FOR OFFICE USE ONLY:

Application Fee Paid: _____
(40709)

Check _____ Cash _____

Saint Francis School

"QUALITY CATHOLIC EDUCATION IN A SPIRIT OF JOY!"

2707 Pamoa Road, Honolulu Hawai`i 96822
Phone: (808) 988-4111 Fax: (808) 988-5497
www.stfrancis-oahu.org

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 Male Female Grade Applying For

_____
Address City State (Country) Zip

_____
Mailing Address **(if other than above)** City State (Country) Zip

_____ _____
Home Phone Number Listed ☐ Unlisted ☐ Birthdate

U.S. Citizen Yes___ No ___ Other ___ Social Security # (if available) _____

Parent(s) Information

_____ _____/_____
Father's Name (Last, First) Living: Yes ☐ No ☐ Religion E-mail

_____ _____
Name of Business/Company Occupation Daytime/Cell Phone Number

_____ _____/_____
Mother's Name (Last, First) Living: Yes ☐ No ☐ Religion E-mail

_____ _____
Name of Business/Company Occupation Daytime/Cell Phone Number

With whom does the applicant live? Both Parents ☐ Father ☐ Mother ☐ Guardian ☐ Other ☐

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

Last three schools attended (If applicable, list current school first)

SCHOOL	State (Country)	Grade(s) Attended

Additional information (question "a" for students entering 6th – 12th grade only)

a) Why do **you as a student** wish to attend Saint Francis School? (Please attach a separate sheet, if necessary)_____

_____

_____

_____

b) Please indicate any special circumstances which may have affected the applicant's educational progress, e.g. illness, grades skipped, grades repeated, extensive travel, divorce, family death, physical/learning disability, etc. _____

_____

_____

_____

c) Who/What motivated you to apply for admission to Saint Francis School? (Please number the following as they apply to you. Begin with #1 as the strongest motivation.)

	student	friend	relative	news ad	TV ad	radio	school video	recruiting @ school	other
STUDENT	☐	☐	☐	☐	☐	☐	☐	☐	☐
PARENT	☐	☐	☐	☐	☐	☐	☐	☐	☐

d) Please list the names of any relatives or siblings who are attending or alumna(e) of Saint Francis School:

First Name, Maiden Name, Last Name	Year of Graduation	Relationship to Applicant

e) Student's Main Ancestry: _____ f) Native Language: _____

g) If Catholic, Parish? _____

h) Has the student received: Baptism? Yes ____ No ____ First Communion? Yes ____ No ____ Confirmation? Yes ____ No ____

Saint Francis School does not attempt to replace the home, but assist it; not to replace society, but to prepare for it. Therefore, Saint Francis has chosen objectives, policies and procedures which it feels will best enable it to fulfill the primary task of cultivating the intellect, developing individuality, and inculcating in the students understanding of, appreciation of, and cooperation with other social units and their benefits, and contributing to the environment of which the student chooses to be a member.

In the event that a student's account is not paid in full, Saint Francis School reserves the right to hold all grades, transcripts, and other records from being released to the student, her parents, guardians, or any educational institution requesting the information.

Saint Francis School does not discriminate based on ethnicity, religion, or socio-economic status.

We understand and agree to the above statements, and hereby submit this application for admission to Saint Francis School.

_____	_____	_____
Date	**Signature of Parent/Guardian**	**Signature of Student**

Please provide primary e-mail address: _____

Person responsible for bills (if other than Parent or Guardian):

_____	_____	_____
Date	Signature	Relationship

_____

Address City State Zip Code 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 K/1

Applicant's Name_____Grade Applying _____
Last First Middle

Class Size_____ School hours _____ With teacher since _____
(month / year)

Does your school issue report cards/progress reports? □ Yes □ No

Please check (√) the appropriate descriptor on this continuum. If not applicable, mark NA

Social and Emotional Behavior	Beginning	With teacher support	Growing independence	Consistent and independent
Works and plays cooperatively	•	•	•	
Works independently	•	•	•	
Accepts responsibility	•	•	•	
Exhibits self-control	•	•	•	
Is able to relate to adults	•	•	•	
Shows good attention span	•	•	•	

Work Habits and Attitudes	Beginning	With teacher support	Growing independence	Consistent and independent
Shows initiative	•	•	•	
Listens attentively	•	•	•	
Follows directions	•	•	•	
Completes assigned tasks	•	•	•	
Cares for materials	•	•	•	
Shows an active interest in classroom activities	•	•	•	

Learning Readiness	Beginning	With teacher support	Growing independence	Consistent and independent
Articulates appropriately for age	•	•	•	
Uses an adequate vocabulary	•	•	•	
Listens to and enjoys stories read to him/her	•	•	•	
Recalls specific story details	•	•	•	
Recalls main idea of a story	•	•	•	
Recognizes differences in sizes, shape and quantity	•	•	•	
Recognizes rhyming sounds	•	•	•	
Understands and uses number vocabulary	•	•	•	
Counts objects	•	•	•	
Small muscle coordination	•	•	•	

We appreciate additional observations about this applicant. _____

_____

_____

_____

Print or Type Name _____ Signature_____
(Indicate: □ Teacher or □ Administrator)
School_____ School Phone # _____ Date_____

All HAIS schools accept this common form. Check the reverse side for date that completed form is due.

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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 Pamoa 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