

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



Application for Admission

Please complete both sides of this form print using a black or blue pen.

Applying for school year 20____ - 20____
 Grade applying for 9 10 11 12 (circle grade will be entering)

Name of Applicant _____			
(Last	First	Middle	Nickname)
Mailing Address			
_____ Mailing (PO or Street)	_____ City	_____ State	_____ Zip
Physical Address			
_____ Street (if different from above)	_____ City	_____ State	_____ Zip
Email Address _____			
Telephones: Home _____ Cellular _____ Fax _____			

Sex	Birth Date	Age	Birth Place
() Male	____/____/____	_____	_____
() Female			(Town, State, Country)
Ethnic Background		Social Security Number	
____ Asian	____ Hawaiian	_____	
____ Hispanic	____ American Indian		
____ Pacific Islander	____ Black American		
____ White American	____ Other (specify) _____		

Religious Affiliation	
Are you a baptized Seventh-day Adventist?	
____ Yes	____ No Baptized SDA?/ Year _____ Church _____
Mode of Transportation	
() Bus	Pick-up location _____
() Passenger	with whom _____
() I will drive	Color/year of car _____
	Make/model of car _____
Please submit copies of your insurance card, driver's license and car registration for the school.	

What is your Career Goal? _____

Questionnaire

Has this student been previously identified as qualifying for a gifted educational program?
Please provide documentation. () Yes () No
If so, what kind? _____ When _____
Where? _____ By Whom? _____
Has this student been previously identified as qualifying for a special education program?
Please provide documentation. () Yes () No
If so, what kind? _____ When _____
Where? _____ By Whom? _____
Have you been dismissed or asked to be withdrawn from any school? () Yes () No
Have you been denied admission to any school? () Yes () No
If you answered yes in any of the questions above, please explain: _____

List all of the schools you have attended

- (1) _____ Grades _____ to _____
- (2) _____ Grades _____ to _____
- (3) _____ Grades _____ to _____
- (4) _____ Grades _____ to _____

Parental Information
Whom are you living with? _____
Parent 1
Name _____
Mailing Address _____
(If different from applicant's)
Occupation _____ Employer _____
Social Security Number _____
Marital Status () Married () Separated () Divorced () Single Parent
Parent 2 (include maiden name)
Name _____
Mailing Address _____
(If different from applicant's)
Occupation _____ Employer _____
Social Security Number _____
Marital Status () Married () Separated () Divorced () Single Parent

Responsibility and Obligation

While recognizing that all persons differ individually, culturally, and spiritually, we at Kahili Adventist School is dedicated to upholding Christian principles in keeping with high ethical and moral values. Students who apply should understand that enrollment is granted to those who desire to actively support the principles and values of the school when submitting this signed application.

Agreement of Applicant

I agree to abide by the standards, policies, rules and regulations of the school as outlined in the handbook. I understand that my enrollment status may be affected by violation of this agreement.

Signature of applicant _____ Date _____

Agreement of Parent/Guardian

I agree to abide by the standards, policies, rules and regulations of the school as outlined in the handbook. I understand that the applicant's enrollment status may be affected by violation of this agreement. I accept responsibility of all financial obligations accrued for this applicant.

Signature of parent/guardian _____ Date _____

Application received ___/___/___	FOR OFFICE USE ONLY	gb2007
Check # _____	Application fee \$ _____	Fee Received on ___/___/___
	Credit Card _____	Acceptance Date ___/___/___