



CONFIDENTIAL ADMINISTRATOR'S REPORT

HAWAIIAN MISSION ACADEMY

1438 Pensacola Street, Honolulu, Hawaii 96822
Telephone: (808) 536-2207 - FAX: (808) 524-3294

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--- This form is for use only during the admissions process and will be destroyed thereafter. ---

To be completed by family

Student's current grade level 8 9 10 11 12

Name of student _____
(Please print) Last First Middle Commonly called

Sex: Male Female Age _____ Will transfer to Hawaiian Mission Academy on _____
Date

To be completed by principal, counselor or registrar

Printed name of administrator _____ Title _____

Telephone _____ School _____

Please answer the following questions.

- Yes No Has this student been asked to leave your school?
- Yes No Has this student been know to use drugs, alcohol, tobacco?
- Yes No Has this student been involved in any other at-risk behavior or posed a threat to other students, staff members or him/herself?
- Yes No Has this student distinguished him/herself in any positive way?

(Use the space below to explain any "Yes" answers.)

Character Evaluation Write a brief description of this student to help us understand him/her better. Use back if needed.

Mark one: I would recommend this student without reservation with reservations not at all

Signature _____ How long have you known this student? _____

Send to the attention of the Director of Admissions at the address shown above.

Director of Admissions