

Kahili Adventist School

PO Box 480 P Lawai P HI P 96765-0480
2-4035 Kaumualii Highway P Koloa P Kauai P Hawaii
Office 808-742-9294 P Fax 808-742-6628
Email mail@kahiliedu.org P Website www.kahili.org



ELEMENTARY APPLICATION

Complete both sides of this form.

STUDENT INFORMATION

Name _____
(Last First Middle Nickname)

Birth Date ____/____/____ Entering Grade _____ Ethnic Background:
Age in ____yrs ____mos Gender _____ _____ Asian _____ Hawaiian
_____ Hispanic _____ Am Indian
_____ Pacific Islander
Birth Place _____ _____ Black American
(Town, State, Country) _____ White American
Social Security Number _____ _____ Other _____

Verification of Birthdate () Birth Certificate () Hospital Statement
() Notarized Statement () Passport or Visa
Church Affiliation _____ Baptized SDA?/ Year _____

Contact: Home _____ Cellular _____ Email _____

Address 1

Mailing (PO or Street) City State Zip

Address 2

Physical (if different from above) City State Zip

PARENTAL INFORMATION

Student is living with...
____ Mom & Dad _____ Single Parent _____ Guardians _____ Grandparents

Parent 1
(Mr.) (Ms.) (Mrs.) (Dr.) _____ Work Phone _____
Occupation _____ Work Place _____
(Employer/Company Name)
Social Security Number _____

Parent 2
(Mr.) (Ms.) (Mrs.) (Dr.) _____ Work Phone _____
Occupation _____ Work Place _____
(Employer/Company Name)
Social Security Number _____

PREVIOUS SCHOOL INFORMATION

School Name _____ Mailing Address _____ City _____ State _____ Zip _____
(Continue on reverse side)

TRANSPORTATION INFORMATION

Main method of transportation to and from school:

() School bus () Parent () Passenger with _____

General area for school bus pickup:

() Anahola () Kapahi () Wailua () Hanama'ulu
() Lihue () Lihue () Puhi () Oma'o
() Koloa () Po'ipu () Lawa'i () Kalaheo
() Ele'ele () Hanapepe () Kaumakani () Makaweli
() Waimea () Kekaha () Other _____

Please name the intersection nearest your home. _____

OTHER CHILDREN IN FAMILY

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

FINANCIAL INFORMATION

Indicate the person who will be responsible for the financial account of the applying student.

Name Mailing Address City State Zip

Telephone number _____

OPTIONAL INFORMATION

How did you learn about Kahili Adventist School? () Friend () Relative
() Advertisement () Website () Directory () Other _____

What is your reason for wanting you child to attend Kahili Adventist School?

PLEDGE OF SUPPORT AND COOPERATION

It is understood that every student who applies for admission to Kahili, here by pledges to observe willingly to all its regulations, maintain a positive attitude, and uphold the Christian principles upon which this school is founded.

Please read the above statement before signing.

(Signature of student applicant)

(Date)

I agree to accept responsibility for this student by – ensuring that his/her account be kept current; cooperating with the teacher and the student in making certain that assignments are completed in a timely manner, working together with the school should problems that arise that needs to be solved; and to support the school in upholding its Christian and moral principles.

(Signature of parent/guardian)

(Date)

FOR OFFICE USE ONLY

Application received ___/___/___

Fee received ___/___/___

Records received ___/___/___

Application fee \$ _____

Acceptance Date ___/___/___

Entry Date ___/___/___

Check # _____

Credit Card _____

Debit Card _____