

Applicant's Legal Name: \_\_\_\_\_  
(Please print)      Last      First      Middle

Applying for Grade: \_\_\_\_\_

# Saint Patrick School



## Application for Admission

**Saint Patrick School      3320 Harding Avenue      Honolulu, Hawaii 96816**

(808) 734-8979      Fax: (808) 732-2851      [www.saintpatrickhawaii.org](http://www.saintpatrickhawaii.org)



**APPLICATION FOR ADMISSION**

**Applicant Information**

**Entering Grade:** \_\_\_\_\_

Applicant's Legal Name: \_\_\_\_\_  
(Last) (First) (Full Middle)

Nickname \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_

Birthplace \_\_\_\_\_ U.S. Citizen?  Yes  No If not, country of citizenship \_\_\_\_\_

Permanent Resident (Green Card) Immigration Visa # \_\_\_\_\_ Type \_\_\_\_\_

**Schools**

	Grade	Name of School	Location
Current School	_____	_____	_____
Previous School(s)	_____	_____	_____
	_____	_____	_____

**Contact Information**

Preferred address for all correspondence regarding this application:			
Name(s) _____			
Address _____			Apt# _____
City/State/Zip _____		Email _____	
Home Phone _____	Work Phone _____	Cell Phone _____	

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Email \_\_\_\_\_ Day Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Religion \_\_\_\_\_ Church \_\_\_\_\_ Religion \_\_\_\_\_ Church \_\_\_\_\_

Applicant lives with:     Both Parents     Mother Only     Father Only     Guardian  
 Mother and Step Parent     Father and Step Parent

Step Parent/Guardian's Name \_\_\_\_\_ Title  Mr.  Mrs.  Other \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Occupation \_\_\_\_\_ Wk Phone \_\_\_\_\_

**Siblings**

Name	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Religion**

If Catholic, Name of Parish \_\_\_\_\_

**Baptism:**

**First Communion:**

**Confirmation:**

Date _____	Date _____	Date _____
Church _____	Church _____	Church _____
City/State _____	City/State _____	City/State _____

**Ethnic Background** (Check **ONE** only)

- American Indian     Black     Chinese     Filipino     Korean     Hawaiian  
 Part-Hawaiian     Hispanic     Japanese     Portuguese     Samoan     White  
 Vietnamese     Pacific Islander     Other \_\_\_\_\_

The Catholic School Department must report to the National Catholic Education Association, Federal and Local Agencies summary data on the sex and ethnic backgrounds of our students. Therefore, it is required that each person applying for admission to a Catholic School indicate his or her sex and ethnic background on the application form. This information does not affect determination of admission.

**Additional Information**

In which language is the applicant most fluent? \_\_\_\_\_ Second language? \_\_\_\_\_

Is there additional information you would like to share with Admission Committee?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Whom may we thank for your application to Saint Patrick School?

Recommendation from:

A school parent? (Name) \_\_\_\_\_

A former student? (Name) \_\_\_\_\_

A Parishioner? (Name) \_\_\_\_\_

A friend? (Name) \_\_\_\_\_

A St. Patrick publication? (Which) \_\_\_\_\_

Other \_\_\_\_\_

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*A \$25 non-refundable application fee is required with this application. Upon acceptance to Saint Patrick School, a \$200 tuition deposit is required; it will be applied to the first tuition payment. This deposit will secure your child's place in their class for the upcoming school year.*

*I understand and agree to the above statement, and hereby submit my child's application for admission to Saint Patrick School.*

\_\_\_\_\_  
*Father/Guardian Name (please print)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Father/Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Mother/Guardian Name (please print)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Mother/Guardian Signature*

\_\_\_\_\_  
*Date*

**Please mail completed application and the \$25 non-refundable application fee for grades K-8 to:**

**St. Patrick School  
3320 Harding Avenue  
Honolulu, HI 96816**

*St. Patrick School does not discriminate on the basis of race, color, religion, national origin or disability in areas of admission, financial aid and other school administered programs.*