



APPLICATION FOR ADMISSION

KO'OLAU BAPTIST ACADEMY

45-633 Keneke Street/Box 1642 • Kaneohe, Hawaii 96744 • Phone 808-233-2900
Academy.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 _____ email: _____
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 _____ email: _____
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 _____ Kindergarten Approved _____
- Application Denied _____ Enrolled Date: _____
- Application Wait _____ Form Letter Date: _____
- Enrollment Fee _____ Comp Fee Elem: _____ Comp Fee H.S. _____