

HAWAIIAN MISSION ACADEMY WINDWARD CAMPUS

160 Mo'okua Street, Kailua, HI 96734
 Telephone: (808) 261-0565 --- FAX: (808) 262-0915

APPLICATION FOR ADMISSION

Grade applying for _____ School Year _____ - _____

Full Legal Name _____
 (Please Print) Last First Middle Commonly Called

Home Address _____
 Number & Street or Post office box City State Zip

Telephone (_____) _____ Email _____ Soc. Sec. No. _____
 Home Phone If you have

Sex { Male { Female Age _____ Birth date _____ Birthplace _____
 Month/Day/Year City and State Country

<p>Ethnic Background <i>(please check ONLY those that apply)</i> Everybody is multi-ethnic if they look far enough into their past. However, it is helpful if you can indicate which of your ethnic factors is dominant. The general rule? Mark whatever descriptor you most identify with.</p>	<p>{ Amer. Indian { Black { Chinese { Indo-Chinese { Filipino { Korean { Hawaiian { Part-Hawaiian { Samoan { Tongan { White { Portuguese { Spanish { Puerto Rican { Mexican-American { Multi-Ethnic { Other</p>
---	---

Student living with: Father () Mother () Stepfather () Stepmother () Other: _____

	Custodial Male : Father/Guardian/Sponsor	Custodial Female : Mother/Guardian/Sponsor
Name		
Street Address		
City, State, Zip		
Home Phone		
Work Phone		
Cell Phone		
Email		
Occupation		
Employer		
Soc. Sec. No.		
Primary Language		
Religious affiliation		
If SDA, which fellowship?		

Does an Adventist church member sponsor this student? Yes () No ()
 Is this student a baptized member of the Adventist church? Yes () No ()

If yes, indicate the year baptized. _____ Church membership is held: _____

If student has some other church affiliation, specify _____

Person to contact in case of an emergency? _____

Family Physician: _____
 Name Address Phone

Turn over to complete page 2 →

HAWAIIAN MISSION ACADEMY WINDWARD CAMPUS

160 Mo'okua Street, Kailua, HI 96734
Telephone: (808) 261-0565 --- FAX: (808) 262-0915

APPLICATION FOR ADMISSION

School child last attended: _____
School Name and Address

Does the student have an unpaid account at another school? Yes () No () If so, where _____

Name of other children	Sex	Age	Check if living at home	School the child is attending

Name and address of person to whom financial statements are to be sent if different from parent information.

Name	Address	Telephone

How did you hear about Hawaiian Mission Academy Windward Campus?

- { Yellow Pages
- { Newspaper
- { Friend _____
- { Other Source _____

STUDENT CONTRACT: By attending Hawaiian Mission Academy Windward Campus I have chosen to adopt a Christian lifestyle. I agree to accept moral responsibility associated with education in a Christ-centered school; whether on or off campus. I agree to uphold Hawaiian Mission Academy Windward Campus rules and regulations. I pledge my cooperation with and loyalty to the school and its' employees. I will live in harmony with the school's Christian principles.

Student's Signature

Date

PARENT CONTRACT: I understand that Hawaiian Mission Academy Windward Campus is an independent Christian elementary school operated by the Seventh-day Adventist Church. It is dedicated to high ethical and moral values in keeping with Christian principles. Enrollment is granted to those who desire to actively support the aims and values of the school. I have read and agree to the school handbook rules. I will also assume responsibility for the financial obligations of the applicant. I understand and agree that if these financial obligations are not met, that the school may withhold services from the applicant.

Father's Signature

Date

Mother's Signature

Date