



# Application for Enrollment

School Year 2020 – 2021  
Grades K-8

You must submit a separate application  
for each child applying.

## Office Use Only

Received by: \_\_\_\_\_

Date: \_\_\_\_\_ At: \_\_\_\_\_ am / pm

SY 20-21 Grade \_\_\_\_\_

Birth Certificate: Y / N Date \_\_\_\_\_

Proof of Residency: Y / N Date \_\_\_\_\_

Call Notes:

## 1. STUDENT INFORMATION

Child's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Child's Preferred Name/Nickname: \_\_\_\_\_ Gender:  Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade child will be entering in School Year 2020-2021: \_\_\_\_\_

Child's Primary Language: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Child's Mailing Address: \_\_\_\_\_  
(If different from Home Address above)

## 2. 'OHANA INFORMATION

### Mother

Birth Mother  Step Mother  Adoptive Mother

Name: \_\_\_\_\_ Lives with child?  Y  N

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
(Home) (Cell) (Work)

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

### Father

Birth Father  Step Father  Adoptive Father

Name: \_\_\_\_\_ Lives with child?  Y  N

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
(Home) (Cell) (Work)

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_



**Guardian / Other**

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Lives with child?  Y  N

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
(Home) (Cell) (Work)

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Brothers and Sisters**

Name	Grade	Current School	Applying to MHPCS?
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N

**3. SCHOOL HISTORY**

Please list all of the schools the student has attended, beginning with the current school year.

School Name	City, State (Country)	Years Attended	Grades
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**4. ADDITIONAL COMMENTS**

We welcome any additional thoughts or comments you would like to share with us about your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The following information is optional, but helpful to MHPCS in its outreach efforts. Mahalo.**

How did you hear about our school? (please circle) Website / Friend / MHPCS family

Other: \_\_\_\_\_



## 5. VERIFY AND SIGN

Mahalo for taking the time to fill out this application in its entirety. Please read the following release and sign below:

I understand that signing and submitting this form does not guarantee my child's admission into the school.

I understand the deadline for RECEIPT of applications is **Tuesday, March 31, 2020 at 4pm**, and that only complete, original applications will be considered. If there are more applicants than space available for any given grade, a lottery will be held for applicants of that grade level.

I understand that if my child is offered a spot at MHPCS:

1. The offer must be accepted within the time period described within the offer letter.
2. I agree to submit all required enrollment documents (i.e. health examination and immunization records) by the date set by MHPCS and indicated in the offer letter.
3. Failure to meet these deadlines may result in withdrawal of the offer for enrollment by MHPCS.

The information I have provided on this application is true to the best of my knowledge. I understand that if any information on this application is incorrect or omitted, MHPCS has the right to revoke the enrollment offer to my child.

I understand the information on this application is confidential and will not be shared beyond Mālama Honua Public Charter School.

Print Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### PLEASE RETURN COMPLETED APPLICATION TO:

Mālama Honua Public Charter School  
41-054 'Ehukai Street  
Waimānalo, HI 96795

Tel: 808-259-5522  
Fax: 808-259-5525  
Email: [admissions@malamahonuapcs.org](mailto:admissions@malamahonuapcs.org)

*Mālama Honua Public Charter School does not discriminate on the basis of race, color, religion, national or ethnic origin, gender, age, or disability in administration of its educational or admission policies, other School administered programs, or in its employment practices.*