

**OFFICE USE ONLY****HI'ILEI**Confirmation Date: _____
Enrollment Date: _____**Palapala Noi Komo
Application for Admissions****Student Information**Legal Last Name: _____ Gender: Male Female
Legal First Name: _____ Date of Birth: _____
Middle Initial: _____ Preferred Name: _____ Place of Birth: _____

Ethnic Background (choose all that apply)

 Native American / Alaskan Native Asian African American
 Hawaiian Hispanic / Latino Other Pacific Islander
 White Other: _____Language(s) spoken at home: _____ English Proficiency: Fluent Needs Assistance

Home Address: _____

Mailing Address: _____

Parent Marital Status: Married Separated Divorced Widowed Single
Student lives with: Both Parents Father Mother Other: _____Prior School Experience: Yes No Name of School: _____
Address: _____ Phone Number: _____**Parent / Guardian Information**

Father's / Guardian's Name: _____

Address (if different from student) _____

Phone number: _____ E-mail Address: _____

Occupation: _____ Employer: _____

Employer Address: _____ Business Phone: _____

Ethnic Background (choose all that apply)

 Native American / Alaskan Native Asian African American
 Hawaiian Hispanic / Latino Other Pacific Islander
 White Other: _____

Mother's / Guardian's Name: _____

Address (if different from student) _____

Phone number: _____ E-mail Address: _____

Occupation: _____ Employer: _____

Employer Address: _____ Business Phone: _____

Ethnic Background (choose all that apply)

 Native American / Alaskan Native Asian African American
 Hawaiian Hispanic / Latino Other Pacific Islander
 White Other: _____

Younger and older siblings? _____
Schools attending? _____

Student History

Does your child have any physical health concerns of which the school should be aware? Yes
 No

If yes, please specify: _____

Describe any medical situation or physical limitations which would help us work more effectively with your child in the classroom: _____

Will you be receiving financial assistance? No Yes, with _____

I wish to have my child attend Kūlaniākea because: _____

What are your long-term educational goals for your child?
 Public / Charter Private Immersion

How did you hear about us? _____

KŪLANIĀKEA INCLUDES HAWAIIAN LANGUAGE AND CULTURAL VALUES AS FUNDAMENTAL PARTS OF ITS PROGRAM.

IN COMPLIANCE WITH THE AMERICAN DISABILITIES ACT (ADA), OUR SCHOOL ACCEPTS CHILDREN WITH DISABILITIES WITHIN REASONABLE BOUNDARIES AS SET FORTH IN THE GUIDELINES.

Application Process

Please submit a completed application with a \$25.00 non-refundable application fee along with a (1) photo of keiki and (1) photo of keiki with 'ohana to the address below.

Kūlaniākea – Admissions
P. O. Box 4732
Kāne'ohe, HI 96744

Within ten (10) days of receiving confirmation of your keiki's enrollment, please submit a non-refundable enrollment fee of \$250.00.

I understand that openings are available on a first come, first served basis, and that Kūlaniākea will contact me by telephone when an opening becomes available.

Parent / Guardian Signature **Date**

Parent / Guardian Print **Date**