



Application Form

Select Campus: MAUI KAUA'I KONA LANA'I 'OAHU

Today's Date ____ / ____ / ____

Grade Level Applying For _____

Child's Full Name _____
 (Please Print Legibly) First Middle Last

Date of Birth _____ Gender (M / F) _____ Age _____

Who has legal custody of student:

Both Parents Mother ONLY Father ONLY Guardian Other: _____

Who is the child living with:

Both Parents Mother ONLY Father ONLY Guardian Other: _____

Home Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____
 (If Different)

Primary Email Address _____

Mother's Name _____
 (Please Print Legibly) First Middle Initial(s) Last

Home Address _____ City _____ State _____ Zip _____

Home# _____ Work# _____ Cell# _____ Employer _____

Father's Name _____
 (Please Print Legibly) First Middle Initial(s) Last

Home Address _____ City _____ State _____ Zip _____

Home# _____ Work# _____ Cell# _____ Employer _____

Last school attended: _____ School Year _____

Reason for leaving: _____

OFFICIAL USE ONLY

DATE RCVD _____ SY ____ / ____
 INTERVIEW DATE _____ @ ____ : ____
 INTERVIEWED BY _____

START DATE: _____
 REG R#: _____
 COMP R#: _____
 REC RCVD: _____

Check 2 factors most influencing you to apply to:

- Christian Environment/Philosophy
 Desire to attend a private school
 Location
 Displeasure with public schools
 Academic Reputation
 Other: _____

How did you hear about our school? _____

Home Church: _____ Pastor: _____

Is your child accustomed to daily bible reading and prayer in the home? Yes No
 Are you willing to help your child memorize Bible verses? Yes No

How often does your family attend church?
 Once per week
 Twice a month
 Occasionally
 Not at this time

How long have you attended your present church? _____ Name: _____

Has your child ever been evaluated for:
 Learning Disability
 Behavioral Issues
 Hearing Problem
 Vision Problem
 Psychiatric/Psychosocial Problems
 I.E.P

Please explain any items you have checked:

Has your child ever been subject to any major discipline actions (suspension/expulsion) from a prior/current school? Yes No

If yes, please explain:

Please indicate any health or emotional concerns of which the school should be aware of:

Extra and co-curricular interests, achievements, musical instruments, etc.:

FINANCIAL PAYMENTS

Who will handle financial payments: Father
 Mother
 Guardian
 Other: _____

Name: _____ Phone: _____ Home Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____