



1067 A California Avenue, Wahiawa, Hawai'i 96786
Phone: (808) 621-1898 Fax: (808) 622-3615
www.hoala.org

PRE-ADMISSION PARENT SURVEY

CHILD'S
NAME _____ DATE _____

Name of person filling out this form _____

Relationship to child: Mother/Guardian

To understand your goals for your child as he/she enters Ho`ala School, we'd like your input. Please complete the survey questions on both sides of this form.

1. Regarding school, what do you want for your child? (academically, physically, emotionally, socially)

(OVER)

The mission of Ho`ala School is to provide students with a safe and stimulating environment that encourages the development of mutual respect, sense of belonging and a passion for learning.

