
| PLEA   | SE PR   | ROVID | E YOL | JR OW | /N PEI            | RSON  | AL EM            | IAIL A                    | DDRE              | SS. D | O NO  | T LIST | A PA  | RENT   | OR S   | IBLING | S'S EN       | /AIL A | DDRE | SS.  |       |       | ı   | ı    |       | ı      |       |     |
| Wh   | at m  | ath o | class | ses a | are y             | ou (  | curre            | ently                     | in?               |       |       |        |       |        |        |        |              |        |      |      |       |       |     |      |       |        |       |     |
| What languages are you fluent in?  |   |       |       |       |                   |       |                  |                           |                   |       |       |        |       |        |        |        |              |        |      |      |       |       |     |      |       |        |       |     |
|  |   |       |       |       |                   |       |                  |                           |                   |       |       |        |       |        |        |        |              |        |      |      |       |       |     |      |       |        |       |     |
| Wh   | at ex   | trac  | urric | cular | acti              | vitie | s ar             | e yo                      | u in              | volv  | ed ir | า?     |       |        |        |        |              |        |      |      |       |       |     |      |       |        |       |     |
|  |   |       |       |       |                   |       |                  |                           |                   |       |       |        |       |        |        |        |              |        |      |      |       |       |     |      |       |        |       |     |
|  |   |       |       |       |                   |       |                  |                           |                   |       |       |        |       |        |        |        |              |        |      |      |       |       |     |      |       |        |       |     |
|  |   |       |       |       |                   |       |                  |                           |                   |       |       |        |       |        |        |        |              |        |      |      |       |       |     |      |       |        |       |     |
| By signing below, I acknowledge that I am joining the MoHS Math Team for the 2020-2021 school year, and that the contact information provided above will be shared with Mr. Nagaoka and the team captains, but not with other Math |   |       |       |       |                   |       |                  |                           |                   |       |       |        |       |        |        |        |              |        |      |      |       |       |     |      |       |        |       |     |
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| By signing below, I promise that I will try my best to (1) regularly check Jupiter Ed for updates from Mr. Nagaoka; (2) study independently and attend team practices whenever possible; (3) complete all online forms in a timely |   |       |       |       |                   |       |                  |                           |                   |       |       |        |       |        |        |        |              |        |      |      |       |       |     |      |       |        |       |     |
| ma   | nner  | to ir | dica  | ate n | ny <sup>*</sup> a | vaila | bility           | y an                      | d pr              | efer  | ence  | e for  | OM    | L co   | ompe   | etitio | ns; a        |        |      |      |       |       |     |      |       | rtatio |       |     |
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| STUDENT NAME (PRINT)   |   |       |       |       |                   |       |                  | _                         | STUDENT SIGNATURE |       |       |        |       |        |        |        |              |        | _    | DATE |       |       |     |      |       |        |       |     |
|  |   |       |       |       |                   |       | 5.552m districte |                           |                   |       |       |        |       |        |        |        | ··- <b>-</b> |        |      |      |       |       |     |      |       |        |       |     |
| PARENT/GUARDIAN NAME (PRINT)   |   |       |       |       |                   |       | =                | PARENT/GUARDIAN SIGNATURE |                   |       |       |        |       |        |        | _      | DATE         |        |      |      |       |       |     |      |       |        |       |     |