



## KOHALA ADVENTIST SCHOOL

### Application for Admission

2023-2024

\_\_\_\_\_  
Today's Date

Child's Full Legal Name:

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Grade Entering

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Child's NAD Student ID

\_\_\_\_\_  
Place of Birth

\_\_\_\_\_  
Date of SDA Baptism

/ /

/

\_\_\_\_\_  
Month/Day/Year  
Date of Birth

\_\_\_\_\_  
Years/Months  
Age

\_\_\_\_\_  
Ethnic Origin  
(For Federal Government and North American Division purposes only)

#### Family Information:

Legal name of parent or guardian with whom the student is living:	Father		Mother	
Home Address				
City, State/Province, Zip				
Phone and Email	Home	Business	Home	Business
	Mobile	Email	Mobile	Email
Occupation				
Church Membership	Denomination/Church		Denomination/Church	
Brothers and Sisters	Full Name		Birth Date	

In case of emergency, accident, or serious illness, if the school is unable to contact me, I hereby authorize the school to take my child to the physician, emergency room, and/or to the relative or neighbor indicated.

\_\_\_\_\_  
Initial

\_\_\_\_\_ Doctor's name \_\_\_\_\_ Phone \_\_\_\_\_ Address

\_\_\_\_\_ Relative's or Neighbor's Name \_\_\_\_\_ Phone \_\_\_\_\_ Address

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References: Please give two (2) references (pastor, friend, neighbor, nonrelative, etc.):

Reference #1 (Name, Address, Phone)

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

Reference #2 (Name, Address, Phone)

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

Please initial each line below:

\_\_\_\_\_ I agree to meet my monthly financial obligations to the school.

\_\_\_\_\_ I agree to cooperate with the school board and teachers by avoiding adverse criticism of any teacher or school policy in the presence of the students.

\_\_\_\_\_ I have read the school handbook and agree to support each regulation of the school.

\_\_\_\_\_ I hereby authorize the school board to send, upon request, the permanent records to the next school to which my child may enroll.

\_\_\_\_\_ Signature of Parent or Legal Guardian

\_\_\_\_\_ Date

