

**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**Makua #1 / 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: _____Makua #2 / 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: _____

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**