



# APPLICATION FOR ADMISSION

## KO'OLAU BAPTIST ACADEMY

45-633 Keneke Street/Box 1642 • Kaneohe, Hawaii 96744 • Phone 808-233-2900

[www.koolaubc.org](http://www.koolaubc.org)

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ Sex:  Male  Female  
First: \_\_\_\_\_ Middle I: \_\_\_\_\_ Goes By: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Church Attending: \_\_\_\_\_ Applying for School Year: \_\_\_\_\_ - \_\_\_\_\_ Grade to Enter: \_\_\_\_\_  
Previous School: \_\_\_\_\_ Phone # \_\_\_\_\_  
School Address: \_\_\_\_\_  
Average Report Card Grades (for grades 3-12)  
Circle one: A B C D F

### FAMILY INFORMATION - PARENT/GUARDIAN #1

Mr./Mrs./Ms./Miss/Rev./Dr. \_\_\_\_\_  
Please Circle one Last Name First Name  
Home Address \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Relation to Student: \_\_\_\_\_ Lives with student: (Y/N) \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Cell # \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Address: \_\_\_\_\_

### PARENT/GUARDIAN #2

Mr./Mrs./Ms./Miss/Rev./Dr. \_\_\_\_\_  
Please Circle one Last Name First Name  
Home Address \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Relation to Student: \_\_\_\_\_ Lives with student: (Y/N) \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Cell # \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Address: \_\_\_\_\_

Turn over ➡

## MEDICAL/CONTACT INFORMATION

Check the appropriate space if applicant has or has had the following: \_\_\_\_\_

- ADD (Attention Deficit Disorder) \_\_\_\_\_  
 SLD (Specific Learning Disability) \_\_\_\_\_  
 SE (Special Education) \_\_\_\_\_  
 HIV and or HEP B Positive \_\_\_\_\_

List Any medical conditions: \_\_\_\_\_

Emergency contact other than parent/Guardian: \_\_\_\_\_  
Phone # \_\_\_\_\_ Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

## FINANCIAL INFORMATION

Person responsible for bill: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Years of Employment: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

References: \_\_\_\_\_  
Full Name Phone #

\_\_\_\_\_ Full Name Phone #

Military Only  
Branch of service: \_\_\_\_\_ Military Rank: \_\_\_\_\_ Rotation Date: \_\_\_\_\_

## STATEMENT OF RESPONSIBILITY

In case of an accident or serious illness, I (we) request the school to contact me (us). If the school is unable to reach me (us) or any of my emergency contacts listed, I (we) hereby authorize the school to make whatever arrangements are necessary.

I (we) accept the program and policies of Ko'olau Baptist Academy and will be responsible for the payment of all tuition and fees.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE USE ONLY

Application Accept \_\_\_\_\_ Parent I.D. \_\_\_\_\_ Student I.D. \_\_\_\_\_

Application Denied \_\_\_\_\_ Enrolled \_\_\_\_\_

Application Wait \_\_\_\_\_ WIT \_\_\_\_\_ Graduated \_\_\_\_\_

Enrollment Fee \_\_\_\_\_  Curr Fee \_\_\_\_\_  Comp Fee \_\_\_\_\_  Pay Plan: \_\_\_\_\_