

**Kanuikapono Public Charter School**  
**New Student Application**  
School Year 2017-2018  
Grades K - 12

Please include the following with your signed and completed application:

- A copy of student's most recent report card
- Proof of Hawaii Residency (i.e. utility bill, cell phone bill)
- Guardianship/Adoption Papers/Court Orders if applicable
- Birth Certificate

Return completed application with attached documents to Kanuikapono, postmarked on or before **Friday, March 17, 2017**.

Mail to:       Kanuikapono Public Charter School  
                  Attn: Admissions  
                  PO Box 12  
                  Anahola, HI 96703

Applications received after Friday, March 17, 2017, will be reviewed on a space-available basis. Kindergarten applicants must turn 5 years old on or before July 31, 2017.

**Kanuikapono Public Charter School  
New Student Application**

**1. STUDENT INFORMATION**

Student’s Legal Name \_\_\_\_\_ Gender: F M DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Last First Middle Initial Suffix

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Physical Address City Zip

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Mailing Address City Zip

Current Grade (Pre K-11): \_\_\_\_ Grade Applying for (K-12): \_\_\_\_

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Name of Previous School Last Grade Attended

**2. FAMILY INFORMATION**

Does the applicant have siblings that currently attend or have ever attended Kanuikapono? Y N  
If so, whom? \_\_\_\_\_

Does the applicant have a parent, grandparent, or guardian working for Kanuikapono or on the Governing Board? Y N  
If so, whom? \_\_\_\_\_

**3. PARENT/LEGAL GUARDIAN INFORMATION**

*Parent/Guardian 1* Lives with Student: Y N Relationship: \_\_\_\_\_

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Last, First Middle Initial Cell Phone

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Physical Address City Zip Work Phone

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Mailing Address City Zip Email

*Parent/Guardian 2* Lives with Student: Y N Relationship: \_\_\_\_\_

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Last, First Middle Initial Cell Phone

# Kanuikapono Public Charter School New Student Application

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Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

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Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

## 4. SPECIALIZED SERVICES INFORMATION (OPTIONAL)

Please answer the following questions to the best of your ability:

- Is applicant currently receiving these services:       IDEA (SPED)       504       None  
 Please check all services applicant is currently receiving as part of IEP/504 Plan:
  - Special Education Modification in Regular Classroom       Special Education Classroom Instruction
  - School-Based Counseling       Group Counseling
  - Individual Counseling       Family Counseling
  - Speech Therapy       Physical or Occupational Therapy
  - Deaf, Hearing-Impaired, or Vision-Impaired Services       After-School Tutoring
  - Other: \_\_\_\_\_
  
- Do you know of any existing physical or mental disability and/or medical surgical conditions that may limit, restrict, or impair applicant's participation in school activities?      Y      N

If yes, please explain. \_\_\_\_\_

- Does your student require treatment, medication or special accommodations?      Y      N

If yes, please explain. \_\_\_\_\_

- Does your student have any other unique needs and/or concerns?      Y      N

If yes, please list. \_\_\_\_\_

- Has your student ever been held back a grade level?      Y      N
- Does your student receive English Language Learner (ELL) Services?      Y      N

\*Note: If you are not the student's birth parent, you must provide a Certified True Copy of the Transfer of Custody/Legal Guardianship. Documentation indicating the purpose of the transfer of custody may also be requested.

**By signing below I certify that all information I have supplied is true to the best of my knowledge.**

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Parent/Guardian Signature \_\_\_\_\_ Parent/Guardian Print Name \_\_\_\_\_ Date \_\_\_\_\_

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For Office Use Only

Received By: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade Applying for: \_\_\_\_\_

Student's Last, First Name: \_\_\_\_\_

L#: \_\_\_\_\_

Reference

Total Additions: \_\_\_\_\_

**Kanuikapono Public Charter School  
New Student Application**

P1 - \_\_\_\_\_

L1 - DHHL

P2 - \_\_\_\_\_

L2 - E

P3 - \_\_\_\_\_

L3 - AR