



Saint Francis School
 "QUALITY CATHOLIC EDUCATION IN A SPIRIT OF JOY!"
 2707 Pamoia Road, Honolulu Hawai'i 96822
 Phone: (808) 988-4111 Fax: (808) 988-5497
www.stfrancis-oahu.org

FOR OFFICE USE ONLY:	
Application Fee Paid: _____ <small>(40709)</small>	
Check _____	Cash _____

Saint Francis School is a private Catholic School for students governed by a Corporation Board under the jurisdiction of the Sisters of Saint Francis.

Application for Admission

Submit completed application with non-refundable application fee:

Domestic (Hawai'i, Continental U.S.) \$50 International (Foreign Countries) \$80

Please type or print legibly.

Student's Information

Student's Name: Last, First, Middle Initial _____		<input type="checkbox"/> Male	<input type="checkbox"/> Female	Grade Applying For _____
Address _____	City _____	State (Country) _____	Zip _____	
Mailing Address (if other than above) _____	City _____	State (Country) _____	Zip _____	
Home Phone Number _____	Listed <input type="checkbox"/>	Unlisted <input type="checkbox"/>	Birthdate _____	
U.S. Citizen Yes ___ No ___ Other ___	Social Security # (if available) _____			

Parent(s) Information

Father's Name (Last, First) _____	Living: Yes <input type="checkbox"/> No <input type="checkbox"/>	Religion _____	E-mail _____
Name of Business/Company _____	Occupation _____	Daytime/Cell Phone Number _____	
Mother's Name (Last, First) _____	Living: Yes <input type="checkbox"/> No <input type="checkbox"/>	Religion _____	E-mail _____
Name of Business/Company _____	Occupation _____	Daytime/Cell Phone Number _____	
With whom does the applicant live?	Both Parents <input type="checkbox"/>	Father <input type="checkbox"/>	Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/>

Guardian(s) Information (All students whose primary residence is not on the island of O`ahu or does not live with parents must have a guardian who lives on the island. Please fill out this section if applicable)

Guardian's Last Name _____	First _____	Middle _____	Relationship _____
Address _____	City _____	State _____	Zip Code _____
Occupation _____	Name of Business/Company _____	Home Phone _____	Business Phone _____

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Consent For Release Of Information

Parent(s)/ Legal Guardian(s):

Please FORWARD this form to the school(s) your child has attended in the last two years.

(I/We) _____, parent(s) or legal guardian(s)
(Parents' Name)

of _____, hereby grant permission to
(Student's Name)

_____ to release to Saint Francis School
(Name of School)

document(s) and copies of educational records listed below:

- 1. Standardized Testing Results (if applicable)**
- 2. Report Card (current and previous school year) or Progress/Evaluation Report (Kindergarten applicants only)**

Signature of parent(s)/ legal guardian(s)

Address

City

State

Zip Code

Telephone

Date

HAWAII ASSOCIATION OF INDEPENDENT SCHOOLS

Common Teacher Reference Report – Grades 2-12

Applicant's Name _____ Grade Applying _____
Last First Middle

Class Level: Accelerated _____ High _____ Average _____ Low _____ Heterogeneous _____

Subject and/or Grade _____ Self-contained Yes No

Please check (✓) the appropriate rating. N/A (not applicable) may be used in areas where there is insufficient information.

Academic Qualities

Motivation (effort, drive)	•	•	
	rare	moderate	maximum
Ability to work alone	•	•	
	needs help frequently	needs help occasionally	works well
Homestudy habits	•	•	
	never completes assignments	completes assignments	does more than expected
Participation in discussion	•	•	
	contributes when called on	volunteers occasionally	joins in readily
Ability to express ideas orally	•	•	
	has some difficulty	good	exceptionally good
Use of time	•	•	
	poor	average	excellent
Organization of work	•	•	
	poor	average	excellent
Follows direction	•	•	
	needs much explanation	needs occasional help	responds quickly

Personal Qualities

Leadership potential	•	•	
	a follower	occasionally seeks opportunities	natural leader
Classroom conduct	•	•	
	poor	average	excellent
Cooperates with adults	•	•	
	rarely	usually	always
Personal/social adjustment	•	•	
	relates poorly with others	fluctuating relationships with peers; generally happy person	healthy self image; healthy peer relationships
Ability to work in a group	•	•	
	rarely	usually	always
Consideration of others	•	•	
	rarely	usually	always
Takes initiative	•	•	
	rarely	usually	always
Fulfills responsibilities	•	•	
	rarely	usually	always
Uses suggestions or corrections	•	•	
	rarely	usually	always

We appreciate additional observations about this applicant. _____

Print or Type Name _____ Teacher's Signature _____

School _____ School Phone # _____ Date _____

All HAIS schools accept this common form. Please check the reverse side for due date.



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Teacher Reference Report

Applicant’s Name: _____

Address: _____

Phone: _____

Parent(s)/Guardian(s): Please follow the instructions below.

- 1) Please complete the top of this page and write the Student’s Name at the top of the back page.
- 2) Submit the Teacher Reference Report to the applicant’s present academic teacher.
- 3) Provide the teacher with an addressed, stamped envelope using the following address:

Saint Francis School

Attn: Admissions Office

2707 Pamoia Road

Honolulu HI 96822

- 4) Read and sign the release statement.

I understand the information on the Teacher Reference Report is confidential and will not be shared beyond the Admissions Committee.

Signature of Parent/Guardian

Date

Incomplete forms will be returned.

Dear Teacher:

Your evaluation of this student is greatly appreciated. Please complete this Teacher Reference Report and return it directly to the Admissions Office by the due date listed above. Should you have any questions, you may contact the Admissions Director at (808) 988-4111, ext. 712.

Sincerely,

Admissions

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