



**Hālau Kū Māna**  
New Century Public Charter School

**Application for Admission**  
**School Year 2019-2020**

Child's Name: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

Best way to contact you: \_\_\_\_\_

## School Tour

As part of our admission process, each family should attend a school tour to learn more about becoming a member of our school community, about our educational program, culturally and spiritually grounded in the land and culture of Hawai'i, and about how to submit an application for your child. **Please check the box below, visit our website or call the office to RSVP for the school tour.**

Tour location: Hālau Kū Māna Public Charter School campus  
2101 Makiki Heights Drive  
Honolulu, HI 96822

Office phone: (808) 945-1600

Tour date: **Wednesday, February 6, 2019 @ 4:30pm**

I will attend the school tour.

I will NOT attend the school tour.

\*Tours will begin in 'Ualaka'a, which is located under the mango tree where the picnic tables are

## Apply for Admission

You must submit a separate application for each child applying. Please submit the completed application along with this form to *(please do not send via email)*:

Hālau Kū Māna Public Charter School  
Admissions  
2101 Makiki Heights Drive  
Honolulu, HI 96822

*Applications are due to the office by **Friday, March 8**, in order to be considered in the lottery. Applications received after the deadline will be put on a waitlist on a first come, first served basis.*

## Any Questions?

If you have any questions, please call the school office. You can also visit [www.halaukumana.org](http://www.halaukumana.org) for more information. Also, please feel free to write your question below, and we'll get back to you.



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**I. General Information**

Today's Date \_\_\_\_\_ Grade child will be entering in School Year 2019-20 \_\_\_\_\_

Child's Name: \_\_\_\_\_ Gender: Male Female

Date of Birth: \_\_\_\_\_ Most recent school child has attended SY 2018-19: \_\_\_\_\_

Child's Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Parents/Legal Guardians:**

**Mother**

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Lives with child? Y N

**Father**

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Lives with child? Y N

**Guardian**

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Lives with child? Y N

Relationship: \_\_\_\_\_

**Brothers and Sisters**

Name	Current grade	Current school	Applying to HKMPCS?
_____	_____	_____	Y N
_____	_____	_____	Y N
_____	_____	_____	Y N

To assist us in best meeting the needs of your child, we would appreciate the following information.

**II. School History**

Other schools child has attended:

School	City, State (County)	Grade Levels
_____	_____	_____
_____	_____	_____
_____	_____	_____

**III. Special Needs**

*If your child has an Individualized Education Program (IEP) or 504 plan, **please inform the school upon acceptance so a transitional meeting can be coordinated as soon as possible.** Transition meetings are important so that we can provide the best support for your child from the beginning of the school year.*

**IV. Learning Profile**

Please share with us the type of learning environment that best meets your child’s learning needs.

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**V. Other**

How did you learn about our school? (i.e. advertisement, website, etc.) \_\_\_\_\_

Is there any other information you think would be helpful for us to have about your child?

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Thank you for taking the time to fill out this application in its entirety and for making sure that you have supplied all available information. Please read the following release and sign below:

In the event that my child has the opportunity to be enrolled in Hālau Kū Māna Public Charter School (HKMPCS), I hereby authorize HKMPCS to request any and all educational and immunization records, data or information determined to be relevant to the education of my child from the Department of Education, any other schools and school systems in which my child has previously been enrolled.

The information I have provided on this application is true to the best of my knowledge. I understand that if any information on this application is incorrect or omitted, the school has the right to revoke the offer of enrollment to my child.

Print Name of Parent/Legal Guardian: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.*