VARIETY SCHOOL of Hawaii



Variety School of Hawaii Admission Form

Select the program you are applying for: Day S	chool ProgramHigh School Program
STUDEN	IT'S INFORMATION
Child's Last Name	Child's First Name
Middle Name	Preferred Name
Date of Birth (DD/MM/YY)	Birthplace (City/State/Country if not U.S.A.)
Age Gender: F or M	Ethnicity (Optional for foundations/grants)
Home Address (Street, City, State)	
Current School	Current Grade Level
Date of Entry (DD/MM/YY)	
PARENT/I	LEGAL GUARDIAN 1
Last Name	First Name
Middle Name	
Home Address (Street, City, State)	
Home Phone	Mobile Phone
Employer	Business Phone
Business Address (Street, City, State)	

PARENT/LEGAL GUARDIAN 2				
Last Name	First Name			
Middle Name	•			
Home Address (Street, City, State)				
Home Phone	Mobile Pho	ne		
Employer	Business F	Phone		
Business Address (Street, City, State)				
ST	UDENT'S EDUCATIONAL HISTORY			
School	Location (City/State)	Dates of Attendance (MM/YY)		
		ТО		
		ТО		
		ТО		
	QUESTIONS			
How did you hear about Variety School of Hawaii?				
Why do you want your child to attend Variety School of Hawaii?				
Are there any special circumstances which may have affected your child's progress (e.g., significant family event, physical disabilities, major or chronic illnesses)?				

REQUIRED DOCUMENTS

Your application is incomplete until we receive the required documents listed below. Only completed applications will be considered for admission, which includes a **non-refundable application processing fee of \$50** made payable to: *Variety School of Hawaii*

Psychological Evaluation Repor	t (completed within two years of the application date)		
Comprehensive Educational Evaluation Report (completed within two years of the application date)			
Department of Education evalua	,		
<u> </u>	, dignosis from psychologist, neurologist, speech pathologist, etc.		
Recent photograph of your child	l		
Copy of the most recent progres	ss/report card		
Teacher Reference Report			
Non-refundable application fee of the control of	of \$50		
Other			
	RESPONSIBLE PARTY		
applying to Variety School of Hawaii.	First Name		
_ast Name	First Name		
Middle Name			
1			
Home Address (Street, City, State)			
Home Phone	Mobile Phone		

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By signing this form, I acknowledge the information on this form and required documentation may be used to assist the determination of eligibility for the Variety School of Hawaii. Variety School of Hawaii staff may verify all the information on this form and the required documentation. I give up my rights to confidentiality for this purpose only. I certify that I am the parent/legal guardian of the child(ren) for whom the application is being made. I also certify that all of the above information is true and correct. I understand that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws. If any information has been falsified, I understand that this may result in legal claims and dismissal of my child(ren) from the Variety School of Hawaii.			
Print Name of Parent/Guardian 1 (First, Middle, Last)	_		
Signature of Parent/Guardian 1	Date		
Print Name of Parent/Guardian 2 (First, Middle, Last)	_		
Signature of Parent/Guardian 2	Date		
Submit application, required documentation, and \$50 processing fee in-person or mail to:			
ATTN: Admissions			

Honolulu, HI 96816

We look forward to reviewing your application. For questions, please call (808) 732-2835

Variety School of Hawaii 710 Palekaua Street