



HAWAIIAN MISSION ACADEMY K-8

1415 Makiki Street Honolulu, HI 96814 (808) 949-2033 www.hmak12.org

STUDENT APPLICATION Fridays @ HMA K-8 2010

Date of Application _____ Dates desired _____

Student Social Security # _____

1. Full legal name of student _____ Gender _____
LAST FIRST MIDDLE NICKNAME

2. Date of birth _____ Place of birth _____ Age _____
MO. DAY YR.

3. Full legal name of parent(s)/guardian(s): _____ Relationship: _____

Home address: _____
NUMBER STREET

_____ Home # _____ Cell # _____
CITY STATE ZIP

Email address _____ Work # _____

4. School currently attending _____
NAME OF SCHOOL GRADE TEACHER

5. Has this student been previously identified as qualifying for a special education or behavioral program? Yes () No ()

If yes, what kind? _____ When? _____

Where? _____ By whom? _____

STUDENT CONTRACT:

I agree to uphold the school's regulations. I pledge my cooperation with the school and its employees. I will behave in harmony with the school's Christian principles.

_____ DATE

_____ STUDENT'S SIGNATURE

PARENT CONTRACT:

I hereby agree to support school regulations and to help my child observe them.

_____ DATE

_____ PARENT'S / GUARDIAN'S SIGNATURE