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
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 _________________________________________________________

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.

<table>
<thead>
<tr>
<th>Years Attended</th>
<th>Grades</th>
<th>Name of School</th>
<th>City, State, Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ to present</td>
<td>_____</td>
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</tbody>
</table>

Has the applicant repeated or skipped a grade? _______________________ Grade: ______________________

Explain: ____________________________________________________________________________
Why have you chosen Hoʻāla 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?_______

Hawaiʻi 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 Hoʻāla 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

Ho`āla School does not discriminate on the basis of race, color or creed.