



KANUIKAPONO PUBLIC CHARTER SCHOOL
STUDENT ENROLLMENT APPLICATION FORM
INSTRUCTIONS: PRINT YOUR ENTRIES LEGIBLY

FOR SCHOOL USE ONLY			
Student ID No.	Entry Date	Interview Points	ts

STUDENT PERSONAL DATA

Last Name: _____ Applying for Grade Level: _____
 First Name: _____ Gender: M ___ F ___
 Middle Initial: ___ Lineage (Jr., II, III, etc.): _____ Birthdate: _____
 Social Security #: ___-___-_____ Student Receives (check all that apply): ___ Reduced Meals ___ Free Meals
 How did you hear of Kanu? ___ Kanu Student/Staff/Parent ___ Family/Friend ___ Web Site ___ Ad ___ Other

Home Phone: _____ Unlisted: Yes ___ No ___ Email Address: _____	PRE - SCHOOL
	Preschool Experience: If "yes", attended: _____ less than 6 months _____ between 6 and 12 months _____ more than 1 year

Physical Residence: Number _____ Street _____ Apt.# _____ City _____ Zip Code _____	LAST HAWAII SCHOOL ATTENDED
	Name: _____ Last Grade Attended: _____ Year: _____ GPA: _____ # of Years Attended: _____

Mailing Address: (If different from above) Number _____ Street _____ Apt.# _____ City _____ Zip Code _____	PRIOR SCHOOL ATTENDED (If not Hawaii School)
	Name: _____ Address: _____ # of Years Attended: _____ Last Grade Attended: _____

ETHNICITY / LANGUAGE INFORMATION

Ethnicity Code: _____ (Select a letter from the list below and fill in the blank to the left.)
 A-American Indian D-Filipino G-Japanese J-Span, Cuban, Mexican, Puerto Rican M-Other
 B-African American E-Hawaiian H-Korean K-Samoan N-Indo-Chinese
 C-Chinese F-Part Hawaiian I-Portuguese L-White (Camb, Viet, Lao)

Language Codes: (Select a letter from the list and fill in the blanks below.)

_____ Student's First Acquired Language	_____ Language Most Often Spoken At Home	_____ Language Most Often Used By Student
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A-English F -Cebuano/Visayan K-Vietnamese Q-Fijian V-Pangasinan L-Other (Specify)
 B-Cantonese G -Hawaiian M-Chuukese R-Hmong W-Portuguese
 C-Mandarin H-Japanese N-Pohnpeian S-Lao X-Spanish
 D-Ilocano I- Korean O-Cambodian T-Mashallese Y-Thai
 E-Tagalog J -Samoan P-Chamorro U-Pampango Z-Tongan

CITIZENSHIP INFORMATION

Country of Birth: _____ If Country of birth is other than U.S., give year of arrival: _____
 U.S. Citizenship: Yes: ___ No: ___ If not U.S. Citizen indicate status: Refugee ___ Immigrant ___ Non-Immigrant ___
 Alien Number: _____

MISCELLANEOUS INFORMATION

Does student's father, mother or guardian work for the Federal Government or work on Federal property? Yes ___ No ___	Is student's father, mother or Guardian an active member of The Armed Services? M Yes ___ No ___	If yes, enter branch of service: _____ and members rank: Father _____ other _____ Guardian _____
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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. I further agree and understand that any false information submitted on this application may be cause for non-acceptance to or removal from Kanuikapono.

Parent/Guardian Signature: _____ Date: _____ (Continued on Back)

PARENT / GUARDIAN CONTACT INFORMATION

F I R S T	Check One: ___ Mr. ___ Mrs. ___ Ms. ___ Other (specify) _____ Relation: _____
	Last Name _____ First Name _____ Employer's Name _____ Home Phone # _____ Cellular Phone # _____ Pager # _____ Work Phone # (include ext.) _____
	Address (If different from student's) _____ Email Address: _____
	Custody of Child: Yes _____ No _____ Child lives with this contact: Yes: _____ No: _____
S E C O N D	Check One: ___ Mr. ___ Mrs. ___ Ms. ___ Other (specify) _____ Relation: _____
	Last Name _____ First Name _____ Employer's Name _____ Home Phone # _____ Cellular Phone # _____ Pager # _____ Work Phone # (include ext.) _____
	Address (If different from student's) _____ Email Address: _____
	Custody of Child: Yes _____ No _____ Child lives with this contact: Yes: _____ No: _____
T H I R D	Check One: ___ Mr. ___ Mrs. ___ Ms. ___ Other (specify) _____ Relation: _____
	Last Name _____ First Name _____ Employer's Name _____ Home Phone # _____ Cellular Phone # _____ Pager # _____ Work Phone # (include ext.) _____
	Address (If different from student's) _____ Email Address: _____
	Custody of Child: Yes _____ No _____ Child lives with this contact: Yes: _____ No: _____

EMERGENCY INFORMATION

(Person to Notify in Case of Emergency Other than First, Second or Third Contact)

Check One: ___ Mr. ___ Mrs. ___ Ms. ___ Other (specify) _____ Relation: _____

Last Name _____ First Name _____ Employer's Name _____

_____ Home Phone # _____ Cellular Phone # _____ Pager # _____ Work Phone # (include ext.) _____

Doctor's Name or Clinic Name _____ Office Phone # _____

SCHOOL SUPPLEMENTARY INFORMATION

FATHER M	OTHER
Place of Birth: _____	Place of Birth: _____
If naturalized U.S. citizen, date of naturalization: _____	If naturalized U.S. citizen, date of naturalization: _____
Education: <input type="checkbox"/> Did not complete high school <input type="checkbox"/> High school graduate <input type="checkbox"/> Some College <input type="checkbox"/> College graduate	Education: <input type="checkbox"/> Did not complete high school <input type="checkbox"/> High school graduate <input type="checkbox"/> Some College <input type="checkbox"/> College graduate
Occupation: _____	Occupation: _____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single
Other Children In The Family:	
1. Name: _____ Age: _____	4. Name: _____ Age: _____
2. Name: _____ Age: _____	5. Name: _____ Age: _____
3. Name: _____ Age: _____	6. Name: _____ Age: _____

Is your son/daughter of Hawaiian Ancestry?	Yes	No
Can you provide transportation to and from the Kanuikapono Anahola Campus?	Yes	No

KANUIKAPONO



"Cultivating the 21st Century Athlete"

KANUIKAPONO

PUBLIC CHARTER SCHOOL

SPECIAL EDUCATION POLICIES

It is the Hawaii Department of Education's responsibility to provide FAPE (Free And Appropriate Education) to all students in the State of Hawaii. Current Hawaii Department of Education policies and practices deny charter schools the same funding/services that are provided to other public schools. This means that KanuiKapono may not be able to provide FAPE to students identified as IDEA (Special Education) or 504. As a result, an IEP meeting with KanuiKapono and the student's current school must be conducted for all students identified as IDEA or 504 prior to the start of school. This meeting shall provide a clear assessment of the student's individual needs and a determination of the ability of KanuiKapono to meet these needs without changing KanuiKapono's pedagogy or programs.

1.	My son/daughter has been tested in the past to receive special education services:	Yes	No
2.	My son/daughter is currently identified to receive:	Regular Education	IDEA (SPED) 504
3.	If you checked IDEA or 504 check all services your child currently receives as part of his/her IEP (please check all that apply):		
	Special Education Modification in Regular Classroom	S	pecial Education Classroom Instruction
	School-Based Counseling		Group Counseling
	Individual Counseling		Family Counseling
	Speech Therapy		Physical or Occupational Therapy
	Deaf, Hearing or Vision Impaired Services		After School Tutoring
4.	List Other SPED or 504 Services:		
5.	Do you know of any existing physical or mental disability and/or any medical or surgical condition that may limit, restrict, or impair the applicant's participation in school activities or requires treatment, medication or special accommodations? If yes please explain:	Yes	No
6.	Does your child have any other unique needs and/or concerns? If yes, please explain:		
7.	Has your son/daughter has been held back (in grade level) in the past? If yes, please explain:		
8.	Does your son/daughter receive English Second Language (ESL) Services?		
9.	Does your son/daughter receive Limited English Proficiency (LEP) Services?		



KANUIKAPONO

PUBLIC CHARTER SCHOOL

PARENT APPLICATION ESSAYS

2. TO BE COMPLETED BY PARENT/GUARDIAN/FOSTER PARENT on a separate piece of paper and attached to application.

As a KANU parent, you agree to help your son/daughter to be their best and to perpetuate Hawaiian language culture and traditions. In order for your child to be considered for admission for the 2009-2010 school year, the Kanuikapono Local School Board would like you to respond in writing to the requests listed below.

1. Please state why you would like your son/daughter to join Kanuikapono Public Charter School. What are your hopes and expectations?

2. Please tell us how your family is committed to perpetuating Hawaiian language, culture and traditions. What Hawaiian things do you know about and/or practice?

3. Please state how your `ohana intends to assist your child to be the best. What commitment can you make as an `ohana?

4. Please state how your `ohana intends to assist your child to perpetuate Hawaiian language, culture and traditions. What are your interests as an `ohana, what aspects of Hawaiian culture do you want to learn?

5. Please state how your `ohana intends to contribute to Kanuikapono. What can you share with our learning `ohana?



KANUIKAPONO

PUBLIC CHARTER SCHOOL

STUDENT AND PARENT CONTRACT

I. STUDENT AND PARENT CONTRACT (Failure to abide by the conditions of this contract may result in loss of privilege to attend Kanuikapono).

STUDENT COMMITMENT:

I want to join Kanuikapono and become an active member of the Kanuikapono learning `ohana for SY 2009-2010. As an active member of this learning `ohana, I agree to:

- perpetuate Hawaiian language, culture and traditions
- strive to be my best

This means I will make every effort to attend school every day and on time, work as hard as I can on all my projects and assignments, become fluent in the Hawaiian language and knowledgeable in Hawaiian culture, practice Hawaiian values such as aloha, mālama, kōkua and mahalo, help my fellow school mates and teachers whenever I can, and contribute to the collective growth of Kanuikapono.

PARENT/GUARDIAN COMMITMENT:

I agree to have my son/daughter join Kanuikapono for SY 2008-2009. Since research indicates a strong relation between parent involvement and student success, I agree to become an active member of the Kanuikapono learning `ohana, to help my son/daughter perpetuate Hawaiian language, culture and traditions and help him/her to be their best. I also agree to support my son/daughter in achieving excellence by making every effort that my son/daughter will come to school every day and on time and that he/she will complete all assigned work. I further agree to contribute to the collective success of Kanuikapono in every way I can, and contact Kanuikapono immediately should I have any questions or concerns regarding my son/daughter's performance, attitude or behavior.

II. RESEARCH PARTICIPATION RELEASE

I consent to Kanuikapono producing visual images and/or audio representations/reproductions of the undersigned student and his/her schoolwork (Materials). I consent to Kanuikapono's use of the Materials in any manner and purpose deemed appropriate by Kanuikapono. I waive any rights to approve the Materials and I understand that Kanuikapono is not obligated to use any of the Materials. I understand that any proceeds generated by the sale or use of the Materials will be used for the benefit of all Kanuikapono students.

I grant permission for my son/daughter to be a part of any Kanuikapono research project, and any tapes, videos, photographs or other reproductions of voice and image may be utilized for the purposes of the research project(s). I understand that my son/daughter's name and other demographic information, which might identify him/her, will not be used without permission. I will contact Delton at 823-9160, should I have any questions or concerns regarding Kanuikapono's research projects.

Name of Student/Research Participant	Signature of Student/Research Participant	Date
Name of Parent/Guardian	Signature of Parent/Guardian	Date
Name of School Administrator	Signature of School Administrator	Date



KANUIKAPONO PUBLIC CHARTER SCHOOL LETTER OF RECOMMENDATION

The student whose name is listed below has applied for admission to KanuiKapono Public Charter School for SY 2009-2010. Please complete the form below and return to KanuiKapono Public Charter School P.O. Box 12 Anahola, HI 96703. Call (808) 823-9160 with any questions.

LETTER OF RECOMMENDATION

Full Name of Applicant: _____

Full Name of Reference: _____

Phone Number: _____ Current Job Title: _____

Number of years you have known the Applicant: _____

In what capacity: _____

Please rate the Applicant in the following areas:

Area	Exceptional	Above Average	Average	Less Than Average	Minimal or None
Commitment to perpetuate Hawaiian language, culture and traditions.					
Desire to strive to reach his/her highest level.					
Scholastic Aptitude (ability to master academically rigorous curriculum).					
Positive behavior.					
Commitment to practice Hawaiian values: (aloha, mālama, kōkua, mahalo).					

State at least two reasons why you feel applicant should be accepted to KanuiKapono Public Charter School:

List any concerns regarding applicant's admission to KanuiKapono Public Charter School:



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