

Applying for Grade _____

School Year _____

Applicant's Legal Name _____
Last First Middle



“... an environment where confidence and independence are instilled in every child.”

Application for Admission

1067A California Avenue, Wahiawa, HI 96786
Phone: (808) 621-1898 Fax: (808) 622-3615 Website: www.hoalaschool.org

\$50.00 Non-Refundable
Application Fee Paid: _____

Please type or print clearly.

Applicant's Legal Name: _____
Last First Middle

Usually Called: _____
Nickname/Preferred Name

Grade Applying For: _____

School Year: _____

Male Female

Birthdate _____

Birthplace _____

*If you have a recent photo,
please attach it here.
Though the photo will not influence our
decision, associating a face
with a name does help us
remember the applicant
during the enrollment process.*

This photo is optional.

Parent/Guardian Information: Please use preferred name and address for all correspondence regarding this application.

Name: _____ Relationship to Applicant: _____

Street Address: _____ Best Phone: _____

City/State: _____ Zip: _____

Email Address: _____

Has the applicant ever applied to Ho`āla? _____ Year? _____ Grade? _____

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

| Years Attended | Grades | Name of School | City, State, Zip |
|------------------|--------|----------------|------------------|
| _____ to present | _____ | _____ | _____ |
| _____ to _____ | _____ | _____ | _____ |
| _____ to _____ | _____ | _____ | _____ |
| _____ to _____ | _____ | _____ | _____ |
| _____ to _____ | _____ | _____ | _____ |

Has the applicant repeated or skipped a grade? _____ Grade: _____

Explain: _____

Why have you chosen Ho`āla School for your child?

Applicant lives with (check all that apply): Both Parents Father Mother Parent & Step Parent
 Guardian(s)/Other _____

List any alternate living arrangements: _____
For example: Applicant stays with dad on weekends, etc.

Is the applicant legally adopted? _____ If yes, at what age? _____

Hawai`i residency: _____ Permanent _____ New _____ Temporary

If new/temporary, approximate date of arrival: _____ Length of stay: _____

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

Please list the applicant's brothers and sisters:

| Name | Age | Grade | School or College |
|------|-----|-------|-------------------|
|------|-----|-------|-------------------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Please list parents, siblings or other close relatives who have previously attended Ho`āla School:

| Name | Relationship | Dates of Attendance |
|------|--------------|---------------------|
|------|--------------|---------------------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please list any important details that would be considered important to the applicant's school life (e.g. health problems, learning disabilities, physical limitations, medications, significant event, etc.)

(Any information provided will be held in strict confidence. If pertinent information is not revealed, it may affect our ability to properly evaluate or support your child's learning experience.)

Please provide the following additional information regarding the applicant's parents/guardians (A&B):

Parent/Guardian A - Name: _____

Best Phone: _____ Email: _____

Employer (firm or organization): _____ Occupation: _____

Business Phone: _____

Please circle highest level of education: - High School - Some College - 2yrs - 4yrs - Advanced Degree: _____

Community Organizations: _____

Parent/Guardian B - Name: _____

Best Phone: _____ Email: _____

Employer (firm or organization): _____ Occupation: _____

Business Phone: _____

Please circle highest level of education: - High School - Some College - 2yrs - 4yrs - Advanced Degree: _____

Community Organizations: _____

Other Significant Caregiver, Family Member or Guardian:

Name: _____ Relationship to Applicant: _____

Employer (firm or organization): _____ Occupation: _____

Best Phone: _____ Email: _____

Community Organizations: _____

Date

Signature of Parent or Guardian