

Aikahi Elementary Summer School 2017

APPLICATION FORM

Tuition: \$127.00

Checks Payable to: Aikahi Elementary Summer School

Name: _____ Date of Birth: _____
Last First

Current Home Street Address (Include city and zip code) Current Home Phone Number

Mailing Address (if different from above) Emergency Name/Phone Number to call 1st

School Currently Attending Grade Completed Teacher's Name

Mother/Guardian: _____ Day Phone: _____ Email: _____

Father/Guardian: _____ Day Phone: _____ Email: _____

Person to contact in the event of an emergency (Other than parent/guardian):

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____

Any medical conditions to be aware of? _____ No _____ Yes (If yes, please describe condition(s) below)

Doctor's Name: _____ Phone Number: _____

Health Insurance: _____ Choice of Hospital: _____

Did you child receive Special Education services/support during the regular school year? _____ No _____ Yes

Registration and enrollment at Aikahi Elementary Summer School indicates an agreement to abide by the rules and regulations set forth by the Summer School, Windward District, and the Department of Education. Infractions may result in suspension and/or expulsion from Summer School. The signature below acknowledges this agreement:

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Received Application: _____ Time: _____ Check #: _____ Receipt #: _____
Tuition Refunded: _____ Date Refunded: _____ Check #: _____ Alu Like: _____