



Application for Enrollment to Star of the Sea Early Learning Center

SCHOOL USE ONLY	
Date received	_____
Fee	_____
Check #	_____
All Forms revd	<input type="checkbox"/> Yes <input type="checkbox"/> No

Application for Admission to Star of the Sea Early Learning Center in:

Fall 20____ Summer 20____

Will you be applying for financial aid? Yes No

Birth certificate included: Yes No Baptismal certificate included: Yes No

Applicant's Name

First

Full Middle

Last

Applicant's Preferred Names

Date of birth _____ Gender Male Female

Address _____

_____ Zip _____ Phone _____

Place of birth _____

Mother's Name

Dr., Mrs., Ms. _____

(circle)

First

Last

Firm and position _____

Business address _____

_____ Zip _____ Phone _____

Father's Name

Dr., Mr. _____

(circle)

First

Last

Firm and position _____

Business address _____

_____ Zip _____ Phone _____

Email address _____

Home Information

Student lives with (please check all that apply):

- Father
- Mother
- Stepfather
- Stepmother
- or
- Other _____

Please check any that apply:

- Father is deceased
- Mother is deceased
- Parents are separated
- Parents are divorced
- Father has custody
- Mother has custody
- Joint custody

Legal guardian
(if other than parent)

name

relationship to applicant

address

telephone

Inaccurate or misleading information by the parents or legal guardian on this sheet or at any time during the admission process may result in denial of acceptance.

Send to:
Star of the Sea Early Learning Center
Admission Office
4470 Aliikoa Street, Suite 100
Honolulu, Hawaii 96821

Birth/Health and Developmental History

Place of birth _____

Pre-natal history _____

Delivery _____

Birth weight _____ Appetite _____ Allergies _____

Age applicant began to: Walk _____ Talk _____

Serious illness _____

Special concerns _____

(vision, speech, hearing, corrective shoes, restrictions, behavior, etc.)

Has the applicant ever had an educational, neurological, or psychological evaluation?

Yes No If Yes, when? _____

Where is the information available? _____

Please request that a copy of the information be sent to us.

Does the applicant have any medical condition the school should be aware of? Yes No

Provisions for child/ children with special needs are individually reviewed to determine whether or not the school is able to meet the special needs of the child. Children's records include pertinent and confidential information about health status, developmental progress, special needs, and efforts to meet these needs.

Describe: _____

Personality _____ Eating _____

Handedness: Right Left Hand dominance not established

Toileting _____ Sleep Habits _____

Family History

Mother's Maiden Name _____ Age: _____

Health _____ Place of birth _____

High school _____ College and degree _____

Father's full name _____ Age: _____

Health _____ Place of birth _____

High school _____ College and degree _____

Other children in family Birth date School attending

Position of applicant (1st, 2nd, etc.) _____

Religion _____ Baptized _____ Parish _____

Previous School Experience

Year School Address

A non-refundable application fee of \$75 must accompany this application.

Send to:
Star of the Sea Early Learning Center
Admission Office
4470 Aliikoa Street, Suite 100
Honolulu, Hawaii 96821

Signature of parent/guardian

Please print name

Date

CENSUS INFORMATION

All information contained herein is completely confidential. The information you submit is for official Star of the Sea and the Catholic School Department use only. THIS FORM IS REQUIRED.

7D = 7th Day Adventist	CO = Congregationalist	MO = Mormon
BA = Baptist	EP = Episcopalian	NO = None
BU = Buddhist	LU = Lutheran	OC = Other Christian
CA = Catholic	ME = Methodist	ON = Other Non-Christian

SCHOOL NAME STAR OF THE SEA EARLY LEARNING CENTER		TODAY'S DATE		STUDENT SSN									
LAST NAME		FIRST NAME		MI	BIRTHDATE								
HOME ADDRESS		CITY		ZIP									
HOME PHONE		CELL PHONE		RELIGION (Please enter 2-digit code from above)									
COUNTRY OF BIRTH			YEAR OF ARRIVAL, IF COUNTRY OF BIRTH IS OTHER THAN U.S.A.										
U.S. CITIZEN: ___ YES ___ NO	IF NOT U.S. CITIZEN, INDICATE STATUS (PLEASE CHECK THE STATUS THAT APPLIES) ___ IMMIGRANT ___ REFUGEE ___ NON-IMMIGRANT ___ U.S. NATIONAL (EXAMPLE: SAMOA)												
NUMBER OF SIBLINGS: ___ # OLDER BROTHERS ___ # YOUNGER BROTHERS ___ # OLDER SISTERS ___ # YOUNGER SISTERS													
IF CATHOLIC, PARISH: _____					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">OFFICE USE ONLY: CERTIFICATED</td> </tr> <tr> <td style="padding: 5px;">___ YES</td> <td style="padding: 5px;">___ NO</td> </tr> <tr> <td style="padding: 5px;">___ YES</td> <td style="padding: 5px;">___ NO</td> </tr> <tr> <td style="padding: 5px;">___ YES</td> <td style="padding: 5px;">___ NO</td> </tr> </table>	OFFICE USE ONLY: CERTIFICATED		___ YES	___ NO	___ YES	___ NO	___ YES	___ NO
OFFICE USE ONLY: CERTIFICATED													
___ YES	___ NO												
___ YES	___ NO												
___ YES	___ NO												
BAPTISM	DATE: _____	CHURCH: _____	CITY & STATE: _____										
FIRST	DATE: _____	CHURCH: _____	CITY & STATE: _____										
COMMUNION:	CITY & STATE: _____												
CONFIRMATION:	DATE: _____	CHURCH: _____	CITY & STATE: _____										
ETHNIC BACKGROUND (DO NOT CHECK MORE THAN ONE)			LANGUAGE SPOKEN AT HOME (please circle all that apply):										
A <input type="checkbox"/> AMERICAN	I <input type="checkbox"/> Korean	B <input type="checkbox"/> CANTONESE	I <input type="checkbox"/> KOREAN										
INDIAN/NATIVE ALASKAN	Multi-Racial / Other	F <input type="checkbox"/> CEBUANO/VISAYAN	C <input type="checkbox"/> MANDARIN										
B <input type="checkbox"/> BLACK	J <input type="checkbox"/> / Unknown	A <input type="checkbox"/> ENGLISH	L <input type="checkbox"/> OTHER										
C <input type="checkbox"/> CHINESE	K <input type="checkbox"/> Pacific Islander	M <input type="checkbox"/> FRENCH	P <input type="checkbox"/> PORTUGUESE										
D <input type="checkbox"/> FILIPINO	L <input type="checkbox"/> Part-Hawaiian	N <input type="checkbox"/> GERMAN	J <input type="checkbox"/> SAMOAN										
E <input type="checkbox"/> HAWAIIAN	M <input type="checkbox"/> Portuguese	G <input type="checkbox"/> HAWAIIAN	Q <input type="checkbox"/> SPANISH										
F <input type="checkbox"/> HISPANIC (Spanish, Cuban, Mexican, Puerto Rican)	N <input type="checkbox"/> Samoan	D <input type="checkbox"/> ILOCANO	E <input type="checkbox"/> TAGALOG										
Indo-Chinese (Cambodian, Vietnamese, Laotian)	O <input type="checkbox"/> Tongan	O <input type="checkbox"/> ITALIAN	T <input type="checkbox"/> TONGAN										
G <input type="checkbox"/> Japanese	P <input type="checkbox"/> White	H <input type="checkbox"/> JAPANESE	K <input type="checkbox"/> VIETNAMESE										

TEACHER REFERENCE REPORT - ALL DIVISIONS

STAR OF THE SEA EARLY LEARNING CENTER

TO THE PARENT/GUARDIAN:

1. Please complete the first line (Child's Full Name) and second line (Child's Birthdate & Child's School)) on the reverse side. Please print or type.
2. Submit one (1) *Teacher Reference Report* to the applicant's present teacher. Please have this report returned to Star of the Sea Early Learning Center no later than 3 weeks after applying for admission.
3. Provide the teacher who will be completing the *Teacher Reference Report* with a stamped envelope addressed to:

*Star of the Sea Early Learning Center
Attention: Director of Admission
4470 Aliikoa Street, Suite 100
Honolulu, Hawaii 96821*

4. The information on this reference report will be held in strict confidence and will be used only for admission purposes.

I hereby give permission to release the information indicated on the Teacher Reference Report regarding my child, _____

for the purpose of review for admission to Star of the Sea Early Learning Center.

Signature of Parent/Guardian

Date

TO THE TEACHER:

This student is an applicant for admission to Star of the Sea Early Learning Center. Information provided on this report will be held in strict confidence and will be used only for admission purposes. This Teacher Reference Report does not become part of this candidate's permanent record.

Your evaluation of this student should be made after January 15 and returned directly to Star of the Sea Early Learning Center's Director of Admission by February 15. If you receive this form after February 15, please complete and return the Teacher Reference Report within two weeks of the parent request. Please do not hesitate to call us at 808.734.3840 if you have any questions.

*Star of the Sea Early Learning Center - 4470 Aliikoa Street - Suite 100 - Honolulu,
Hawaii 96821*

Phone: (808) 734-3840 Fax: (808) 732-1738



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PARENT INTERVIEW QUESTIONS

1. What are your views on Catholic Education and can you support this philosophy?
2. What are your views on Montessori education and can you support this philosophy?
3. Are you a member of the parish, alumni or have other children in Star of the Sea Schools?
4. What are your reasons of choosing Star of the Sea Early Learning Center?
5. What are your expectations of Star of the Sea Early Learning Center?
6. What are your views on your role as a parent in the growth, development and education of your child?
7. Can you actively support the major school fundraiser, the East Honolulu Food Festival?