

Sacred Hearts School
 239 Dickenson Street, Lahaina, HI 96761
 Phone: 661-4720

DATE OF APPLICATION _____
 GRADE APPLYING FOR _____
 YEAR APPLYING FOR _____
 GRADE PRESENTLY IN _____

Last Name	First Name	MI	Sex	Grade Entering	Birthdate
Home Address	City	Zip	Home Phone	Religion	
Mailing Address			Country of Birth	Year of Arrival to U.S.	
U.S. Citizen () Yes () No		If not U.S. Citizen, Indicate Status () Immigrant () Refugee () Non-Immigrant () U.S. National (Samoa, Etc.)			
Number of Siblings: () Older Brothers () Younger Brothers () Older Sisters () Younger Sisters					

If Catholic, Parish: _____				For Office Use Only: Certificated	
Baptism:	Date: _____	Church: _____	City/State: _____	() Yes	() No
First Communion:	Date: _____	Church: _____	City/State: _____	() Yes	() No
Confirmation:	Date: _____	Church: _____	City/State: _____	() Yes	() No

Ethnic Background (Check one only):		Language Spoken at Home:	
() American Indian	() Portuguese	() English	() Samoan
() Black	() Spn, Cub, Mex, Prto Rican	() Cantonese	() Vietnamese
() Chinese	() Samoan	() Mandarin	() French
() Filipino	() White	() Ilocano	() German
() Hawaiian	() Indo-Chinese	() Tagalog	() Italian
() Part-Hawaiian	() Tongan	() Cebuano / Visayan	() Portuguese
() Japanese	() Pacific Islander	() Hawaiian	() Spanish
() Korean	() Other	() Japanese	() Tongan
		() Korean	() Other

N.B. The Catholic School Department must report to the National Catholic Education Association, Federal and local agencies summary data on the sex and ethnic backgrounds of our students. Therefore, it is required that each person applying for admission to a Catholic School indicate his or her sex and ethnic background on the application form. This information does not affect determination of admission.

Father's Last Name	First	MI	Ethnic Background	Religion	Occupation
Home Address	City	Zip	Cell Phone	Business Phone	
Employer	Employer's Address		City	Zip	
Mother's Last Name	First	MI	Ethnic Background	Religion	Occupation
Home Address	City	Zip	Cell Phone	Business Phone	
Employer	Employer's Address		City	Zip	
Mother's Maiden Name	Child Lives With: () Both Parents () Father () Mother () Guardian Parents Are: () Remarried Father () Mother () Deceased Father () Mother				

Mother's Email _____ Father's Email _____ Continued on back...

Guardian (if applicable)	First	MI	Ethnic Background	Religion	Occupation
Home Address	City		Zip	Home Phone	Business Phone
Employer	Employer's Address			City	Zip

Other Schools Attended with Address (Most recent schools first) ;

Years	School	City/State
_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____

Is your child receiving any Special Services? If so, please explain.

Any health or medical concerns?

Why did you choose this school for your child?

The following is to be submitted to the school office before a child can be officially registered for the school year:

- _____ Release Card from Previous School (not applicable for KDG)
- _____ Birth Certificate (Upon enrollment)
- _____ Baptism / Communion Certificate (Only applicable if baptized Catholic)
- _____ Report Card of Current Year / Last Year from Previous School
- _____ Entrance Placement Test (All Grades) \$35 Non-Refundable