



KANU O KA 'ĀINA

New Century Public Charter School

Kauhale 'Ōiwi o Pu'ukapu

64-1043 Hi'iaka Street

Phone: 808 890-8144

APPLICATION

**Admissions Information is due to our office no later than
Friday, March 15, 2019**

Students Legal

Name: _____

(As it appears on the Birth Certificate) Last First Middle

Birthdate _____ Home/Cell Phone # _____

Mailing

Address: _____

(Number & Street or PO Box) City State Zip Code

Home Address:

(If different from above)

School student currently
attends: _____

Number of years at current school: _____ Current Grade: _____ Grade Applying
For: _____

Family Information:

Check appropriate box: Birth Father Stepfather Adoptive Father Legal
Guardian

Last Name: _____ First Name: _____

Occupation: _____ Employer: _____

Cell Phone: _____ Email: _____

Check appropriate box: Birth Mother Stepmother Adoptive Mother Legal
Guardian

Last Name: _____ First Name: _____

Occupation: _____ Employer: _____

Cell Phone: _____ Email: _____

I hereby certify that all information I have supplied on this entire application is true and correct to the best
of my knowledge and I agree to furnish further information if required.

Father/Legal Guardian Signature

Date

Mother/Legal Guardian Signature

Date

Kūlia i ka nu'u – Strive to reach your highest