



# 2020 -2021 PRESCHOOL APPLICATION

PO BOX 248 | 4-1065 KUHIO HIGHWAY | KAPAA, HI 96746-0248  
(808) 822-0122 | KAUAIPRESCHOOL.ORG

## STUDENT APPLICANT INFORMATION

Student Applicant's Full Name \_\_\_\_\_  
Last Name First Name Middle Name

Nickname/Goes By \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender  Male  Female

Mailing Address \_\_\_\_\_  
Number Street City State Zip Code

Home Phone (        ) \_\_\_\_\_ - \_\_\_\_\_ Religious Affiliation (*Optional*) \_\_\_\_\_

Current School/Day Care (If applicable) \_\_\_\_\_  
Name City

## FAMILY INFORMATION

Father's/Guardian's Full Name \_\_\_\_\_  
Last Name First Name Middle Name

Mailing Address \_\_\_\_\_  
*(If different from applicant)* Number Street City State Zip Code

Home Phone (        ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (        ) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone (        ) \_\_\_\_\_ - \_\_\_\_\_

Business Address \_\_\_\_\_  
Number Street City State Zip Code

Mother's/Guardian's Full Name \_\_\_\_\_  
Last Name First Name Middle Name

Mailing Address \_\_\_\_\_  
*(If different from applicant)* Number Street City State Zip Code

Home Phone (        ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (        ) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone (        ) \_\_\_\_\_ - \_\_\_\_\_

Business Address \_\_\_\_\_  
Number Street City State Zip Code

Please check the appropriate boxes.

Parents are:  Married  Separated  Divorced  Single  Father Deceased  Mother Deceased

Who has legal custody (*as defined by a court of law*) of the child? (CHECK ALL THAT APPLY)

Father  Mother  Grandparent  Other \_\_\_\_\_

Applicant resides with \_\_\_\_\_ Relationship \_\_\_\_\_

OTHER CHILDREN IN FAMILY

Name	Age	Gender	School/College Attending

Siblings/relatives who have attended All Saints'  
\_\_\_\_\_  
\_\_\_\_\_

QUESTIONS AND COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FINANCIAL RESPONSIBILITY

Name(s) \_\_\_\_\_ Relationship \_\_\_\_\_

A student may have his/her enrollment terminated by the School at any time if it is in the best interest of the student, as determined by the Head of School, to be placed in another learning environment. This may include determination of different learning needs better met elsewhere, behaviors incompatible with success at school, an attendance record of excessive tardiness and/or absences, non-compliance of school policies, or non-payment of tuition.

All Saints' Preschool reserves the right to discontinue enrollment or not re-enroll a student, if the School concludes that the actions of the parents/guardians seriously interfere with All Saint' Preschool's accomplishment of its educational purposes.

\_\_\_\_\_  
Signature of Parent/Guardian Date

A non-refundable application fee of \$50.00 must accompany your application.  
Make check payable to All Saints' Preschool.

Mahalo for applying to our school!