



Hawaiian Mission Academy Windward Campus Checklist for Admissions

STEP ONE: THE APPLICATION

- _____ Application completed in full (front & back) and signed
- _____ Birth Certificate (copy)
- _____ Photo Release form
- _____ Consent to Treatment form
- _____ Extended Care Authorization form
- _____ Extended Care Registration form
- _____ Office Directory Card
- _____ Immunization Card (copy)
- _____ Current TB (not more than 6 months old)
- _____ Current Physical Examination - Form 14 (**A current physical exam for all new students entering school and all students who will be entering the 7th grade.**)
- _____ Submit application and registration Fee

STEP TWO: THE ADMISSION ASSESSMENT

- _____ Students entering 1st grade and above will need to take an Assessment testing the cost is \$25.

STEP THREE: FORMS FROM PRESENT SCHOOL

- _____ Confidential Reference forms. Two forms should be given to teachers (at least one teacher from the current school year) and one to an adult known by the student (not a relative). **Complete this form for students applying for grades 1-8.**

STEP FOUR: ACADEMIC RECORDS

- _____ Send a copy of the current report card as soon as it becomes available.

When steps one to four have been completed, your application will be reviewed by the Admissions Committee. If a personal interview is warranted, you will be contacted by our Admissions Office. If you have any questions regarding the application process, please contact Mrs. Maile Olsen at (808) 261-0565 or via e-mail at office@hmawindward.org. Thank you for your application. We look forward to having you on our campus next school year.



HAWAIIAN MISSION ACADEMY WINDWARD CAMPUS

160 Mo'okua Street, Kailua, HI 96734

Telephone: (808) 261-0565

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><input type="checkbox"/> Amer. Indian <input type="checkbox"/> Black <input type="checkbox"/> Chinese <input type="checkbox"/> Indo-Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Hawaiian <input type="checkbox"/> Part-Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tongan <input type="checkbox"/> White <input type="checkbox"/> Portuguese <input type="checkbox"/> Spanish <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Mexican-American <input type="checkbox"/> Multi-Ethnic <input type="checkbox"/> 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

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



Hawaiian Mission Academy Windward Campus

Photo Release

Dear Parent of Guardian,

The education program at Hawaiian Mission Academy Windward Campus is one that students, parents and members of the community can be proud of. Often civic, educational, church, student or other groups are interested in learning about our program or about individual student achievements. For this reason the school often produces and uses photographs and videos for school brochures, school newsletters, school yearbook, church publications and school websites. In addition, newspapers and television and radio stations sometimes feature our classes, students or activities in news stories.

Please sign below to grant your permission to feature your child in such photographs, films or recordings. We appreciate your help presenting students and programs to the community to help others understand and support Christian education, as well as to affirm students for their achievements.

If you sign below that you DO NOT wish your child to be featured in such photographs, films or tapes, we may remove your child from the activity at the time students are being photographed, filmed or recorded, or we will not publish or permit to be published any photo video or recording featuring or identifying your child.

Note: Every student may be visible at some time as a minor and unidentified part of a photo of a large group of students.

Granting Permission

I/we have read and understand the above information. I/we hereby give permission for Hawaiian Mission Academy Windward Campus to photograph, film, zoom, or record classes or activities that include _____ (student) and to use these photographs, films, zoom, or recordings for educational programs and school publications, or to release them to the news media for use in their educational news coverage.

Parent or Legal Guardian

Date

Denying Permission

I/we have read and understand the above information. I/we DO NOT give permission for _____ (student) to be featured in any photographs, films, zoom, or recordings, EXCEPT those initiated below:

____ School annual ____ School newsletter (printed)

____ School website, brochure or video where no part of student's names are included.

Parent or Legal Guardian

Date

For information about photo releases go to: www.puonline.org/article.php?id=nnn

Hawaiian Mission Academy Windward Campus
Reference Form

STUDENTS NAME: _____ GRADE APPLYING FOR: _____

PARENTS NAME: _____ PHONE: _____

Place a postage stamp on the reverse side before giving or mailing one blank to each of these persons: (1) Principal, (2) Teacher, (3) Pastor or Counselor (if one of these is not available, select another church, school or community leader who knows your child well enough to fill out this form.) **Your application cannot be processed until these references have been received.**

INSTRUCTIONS TO REFERENCE PERSON: Please give the applicant a rating on each of the characteristics below. Place a rating number in the extreme right column. If you are unable to make a judgment, place a (?) in the rating column. This information will be kept confidential and will be used only for the purpose of the admissions process. This form will not become part of the student's permanent records and it will not be available for the student's to review.

CHARACTERISTICS	1	2	3	4	RATING #
1. Health	Weak, often incapacitated	Low Vitality	Good, average health	Vigorous health	
2. Personal Appearance	Undesirable	Careless	Neat, clean	Well groomed	
3. Influence Upon Associates	Detrimental	Passive	Helpful	Strong influence for good	
4. Integrity	Dishonest; steals and/or cheats	Questionable at times	Basically honest	Consistently trustworthy and honest	
5. Friendships	No standards or choice	Careless in choice	Usually discriminates	Chooses friends with high standards	
6. Social Relationships	Disliked	Small circle of friends	Generally well liked	Exceptionally	
7. Judgment	Poor sense of values	Jumps to conclusions	Uses good common sense	Uses very good judgment	
8. Reliability/Trustworthiness	Often Irresponsible	Must be supervised	Dependable	Conscientious and reliable	
9. Industry	Lazy	"Gets by"	Works well	Ambitious	
10. Cooperation with students	Self-Centered	Cooperates at times	Cooperative	Good team player	
11. Cooperation with teachers	Self-Centered	Cooperates at times	Cooperative	Good team player	
12. Emotional Stability	Tense, excitable, often loses control	Occasionally over emotional, moody	Fairly well balanced	Self-controlled, serene, happy	
13. Spiritual Interest	Negative	Passive	Participates	Active, leader	
14. Intellectual Ability	Below Average	Average	Above average	Superior	

How long have you known the applicant? _____ In what relationship? _____

To your knowledge, has the applicant used any of the following during the past year?

Alcoholic beverage _____ Yes _____ No
Tobacco _____ Yes _____ No
Illegal drug _____ Yes _____ No

Please note any disciplinary action, censure, suspension, expulsion, arrest or probation: _____

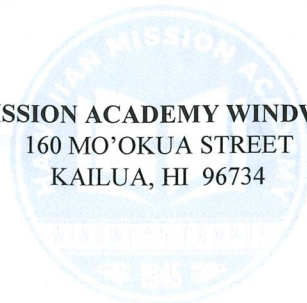
Based on character alone, this applicant is:

Highly recommended Recommended Recommended on probationary basis Not Recommended

Date _____ Signature _____ Position _____

Address _____ Phone # _____

HAWAIIAN MISSION ACADEMY WINDWARD CAMPUS
160 MO'OKUA STREET
KAILUA, HI 96734





Hawaiian Mission Academy Windward Campus CONSENT TO TREATMENT

Only designated staff, such as the school nurse or physician, will have access to the completed form. This form will be stored in a locked file.

This form must be filled out at the beginning of each school year to cover the activities for the school year. A copy of each student's form must be taken on off-campus activities.

Student's Name: _____ Age: _____

Date of Birth: _____ Social Security Number: _____

Address: _____

Parent/Guardian's Name: _____

Father/Guardian _____
Business Phone Cell Phone Social Security Number

Mother/Guardian _____
Business Phone Cell Phone Social Security Number

Please describe allergies to substances and medication: _____

If on regular medication, please specify: _____

Date of last Tetanus shot: _____

Please give the name of your local family physician(s) to be called in case your son or daughter becomes ill or has an accident at school and you cannot be reached.

1. Family Physician: _____ Office telephone: _____

Address: _____

Hospital preference: _____ Telephone: _____

Please give the names of two relatives or friends who have consented to assume the responsibility of your son or daughter in case of illness or accident until you can be reached. In case of any changes in the named persons, notify the school in writing.

1. Name: _____ Telephone: _____

Address: _____

2. Name: _____ Telephone: _____

Address: _____

If emergency service involving medical action or treatment is required and neither the parent nor the family physician can be reached for consent, the parents hereby consent to the rendering of such emergency medical service for the above named student as shall be necessary in the medical opinion of the doctor rendering the service. This authorization is given pursuant to the local state of the civil code.

Signature of Parent of Guardian: _____ Date: _____

**HAWAIIAN MISSION ACADEMY WINDWARD CAMPUS
OFFICE DIRECTORY CARD**

Year: 2022-2023

STUDENT LAST NAME:

First Name:	Middle Name:	Grade:	DOB:	Sex:
First Name:	Middle Name:	Grade:	DOB:	Sex:
First Name:	Middle Name:	Grade:	DOB:	Sex:
Address:		City:	Zip:	

FATHER INFORMATION

Last Name:	First Name:	Home/Cell Phone:
Baptized SDA Church:	Occupation:	Business Phone:

MOTHER INFORMATION

Last Name:	First Name:	Home/Cell Phone:
Baptized SDA Church:	Occupation:	Business Phone:

EMERGENCY INFORMATION

Physician:	Phone:	Hospital:	Phone:
In case of emergency contact:			Phone:

**Hawaiian Mission Academy Windward Campus
Before/After School Care Registration**

_____ Yes, I need extended care for my child/children.

_____ No, I don't need extended care for my child/children. I will pick up my child/children when school gets out. And I understand that Hawaiian Mission Academy Windward Campus will not be held responsible for my child/children if I am not able to pick up my child on time.

_____ Sometimes, I may need extended care for my child/children. I will call or notify the secretary as needed.

Name of child/children: _____

Parent/Guardian Signature

Date

**Hawaiian Mission Academy Windward Campus
Extended Care Pick Up Authorization**

Student's Name: _____ Grade: _____

Parent's Name: _____ Phone: _____

Address: _____
Number & Street Name City Zip

The following persons are authorized to pick up my child from after care:

Name: _____ Phone: _____

Address: _____
Number & Street Name City Zip

Name: _____ Phone: _____

Address: _____
Number & Street Name City Zip

Name: _____ Phone: _____

Address: _____
Number & Street Name City Zip

Parent's Signature

Date