



HAWAIIAN MISSION ACADEMY K-8  
1415 Makiki Street Honolulu, HI 96814 (808) 949-2033 [www.hmak12.org](http://www.hmak12.org)

## STUDENT APPLICATION & FINANCIAL INFORMATION

1. Full Legal Name of student \_\_\_\_\_ Gender \_\_\_\_\_  
LAST FIRST MIDDLE NICKNAME
2. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Age \_\_\_\_\_  
MO. DAY YR.
3. Grade applying for \_\_\_\_\_ **ESL (Yes) (No)** Student Social Security \_\_\_\_\_  
Circle One
4. Please submit one of the following in order to verify birth date for child entering kindergarten or first grade  
 Birth certificate  Notarized Statement  
 Hospital statement  Passport or visa
5. Application Fee must be paid prior to administering placement test  
Verified \_\_\_\_\_ Date \_\_\_\_\_ \$ \_\_\_\_\_  
SCHOOL OFFICIAL DATE
6. Home address \_\_\_\_\_ P.O. Box \_\_\_\_\_  
NUMBER STREET  
CITY STATE ZIP Home Phone \_\_\_\_\_  
Student Email \_\_\_\_\_ Student Cell Phone \_\_\_\_\_  
Race/Ethnicity \_\_\_\_\_ Primary Language \_\_\_\_\_
7. Student living with: Father ( ) Mother ( ) Stepfather ( ) Stepmother ( ) Other \_\_\_\_\_  
SPECIFY  
**Parent/Guardian** \_\_\_\_\_ Relationship \_\_\_\_\_  
Responsible for financial statements?  Yes  No Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_  
Occupation \_\_\_\_\_ Religious Preference \_\_\_\_\_ If SDA, church \_\_\_\_\_  
Race/Ethnicity \_\_\_\_\_ Primary Language \_\_\_\_\_ SSN \_\_\_\_\_  
**Parent/Guardian** \_\_\_\_\_ Relationship \_\_\_\_\_  
Responsible for financial statements?  Yes  No Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_  
Race/Ethnicity \_\_\_\_\_ Primary Language \_\_\_\_\_ SSN \_\_\_\_\_  
Occupation \_\_\_\_\_ Religious Preference \_\_\_\_\_ If SDA, church \_\_\_\_\_
8. Name and address of person to whom financial statements are to be sent if **different** from Parent/Guardian above  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  SDA  Non-SDA  
Billing Address \_\_\_\_\_ Phone \_\_\_\_\_
9. Is this student a baptized member of the Adventist church?  yes  no  
If yes, indicate when baptized \_\_\_\_\_ Church where membership is held \_\_\_\_\_  
If student has some other church affiliation, specify \_\_\_\_\_

