STATE OF HAWAI`I
Ke Ana La`ahana
Public Charter School

Mailing Address: P.O. Box 4997, Hilo, HI 96720
Phone: 808-961-6228
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Request for Application

Expectations Interview with Parent and child is required

Students Legal Name:_____
(As it appears on the Birth Certificate) Last First Middle

Birthdate:_____

Mailing Address:_____
Number & Street or P.O. Box City State Zip Code

Home Address:_____
(If different from mailing address)

School student currently attends:_____

Number of years at current school: _____ Current Grade: _____ Grade Applying For: _____

Family Information:

Circle appropriate description: ***Birth father*** ***Stepfather*** ***Adoptive father*** ***Legal Guardian***

Last Name:_____ First Name:_____

Occupation:_____ Employer: _____

Cell Phone:_____ Email: _____

Circle appropriate description: ***Birth mother*** ***Stepmother*** ***Adoptive mother*** ***Legal Guardian***

Last Name:_____ First Name:_____

Occupation:_____ Employer:_____

Cell Phone:_____ Email:_____

*****I hereby certify that all information I have supplied on this entire application is true and correct to the best of my knowledge and I agree to furnish information if required.*****

_____ _____
Father/Legal Guardian Signature Date

_____ _____
Mother/Legal Guardian Signature Date