

1067 A California Avenue, Wahiawa, Hawai`i 96786 Phone: (808) 621-1898 Fax: (808) 622-3615 www.HOALASCHOOL.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 a your input. Please complete the survey o	•

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

(OVER)



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2.	Of the ideas you listed above, which are most important to you?
3.	Regarding school, what do you see as your child's present strengths and challenges?
4.	Anything else?