



Maunawili Elementary Summer School 2018

1465 Ulupi'i Street, Kailua, HI 96734

Phone: 266-7822

Maunawili Elementary is the designated Kailua-Kalaheo Complex-Area site for Summer School this year. Enrollment is limited to students who completed Grades K-6

Summer School Dates and Times

Friday, June 15, 2018 to Friday, July 13, 2018

8:00am – 12:00pm daily

Holiday (No School): Wednesday, July 4, 2018

Summer School Director: Mr. David Yung

Registration Date and Times

Saturday, April 21, 2018

8:00am – 12:00pm

Maunawili Elementary School Cafeteria

Must register in person on the date above to ensure that everyone is given a fair chance to register on a first come, first served basis. Applications are available at your school's office or on registration day.

Tuition: \$127.00

Payment should be made by cash or check payable to Maunawili Elementary Summer School. There will be a \$25.00 service charge for all returned checks, plus any other additional costs imposed by the bank.



Late registration forms will be accepted upon class availability. After April 21, late registration forms along with a check payable to Maunawili Elementary Summer School in the amount of \$127.00 must be delivered in person to the Maunawili Elementary School office. The Summer School Director will contact you within five business days upon receiving your application to inform you if there is available space.

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APPLICATION FORM

Tuition: \$127.00

Cash or checks payable to: Maunawili 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: _____

*Please print clearly—you will be notified of your child's class assignment by 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 your child receive Special Education services/support during the regular school year? ___No ___Yes

Registration and enrollment at Maunawili 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: _____