

Ka'ahumanu Hou Christian School

Phone: 808-871-2477 Fax: 808-871-5668, Email: office@khcsmaui.com

Date ____/____/____ Grade applying for: ____ Age ____ Birthdate ____/____/____

Child's Full Name _____ Gender M / F
First Middle Last

Who has legal custody of student?

- ☐ Both Parents
- ☐ Mother only
- ☐ Father only
- ☐ Guardian
- ☐ Other _____

Who is the child living with?

- ☐ Both Parents
- ☐ Mother only
- ☐ Father only
- ☐ Guardian
- ☐ Other _____

Home Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Primary Parent Email _____

Mother's Name _____

First Middle Last
Home Address _____ City _____ State _____ Zip _____

Home # _____ Work # _____ Cell # _____ Employer _____

Father's Name _____

First Middle Last
Home Address _____ City _____ State _____ Zip _____

Home # _____ Work # _____ Cell # _____ Employer _____

Last School Attended _____

Reason For Leaving _____

Has your child ever been subject to any major discipline actions (suspension/expulsion) from a prior/current school? **Yes** **No**

If yes, please explain: _____

Check 2 factors most influencing you to apply:

- ☐ Christian Environment/Philosophy
- ☐ Desire to attend a private school
- ☐ Displeasure with public schools
- ☐ Other: _____

How did you hear about our school? _____

Is your child accustomed to daily Bible reading and prayer in the home? **Yes** **No**

Are you willing to help your child memorize Bible verses? **Yes** **No**

How often does your family attend church? (circle)

Once a week **Twice a month** **Occasionally** **Not at this time**

How long have you attended your present church? _____

Home Church _____ Pastor _____

Has your child ever been evaluated for:

- ☐ Learning disability
- ☐ Behavioral issues
- ☐ Hearing problem
- ☐ Vision problem
- ☐ Psychiatric/Psychosocial problems
- ☐ I.E.P.

Please explain any items you have checked: _____

Please indicate any health or emotional concerns the school should be aware of: _____

List the student's interests, achievements, musical instruments, sports, etc.: _____

Who will handle financial payments? Father Mother Guardian Another Person

Name: _____ Cell: _____ Home Phone: _____

Mailing Address _____ City _____ State _____ Zip _____

Parent/Guardian Signature _____ Date ____/____/____