



Student History

Does your child have any physical health concerns of which the school should be aware? \_\_\_ No \_\_\_ Yes

If yes, please specify \_\_\_\_\_

Describe any medical situation or physical limitation which would help us work more effectively with your child in the classroom \_\_\_\_\_

How did you learn about Kawaiaha'o 'o Church School? \_\_\_\_\_

Will you be receiving financial assistance? \_\_\_ No \_\_\_ Yes with \_\_\_\_\_

I wish to have my child attend Kawaiaha'o Church School because \_\_\_\_\_

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KAWAIAHA'O CHURCH SCHOOL, A MINISTRY OF KAWAIAHA'O CHURCH, INCLUDES CHRISTIAN EDUCATION AND HAWAIIAN LANGUAGE AND CULTURAL VALUES AS FUNDAMENTAL PARTS OF ITS PROGRAM.

IN COMPLIANCE WITH THE AMERICAN DISABILITES ACT (ADA), OUR SCHOOL ACCEPTS CHILDREN WITH DISABILITIES WITHIN REASONABLE BOUNDARIES AS SET FORTH IN THE GUIDELINES.

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Application Procedure:

- ❖ Submit completed application form with application fee
- ❖ Schedule appointment for parent observation
- ❖ Submit non-refundable registration fee within ten (10) days of confirmation of child's enrollment

Please submit this application to Kawaiaha'o Church School, 872 Mission Lane, Honolulu, HI 96813 with a \$50.00 non-refundable application fee. I understand openings are available on a first come, first served basis and that Kawaiaha'o Church School will contact me by telephone when an opening becomes available.

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*Parent/Guardian Signature*

*Date*

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*PRINT Parent/Guardian Name*