



KŪLANIĀKEA

OFFICE USE ONLY

CONFIRMATION DATE _____
 ENROLLMENT DATE: _____

Palapala Noi Komo/Application for Admissions

School Year Applying for: _____

PLEASE COMPLETE

Student _____
 Last Name First Name M Preferred Name

Gender: ___ Male ___ Female _____
 Birth date Age Place of Birth

Ethnic background: American Indian/Alaska Native Asian Black/African
 American
 Hispanic/Latino Native Hawaiian Other Pacific Islander White Other

_____ English Proficiency ___ Fluent ___ Needs Assistance
 Language(s) spoken at home

Home/Address

Street City State/Zip Code Home Phone

Mailing/Address _____
 Street City State/Zip Code Home Phone

Parent Marital Status ___ Married ___ Separated ___ Divorced ___ Widowed ___ Single

Student lives with ___ Both Parents ___ Mother ___ Father ___ Other _____

Previous School Experience _____

Kūlaniākea Student Application

April 2019

Parent/Guardian Information**Father's Name**

Last	First	Cell Number
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Ethnic background: American Indian/Alaska Native Asian Black/African American
 Hispanic/Latino Native Hawaiian Other Pacific Islander White Other

Address

If different from student's home address

Occupation	Employer Street Address	City	State/Zip Code	Business Phone
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E-mail Address
Mother's Name

Last	First	Cell Number
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Ethnic background: American Indian/Alaska Native Asian Black/African American
 Hispanic/Latino Native Hawaiian Other Pacific Islander White Other

Address

If different from student's home address

Occupation	Employer Street Address	City	State/Zip Code	Business Phone
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E-mail Address

 Kūlaniākea Student Application

April 2019

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.

Will you be receiving financial assistance? ___ No ___ Yes, with _____

I wish to have my child attend Kūlaniākea because _____

KŪLANIĀKEA INCLUDES HAWAIIAN LANGUAGE AND CULTURAL VALUES AS FUNDAMENTAL PARTS OF ITS PROGRAM.

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

Kūlaniākea Student Application

April 2019

Application Procedure:

- Submit completed application form with application fee
- Schedule appointment for parent observation
- Submit non-refundable enrollment fee of \$200 within ten (10) days of confirmation of child's enrollment

Please submit this application to Kūlaniākea, 117 N. Judd St. Honolulu, HI 96817 with a \$25.00 non-refundable application fee. I understand openings are available on a first come, first served basis and that Kūlaniākea will contact me by telephone when an opening becomes available.

Parent/Guardian Signature

Date

PRINT Parent/Guardian Name

Kūlaniākea Student Application

April 2019