

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



High School Reapplication

Please print.

Applying for school year 2007 – 2008

Grade applying for _____

Name of Applicant _____			
(Last	First	Middle	Nickname)
<i>Indicate only if there are changes to the following:</i>			
Mailing Address			
_____	_____	_____	_____
Mailing (PO or Street)	City	State	Zip
Physical Address			
_____	_____	_____	_____
Street (if different from above)	City	State	Zip
Contact: Home _____ Cellular _____ Email _____			

Mode of Transportation	
<input type="checkbox"/> Bus	Pick-up location _____
<input type="checkbox"/> Passenger	with whom _____
<input type="checkbox"/> 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? _____

What college are you thinking of attending when you leave Kahili? _____

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.

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