

JOSH GREEN, M.D.  
GOVERNOR



KEITH T. HAYASHI  
SUPERINTENDENT

**STATE OF HAWAII**  
**DEPARTMENT OF EDUCATION**  
**KA 'OIHANA HO'ONA'AUAO**  
P.O. BOX 2360  
HONOLULU, HAWAII 96804

OFFICE OF CURRICULUM AND INSTRUCTIONAL DESIGN

March 13, 2023

TO: Complex Area Superintendents  
High Schools Principals  
Student Activities Coordinators

FROM: Teri Ushijima, Ed.D.  
Assistant Superintendent

SUBJECT: **Hawaii State Student Council Representatives for SY 2023-2024**

The Hawaii State Student Council (HSSC) is requesting your assistance in identifying one student from every public high school to serve as a council representative. Schools may designate their President, Vice President, or other school-wide student government leader.

The student will serve from June 1, 2023 to May 31, 2024, and will be expected to participate in statewide meetings held on Saturdays, holidays, and during school breaks from 9 a.m. - 5 p.m. at sites on Oahu. The Student Activities Program will provide transportation for neighbor island representatives. Oahu representatives will need to arrange for their own transportation.

The selected student must complete and submit the "Hawaii State Student Council - School Representative" form by email to [tiffany.frias@k12.hi.us](mailto:tiffany.frias@k12.hi.us) no later than **Friday, May 19, 2023**.

Should you have any questions, please contact Ms. Tiffany Frias, Educational Specialist for the Student Activities Program, at (808) 305-9774 or via email at [tiffany.frias@k12.hi.us](mailto:tiffany.frias@k12.hi.us).

TU:tf  
Attachments

c: Superintendent  
Assistant Superintendents



STATE OF HAWAII  
DEPARTMENT OF EDUCATION

Distribution for overnight or off-island travel:  
Original - Chaperone: 1 copy each to principal & parent

**Parent/Legal Guardian Authorization for  
Student Participation and Travel**

This completed form and payment (if applicable) are due on or before:  
May 19, 2023 to HSSC Advisor  
 (Date) (Advisor/Teacher)

Permission is requested for your child to participate in the following:

Activity: HSSC Meetings & Activities for SY23-24 School: \_\_\_\_\_

Organization: Hawaii DOE Place: TBD

Teacher/Advisor: HSSC Advisor Dates: TBD Times: 9 am - 5 pm

Mode of Transportation: Oahu - On your own a. Transportation... (\$ \_\_\_\_\_ 0)  
Neighbor Island - commercial airlines & chartered b. Entrance Fee..... (\$ \_\_\_\_\_)  
bus or car driven by HSSC chaperone(s) c. Other Costs..... (\$ \_\_\_\_\_)  
 d. Total Cost..... (\$ 0.00)

**Parental Permission**  
(To be completed by Parent/Legal Guardian)

Name of Student: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Check as appropriate: (Please include relationship)

- My son/daughter has permission to attend the above activity.
- My son/daughter DOES NOT have permission to attend the above activity.

**Medical Insurance Coverage**

- My child has medical coverage with: \_\_\_\_\_  
 (Name of plan, e.g., HMSA, Kaiser, Military, etc.)
- My child is not covered by any medical insurance plan.

**Private Vehicle Usage**

- My son/daughter may drive to the activity alone. (Form BO-4, "Application for Use of Private Vehicle to Transport Students" must be completed and attached to this form.)
- My son/daughter may ride in a vehicle driven by an adult to the activity.

I grant permission for the above named student to participate in the activity/activities listed above, and to travel by private or commercial car, bus, train, airplane, and other means of transportation as required. I further give permission to travel by the mode indicated above. I release the State from liability resulting from the use of other than school vehicles pursuant to HRS 286-181.

In the case of illness or injury to above named student, I hereby consent to and authorize such treatment as deemed necessary, and agree to pay for such medical and dental costs if incurred.

\_\_\_\_\_  
 Print or Type Parent's/Legal Guardian's Name

\_\_\_\_\_  
 Parent's/Legal Guardian's Signature

\_\_\_\_\_  
 Date

**Teacher Acknowledgment for Student Travel**  
(To be completed by subject teachers, if applicable)

Please sign below to acknowledge that the above student will be missing class because of the activity mentioned above. He/She understands that all class work shall be made up at **YOUR** convenience.

Home Room: \_\_\_\_\_ Period 4: \_\_\_\_\_  
 Period 1: \_\_\_\_\_ Period 5: \_\_\_\_\_  
 Period 2: N/A Period 6: \_\_\_\_\_  
 Period 3: \_\_\_\_\_ Period 7: \_\_\_\_\_



State of Hawaii  
Department of Education

Student Publication/Audio/Video  
Release Form

*This form supersedes all previous Student Permission to Videotape/Record, Reproduce Work and Student Publication/Audio Release Forms.*

*Note: This form does not apply to the creation or use of digital or print media of students for research purposes, including post-secondary degree requirements. For more information visit: <http://bit.ly/HIDOEdata-research>.*

In order to protect a student's rights to privacy as outlined in the Family Educational Rights and Privacy Act (FERPA) and the Protection of Pupil Rights Amendment (PPRA), parents/guardians or eligible students (those aged 18 or over) are being asked to give the Hawaii State Department of Education (HIDOE) permission to create or use digital or print media of the student's name, voice, likeness or images of student work for the purposes described in this form.

I hereby give my permission to HIDOE to create or use the media described above of my child (if parent/guardian) / me (if eligible student) or my child's / my work — which may include, but are not limited to, video and audio recordings, photographs, and images — for the following legitimate educational purposes:

- Publication on HIDOE websites or in print or other digital media (see back page for examples)
- HIDOE staff professional development, including peer and advisory observations
- HIDOE training, including but not limited to preparation programs

I understand that the distribution of these media may include print, online, or digital media, and open-circuit broadcast, closed-circuit, or cable television transmission within or outside of the State of Hawaii.

I understand that there will be no compensation, financial or otherwise, by HIDOE for its use of these media, either for initial or subsequent transmission or playback.

I understand that granting permission includes a potential risk of loss of privacy. I hereby release HIDOE from any liability resulting from or connected with the creation or use of these media.

I understand that permission is granted for the life of the media. I release all interest in the media for which I am giving permission.

I understand that I may withdraw my permission at any time without any negative consequences by submitting a written statement to my child's/my school. I understand that withdrawing consent will not affect my child's/my standing in school, nor any publication or work using these media which has already been produced.

Please check one:

<p><b>Yes, I agree to the provisions above and HIDOE has</b>      OR</p>	<p><i>my permission to create or use digital or print media of my child's/my name voice likeness or images of my child's/my work exclusively educational purpose stated below.</i></p>
<p><b>No, HIDOE does not have</b></p>	

*Form is valid for the purpose occurring on the date(s) as stated below:*

Student's Name (Please Print)	Parent/Guardian/Eligible Student Name (Please Print)
School	Signature of Parent/Guardian/Eligible Student
Purpose or Event	Date(s) of Activity
Purpose or Event <i>cont'd.</i>	

## Student Publication/Audio/Video Release

By providing Hawaii Department of Education (HIDOE) your permission, the student's names and/or likenesses, photo, video, and/or audio may be used in HIDOE school-related publication print and analog/digital media.

Examples of HIDOE- or school-related publications, include but are not limited to:

- A playbill, showing the student's role in a drama production
- Name and picture in the annual yearbook
- Honor roll or other recognition lists and programs
- Graduation programs and announcements
- Sports activity programs or sheets, such as for wrestling, showing weight and height of student
- School newsletters
- Audio and video recording capturing those memorable moments, such as graduation ceremonies and May Day and other holiday programs or school events
- Student photographs for classroom, teacher, school, and HIDOE use
- Officially recognized activities and events (such as running for student body office, prom court, etc.)
- Third-party vendors or organization participation (i.e. Lion's Club sponsored contest, photograph of students, news media coverage of the event/activity, etc.)

Hawaii student teachers participating in educator preparation programs and staff in professional development courses within the HIDOE may have access to student work and/or other student publications during the course of their studies.

By checking "Yes" and signing the Student Publication/Audio/Video Release Form, parents, guardians, and eligible students provide permission for the publication item(s) as described in the front under "Purpose" for HIDOE non-commercial and/or educational purposes.

By checking "No" and signing the Student Publication/Audio/Video Release Form, HIDOE and school will not publish or display the student's photo, names, their school work, and any recordings related to the "Purpose" described in the front.

If parent, guardians, or eligible students do not turn in the signed release form or the form is signed but neither the "yes" or "no" boxes are checked, HIDOE or the school will return the form to be completed in full. School is required to make every reasonable attempt to notify the parent/guardian or eligible student of the activity and to obtain signature and consent.

**HAWAII STATE STUDENT COUNCIL  
School Representative for SY 2023-2024**

High School: \_\_\_\_\_ District: \_\_\_\_\_

Legal Name: \_\_\_\_\_  
*First Last*

Date of Birth: \_\_\_\_\_ Male or Female: \_\_\_\_\_  
*\*Required for air travel.*

2023-2024 School Leadership Position: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Current Cumulative GPA: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_  
*Street City Zip Code*

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Medical Needs: \_\_\_\_\_ Dietary Restrictions: \_\_\_\_\_

**Emergency Contact Information**

Name of Parent/Guardian: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Name of Student Activities Coordinator: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email Address: ( ) \_\_\_\_\_

I certify that the information on this application is correct.

\_\_\_\_\_  
*Applicant's Signature* *Date*

I affirm that the applicant is a student in good standing at my school and that the above is correct to the best of my knowledge.

\_\_\_\_\_  
*Principal's Signature* *Date*

\_\_\_\_\_  
*Student Activities Coordinator's Signature* *Date*

I am aware of the responsibilities of the Hawaii State Student Council (HSSC) Representatives. I consent to my child/ward serving as a member of the HSSC. I understand that if he/she is selected, he/she will be attending HSSC General Meetings and other HSSC Committee activities throughout the school year.

\_\_\_\_\_  
*Parent/Legal Guardian Signature* *Date*

**Deadline: Please send by email to [tiffany.frias@k12.hi.us](mailto:tiffany.frias@k12.hi.us) by Friday, May 19, 2023.**

