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 Reapplication

Applying for 2007 – 2008 School Year

Please circle grade applying for 1 2 3 4 5 6 7 8

STUDENT INFORMATION

Name _____
(Last First Middle Nickname)

Birth Date ____/____/____ Place of Birth _____ SSN _____

Telephones: Home _____ Cellular _____ Email _____

Indicate only if there are changes to the following:
Address 1

_____
Mailing (PO or Street) City State Zip

Address 2

_____
Physical (if different from above) City State Zip

TRANSPORTATION INFORMATION

Main method of transportation to and from school:
( ) School bus _____ ( ) Parent ( ) Passenger with _____

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 _____

PLEDGE OF SUPPORT AND COOPERATION

Please read the following statement before signing.

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.

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 student applicant) (Date)

_____ _____
(Signature of parent/guardian) (Date)

For office use

Application received ___/___/___ Application fee $ _____ Fee Received on ___/___/___
Check # _____ Credit Card _____ Acceptance Date ___/___/___

2007