



APPLICATION FOR ADMISSION

KO'OLAU BAPTIST ACADEMY

45-633 Keneke Street • 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) **Attach current year report card**
Circle one: A B C D F

PARENT/GUARDIAN - PRIMARY CONTACT #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) _____ Primary Contact # _____

Status: Married Single Divorced Widow(er) Other _____ Occupation: _____ Work Phone # _____
Circle one

Place of Employment: _____

Address: _____

PARENT/GUARDIAN - SECONDARY CONTACT #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) _____ Primary Contact # _____

Status: Married Single Divorced Widow(er) Other _____ Occupation: _____ Work Phone # _____
Circle One

Place of Employment: _____

Address: _____

- [] Mail school information to secondary if different from primary address

Turn over ➡

MEDICAL/ACADEMIC LEARNING DISABILITIES

Check the appropriate space if applicant has or has had the following: _____

ADD (Attention Deficit Disorder) _____

SLD (Specific Learning Disability) _____

SE (Special Education) _____

IEP Attach Diagnosis and Assessment _____

Social Disorders Describe: _____

List Any medical conditions: _____

FINANCIAL INFORMATION

Person responsible for bill: _____

Place of Employment: _____ Years of Employment: _____

Phone: _____ Address: _____

Work 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 _____ Enroll Date: _____

Application Wait _____ Form Letter Date: _____

Enrollment Fee _____ Comp Fee Elem: _____ Comp Fee H.S. _____