



Intent to Enroll Form

LEARNER INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Nickname: _____

Birth Date: _____ Gender: M / F _____

Last Grade Attended: _____ Grade Entering: _____

PARENT/GUARDIAN INFORMATION

Mother/Legal Guardian: Last Name: _____ First: _____

Middle Initial: _____ Mailing Address: _____

Physical Address: _____

Phone: cell: _____ home: _____

E-mail: _____

Father/Legal Guardian: Last Name: _____ First: _____

Middle Initial: _____ Mailing Address: _____

Physical Address: _____

Phone: cell: _____ home: _____

E-mail: _____

SIBLINGS

Does this child have any siblings who are re-enrolling at Alaka'i O Kaula'i? **Y/N** _____ School Year _____

Sibling 1 Full Name & Grade entering: _____ Grade: _____

Sibling 2 Full Name & Grade entering: _____ Grade: _____

Are there any siblings you intend to enroll in future school years? **Y/N**_____ School Year:_____

Sibling 1 Full Name & Grade entering: _____ Grade: _____

Sibling 2 Full Name & Grade entering : _____ Grade: _____

SCHOOL HISTORY

Prior School Attended: _____

Prior School City & State: _____

How did you hear about Alaka'i O Kaua'i Charter School?

Is there anything you would like us to know about your child?

Parent/Guardian Print Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

_____ Office use only below this line _____

Date Submitted: _____

Date Verified: _____

Verified By (initial): _____