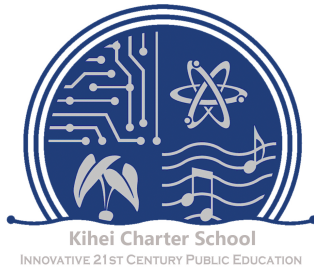


For Office Use Only:
Lottery: Mar Apr

Accepted/ Waitlisted
Date: _____

Notice mailed: _____



For Office Use Only:
Received Date/ Time:

Initials: _____

Kihei Charter School

Application for the 2024-2025 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: _____

2024-2025 Grade Level Applying for: _____

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

Current Grade Level: _____

Children must be five years of age on or before July 31 of the school year to enter kindergarten.

STUDENT INFORMATION FORM

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

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

Middle Initial: _____

Parent/Guardian Phone Number(s): _____

Parent/Guardian Email: _____

Home Address: _____

Mailing Address: *(if different from above)*: _____

Parent/ Legal Guardian Name (Print) _____

Parent/ Legal Guardian Signature: _____

Date: _____

Best Contact Information: _____

Parent/ Legal Guardian Name (Print) _____

Parent/ Legal Guardian Signature: _____

Date: _____

Best Contact Information: _____