



# FINANCIAL CLEARANCE FORM

**HAWAIIAN MISSION ACADEMY**  
1438 Pensacola Street, Honolulu, Hawaii 96822-3821  
Telephone: (808) 536-2207 - FAX: (808) 524-3294

# B

## To be completed by family

Student name \_\_\_\_\_  
Last First Middle Commonly called

Home address \_\_\_\_\_  
Number & Street City State Zip

Home telephone number (\_\_\_\_) \_\_\_\_\_ Social security number \_\_\_\_\_

Name of parent/sponsor \_\_\_\_\_  
Mr./Mrs./Ms. Last First

Address of parent/sponsor \_\_\_\_\_  
(if different from student's) Number & Street City State Zip

Social security number \_\_\_\_\_

Your child's current school \_\_\_\_\_ Years attended \_\_\_\_\_ - \_\_\_\_\_

Do you have an outstanding balance?  Yes  No If yes, what is the balance? \$ \_\_\_\_\_

Have you made any arrangements to settle your account?  Yes  No

If yes, what are the arrangements? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## To be completed by current school's accountant

THIS STUDENT'S ACCOUNT:

YOUR ACCEPTANCE OF THIS STUDENT IS:

is cleared, or a suitable plan is being followed.

recommended

is delinquent and no plans are in place.

not recommended

COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ Telephone number: \_\_\_\_\_

**Send these four items to the attention of Director of Admissions at the address shown above.**

Accountant