



920 Keolu Drive

Kailua, Oahu, Hawaii 96734

Telephone (808) 262-8317

FAMILY NAME _____

STUDENT NAME _____ BIRTHDAY _____
(First) (Last)

MAILING ADDRESS _____ PHONE: _____

(City) (Zip Code) E-MAIL ADDRESS _____
(For important communication only)

SCHOOL ATTENDING: _____ GRADE: _____

BAPTISM DATE _____ CHURCH NAME AND PLACE _____

FIRST COMMUNION DATE _____ CHURCH NAME AND PLACE _____

If newcomer, previous religious instruction - When? Where?

FATHER'S NAME _____ RELIGION _____

FATHER'S WORK PHONE/CELL _____

MOTHER'S NAME _____ RELIGION _____

MOTHER'S WORK PHONE/CELL _____

CHILD LIVES WITH PARENT/S GRANDPARENT/S GUARDIAN/OTHER

EMERGENCY CONTACT _____ PHONE _____

IF STUDENT HAS ANY PHYSICAL LEARNING DISABILITIES, PLEASE INDICATE:

Medication? YES / NO IF YES, name: _____

Allergies? _____