



Application for Enrollment

School Year 2017 – 2018

*You must submit a separate application
for each child applying.*

Office Use Only

Received _____ Date: _____ At: _____
Enrolled _____ Date: _____
School Tour: Y N Date _____
Orientation Mtg: Y N Date _____
Wait List # _____ SY17-18 Grade _____
Call Notes:

1. STUDENT INFORMATION

Child's Name: _____
(First) (Middle) (Last)

Child's Preferred Name/Nickname: _____ Gender: Male Female

Date of Birth: ____ / ____ / ____ Grade child will be entering in School Year 2017-18: _____

Child's Primary Language: _____ Language spoken at home: _____

Child's Home Address: _____ City, State, Zip: _____

Child's Mailing Address: _____
(If different from Home Address above)

2. 'OHANA INFORMATION

Mother

Birth Mother Step Mother Adoptive Mother

Name: _____ Lives with child? Y N

Mailing Address: _____ City, State, Zip: _____

Phone Number: _____
(Home) (Cell) (Work)

Email: _____ Occupation: _____

Father

Birth Father Step Father Adoptive Father

Name: _____ Lives with child? Y N

Mailing Address: _____ City, State, Zip: _____

Phone Number: _____
(Home) (Cell) (Work)

Email: _____ Occupation: _____



Guardian / Other

Relationship to child:

Name:

Lives with child? Y N

Mailing Address:

City, State, Zip:

Phone Number:

(Home)

(Cell)

(Work)

Email:

Occupation:

Brothers and Sisters

| Name | Grade | Current School | Applying to MHPCS? | |
|------|-------|----------------|--------------------|---|
| | | | Y | N |
| | | | Y | N |
| | | | Y | N |

3. SCHOOL HISTORY

Please list all of the schools the student has attended, beginning with the current school year.

| School Name | City, State (Country) | Years Attended | Grades |
|-------------|-----------------------|----------------|--------|
|-------------|-----------------------|----------------|--------|

4. ADDITIONAL COMMENTS

We welcome any additional thoughts or comments you would like to share with us about your child.

The following information is optional, but helpful to MHPCS in its outreach efforts. Mahalo.

How did you hear about our school? (please circle) Website / Friend / MHPCS family

Other:



5. VERIFY AND SIGN

Mahalo for taking the time to fill out this application in its entirety. Please read the following release and sign below:

I understand that signing and submitting this form does not guarantee my child’s admission into the school.

I understand the deadline for RECEIPT of applications is **Friday, March 31, 2017 at 4pm**, and that only complete, original applications will be considered. If there are more applicants than space available for any given grade, a lottery will be held for applicants of that grade level.

I understand that if my child is offered a spot at MHPCS:

1. The offer must be accepted within the time period described within the offer letter.
2. I agree to submit all required enrollment documents (i.e. health examination and immunization records) by the date set by MHPCS and indicated in the offer letter.
3. Failure to meet these deadlines may result in withdrawal of the offer for enrollment by MHPCS.

The information I have provided on this application is true to the best of my knowledge. I understand that if any information on this application is incorrect or omitted, MHPCS has the right to revoke the enrollment offer to my child.

I understand the information on this application is confidential and will not be shared beyond Mālama Honua Public Charter School.

Print Name of Parent/Guardian:

Signature of Parent/Guardian:

Date:

PLEASE RETURN COMPLETED APPLICATION TO:

Mālama Honua Public Charter School
41-054 Ehukai Street
Waimānalo, HI 96795

Tel: 808-259-5522

Fax: 808-259-5525

Email: info@malamahonuapcs.org

Mālama Honua Public Charter School does not discriminate on the basis of race, color, religion, national or ethnic origin, gender, age, or disability in administration of its educational or admission policies, other School administered programs, or in its employment practices.