

ATTACH PICTURE
IF AVAILABLE

FOR OFFICE USE ONLY

DATE REC'D

FEE PAID

INTERVIEW DATE

SOTO ACADEMY

1708 NUUANU AVENUE, HONOLULU, HAWAII 96817 TELEPHONE: (808) 533-0452

APPLICATION FOR REGISTRATION

A NON-REFUNDABLE \$50 REGISTRATION FEE MUST ACCOMPANY EACH APPLICATION

CHILD'S NAME _____ SEX _____
LAST FIRST MIDDLE

USUALLY CALLED _____ SCHOOL YEAR APPLYING FOR _____ -- _____ APPLYING FOR GRADE _____

BIRTH DATE _____ PLACE OF BIRTH _____ BIRTH CERTIFICATE NO. _____

ADDRESS _____
STREET AND NO. CITY ZIP CODE

RESIDENT TELEPHONE _____ EMERGENCY CONTACT (1) _____ EMERGENCY TELEPHONE (1) _____

IS CHILD A U.S. CITIZEN? _____ DOES CHILD LIVE WITH PARENTS? _____ IF NOT, THEN WITH WHO? _____
YES/NO YES/NO

FATHER'S NAME _____ OCCUPATION _____

EMPLOYER _____ BUSINESS TELEPHONE _____ OTHER TELEPHONE NO. _____

MOTHER'S NAME _____ OCCUPATION _____

EMPLOYER _____ BUSINESS TELEPHONE _____ OTHER TELEPHONE NO. _____

NAME OF GUARDIAN(S) _____ GUARDIAN'S OCCUPATION _____

GUARDIAN EMPLOYER _____ BUSINESS TELEPHONE _____ OTHER TELEPHONE NO. _____

SCHOOL WILL CALL FOR INTERVIEW AFTER RECEIVING APPLICATION

CHILD'S DOCTOR _____ ADDRESS _____ TELEPHONE _____

CHILD'S DENTIST _____ ADDRESS _____ TELEPHONE _____

PLEASE INDICATE ANY SPECIAL CIRCUMSTANCES WHICH MAY HAVE DISTURBED THE EDUCATIONAL PROGRESS OF THE APPLICANT
(EXTENSIVE TRAVEL, ILLNESS, GRADES SKIPPED, GRADES REPEATED, SPECIAL MEDICINES, OR ANY PHYSICAL HANDICAPS) _____

SCHOOL NOW ATTENDING _____ ADDRESS _____

HOW DID YOU HEAR OF SOTO ACADEMY? _____

*PLEASE INCLUDE A COPY OF YOUR CHILD'S LATEST REPORT CARD OR TEACHER EVALUATION (IF ISSUED) WITH THIS APPLICATION.

PERSON FINANCIALLY RESPONSIBLE FOR THIS CHILD'S TUITION _____

DATE

SIGNATURE