

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](http://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?**

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**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.:**

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**Please list the applicant's brothers and sisters:**

Name	Age	Grade	School or College
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Name	Relationship	Dates of Attendance
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_____	_____	_____
_____	_____	_____

**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.)**

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(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