



Kahili Adventist School

Mailing Address:

P O Box 1147 Kapaa, HI P 96746

Phone: 808-346-8320

Email kahilnews@gmail.com

"Growing Hearts and Hands for Jesus"

Physical Address:

4-1132 Kuhio Highway
Kapaa Kauai Hawaii

Elementary School Application

Applying for 20__ - 20__ School Year

Shirt Size: _____

STUDENT INFORMATION

Name _____

Last

First

Middle

Nickname

Birth Date ____ / ____ / ____

Entering Grade _____

Age in ____ yrs ____ mos

Gender _____

Birth Place _____

(Town, State, Country)

Ethnic Background:

____ Asian

____ Hispanic

____ Pacific Islander

____ Black American

____ White American

____ Hawaiian

____ Am Indian

Other _____

Verification of Birthdate () Birth Certificate () Hospital Statement
() Notarized Statement () Passport or Visa

Church Affiliation _____ If baptized SDA, year of baptism _____

Phone: 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 _____ Grandparent(s)

Parent 1

(Mr.) (Ms.) (Mrs.) (Dr.) _____ WorkPhone _____

Occupation _____ Work Place _____
(Employer/Company Name)

Parent 2

(Mr.) (Ms.) (Mrs.) (Dr.) _____ Work Phone _____

Occupation _____ Work Place _____
(Employer/Company Name)

PREVIOUS SCHOOL INFORMATION

School Name _____ Mailing Address _____ City _____ State _____ Zip _____

TRANSPORTATION INFORMATION

Main method of transportation to and from school:

☐ School bus ☐ Parent ☐ Passenger with _____

General area for school bus pickup:

<input type="checkbox"/> Anahola	<input type="checkbox"/> Kapahi	<input type="checkbox"/> Wailua	<input type="checkbox"/> Hanama'ulu
<input type="checkbox"/> Lihue	<input type="checkbox"/> Lihue	<input type="checkbox"/> Puhi	<input type="checkbox"/> Oma'o
<input type="checkbox"/> Koloa	<input type="checkbox"/> Po'ipu	<input type="checkbox"/> Lawa'i	<input type="checkbox"/> Kalaheo
<input type="checkbox"/> Ele'ele	<input type="checkbox"/> Hanapepe	<input type="checkbox"/> Kaumakani	<input type="checkbox"/> Makaweli
<input type="checkbox"/> Waimea	<input type="checkbox"/> Kekaha	<input type="checkbox"/> 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 ____/____/____	Application fee \$ _____	Check # _____
Fee received ____/____/____	Acceptance Date ____/____/____	Credit Card _____
Records received ____/____/____	Entry Date ____/____/____	Debit Card _____