

For Office Use Only:
Lottery: Mar Apr

Accepted/ Waitlisted
Date: _____

Notice mailed: _____

For Office Use Only:
Received Date/ Time:

Initials:



Kihei Charter School Application for the 2019-2020 School Year

Directions: This completed application must be mailed or hand delivered

Mail to: Kihei Charter School, PO Box 1098 Kihei, HI 96753.

Hand-deliver to: Kihei Charter School, 650 Lipoa Parkway, Kihei, HI 96753

NO digital or faxed applications will be accepted.

Please note: You must be the legal parent/guardian and a Maui Island resident to apply to Kihei Charter School.

Student's Legal Name:

Is this a sibling of a current KCS student? (Circle one) Yes No

If yes, please list the name of the sibling currently enrolled at KCS: _____

2019-2020 Grade Level Applying for:

Please note that your student is applying for placement in the **Grade level listed above.**

If your student is retained by their current school, contact us immediately to discuss your options.

2018-2019 School Name: _____

THIS YEAR'S SCHOOL INFORMATION

Current Grade Level: _____

STUDENT INFORMATION FORM

Student's **Legal** Last Name:

Student's **Legal** First Name: _____

Middle Initial: _____

Phone Number(s): _____

Email: _____

Home Address: _____

Mailing Address: (if different from above):

Student's Date of Birth:

Parent/ Legal Guardian Name (Print)

Custody of Child: Yes___ No___ Child Resides With Yes___ No___

Parent/ Legal Guardian Signature:

_____ **Date:** _____

Best Contact Information: _____

Parent/ Legal Guardian Name (Print)

Custody of Child: Yes___ No___ Child Resides With Yes___ No___

Parent/ Legal Guardian Signature:

_____ **Date:** _____

Best Contact Information:

Is the student a U.S. Citizen? Yes___ No___

If "No", what accompanying documents do you have to support the student's enrollment? _____