



**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](http://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 _____

Last three schools attended (If applicable, list current school first)	Grade(s) Attended
SCHOOL	State (Country)
<hr/>	
<hr/>	
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**Additional information (question “a” for students entering 6<sup>th</sup> – 12<sup>th</sup> 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PARENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
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Please provide primary e-mail address: \_\_\_\_\_

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

Date	Signature	Relationship
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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

<b>Social and Emotional Behavior</b>	Beginning	With teacher support	Growing independence	Consistent and independent
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Works and plays cooperatively	•	•	•	
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Works independently	•	•	•	
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Accepts responsibility	•	•	•	
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Exhibits self-control	•	•	•	
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Is able to relate to adults	•	•	•	
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Shows good attention span	•	•	•	
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<b>Work Habits and Attitudes</b>	Beginning	With teacher support	Growing independence	Consistent and independent
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Shows initiative	•	•	•	
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Listens attentively	•	•	•	
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Follows directions	•	•	•	
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Completes assigned tasks	•	•	•	
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Cares for materials	•	•	•	
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Shows an active interest in classroom activities	•	•	•	
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<b>Learning Readiness</b>	Beginning	With teacher support	Growing independence	Consistent and independent
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Articulates appropriately for age	•	•	•	
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Uses an adequate vocabulary	•	•	•	
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Listens to and enjoys stories read to him/her	•	•	•	
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Recalls specific story details	•	•	•	
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Recalls main idea of a story	•	•	•	
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Recognizes differences in sizes, shape and quantity	•	•	•	
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Recognizes rhyming sounds	•	•	•	
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Understands and uses number vocabulary	•	•	•	
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Counts objects	•	•	•	
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Small muscle coordination	•	•	•	
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We appreciate additional observations about this applicant. \_\_\_\_\_

Print or Type Name \_\_\_\_\_ Signature \_\_\_\_\_  
 (Indicate:  Teacher or  Administrator )  
 School \_\_\_\_\_ School Phone # \_\_\_\_\_ 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