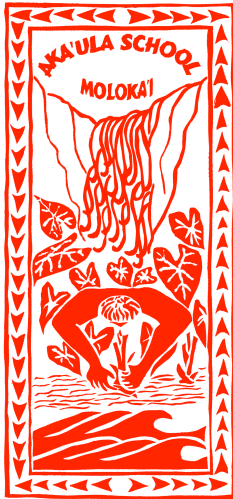


Applying for Grade \_\_\_\_\_

School Year \_\_\_\_\_

Applicant's Legal Name \_\_\_\_\_  
Last First Middle



# AKA'ULA SCHOOL

**LEARNING AND LEADING TOGETHER**

## **Application for Admission**

A non-refundable fee of \$25 is required with this application.

For office use only:

Application fee paid: \_\_\_\_\_ cash \_\_\_\_\_ check # \_\_\_\_\_

Date and time application and fee received: \_\_\_\_\_

Application #: \_\_\_\_\_ Received by: \_\_\_\_\_

P. O. Box 2098, Kaunakakai, HI 96748 Phone: (808)567-6980 Fax: (808)442-9393

Please type or print clearly:

Applicant's Legal Name \_\_\_\_\_  
Last First Middle

Nickname/Preferred Name \_\_\_\_\_ Gender:  Male  Female

Grade Applying For: \_\_\_\_\_ School Year: \_\_\_\_\_

For grant writing purposes circle all that apply: Hawaiian/Part Hawaiian Native American

Birthdate: \_\_\_\_\_ Birthplace \_\_\_\_\_

**Where would you like correspondence sent regarding this application?**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Please list all school attended from preschool through present. Start with current school.**

Years attended	Grades	Name of School	City, State, Zip
_____ to _____	_____	_____	_____
_____ to _____	_____	_____	_____
_____ to _____	_____	_____	_____
_____ to _____	_____	_____	_____

Has the applicant repeated or skipped a grade? Yes No Grade: \_\_\_\_\_

Explain: \_\_\_\_\_

**Person(s) responsible for legal or medical decisions regarding applicant:**

	Name	Relationship to Applicant
1)	_____	_____
2)	_____	_____

Address (if different from mailing address): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please provide the following information even though the applicant's natural parents may be separated, divorced, or deceased, or the child may be living with legal guardian:**

**Biological Father**

Name \_\_\_\_\_

Living?      Yes    No                      City/State of residence \_\_\_\_\_

If separated, does the father have legal visitation rights? \_\_\_\_      contact with the child? \_\_\_\_

Employer \_\_\_\_\_ Business phone: \_\_\_\_\_

Last year of education completed: \_\_\_\_\_

Name of high school attended: \_\_\_\_\_

Name of college attended: \_\_\_\_\_

Community organizations to which you belong: \_\_\_\_\_

**Biological Mother**

Name \_\_\_\_\_

Living?      Yes    No                      City/State of residence \_\_\_\_\_

If separated, does the mother have legal visitation rights? \_\_\_\_      contact with the child? \_\_\_\_

Employer \_\_\_\_\_ Business phone: \_\_\_\_\_

Last year of education completed: \_\_\_\_\_

Name of high school attended: \_\_\_\_\_

Name of college attended: \_\_\_\_\_

Community organizations to which you belong: \_\_\_\_\_

**Guardians or Step-Parent**

Name \_\_\_\_\_

Living?      Yes    No                      City/State of residence \_\_\_\_\_

Do biological parents have legal visitation rights? \_\_\_\_      contact with the child? \_\_\_\_

Employer \_\_\_\_\_ Business phone: \_\_\_\_\_

Last year of education completed: \_\_\_\_\_

Name of high school attended: \_\_\_\_\_

Name of college attended: \_\_\_\_\_

Community organizations to which you belong: \_\_\_\_\_

**Please list the applicant's activities, hobbies and talents (including awards) in art, athletics, dance, drama, music, speech, student government, etc.**

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**Please list the applicant's strengths:** \_\_\_\_\_

**Please list the applicant's weaknesses:** \_\_\_\_\_

**Please list the applicant's brothers and sisters:**

Name	Age	Grade	School or College
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please list any significant details that would be considered important to the applicant's school life (e.g. extensive family travel, physical handicaps, health problems, learning disabilities).**

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**Parent Response: Why are you interested in your child attending Aka`ula School?**

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**Student Response: Why are you interested in attending Aka`ula School?**

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\_\_\_\_\_  
**Signature of Student**

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

\_\_\_\_\_  
**Signature of Parent or Guardian**