



St. Patrick School

3320 Harding Avenue Honolulu, Hawaii 96816

Phone: 808-734-8979

Thank you for your interest,

Thank you for requesting information regarding St. Patrick School. Your inquiry into our school demonstrates an interest to share the values, principles and educational goals of St. Patrick School. We welcome you to visit the campus, please call our Registrar for an appointment.

Enclosed in this packet are:

- Admissions Procedure and Check List
- Application Form
- Student Questionnaire – if applicable
- Teacher recommendation form (s) – if applicable
- Consent to Release Information
- Current Year Tuition & Fees

Testing for Kindergarten students is approximately 20 minutes. Testing for grades 1 – 4 is approximately one hour. Testing for grade 5 – 8 is approximately 2 hour. There is a non-refundable testing fee of \$25.00. Checks are payable to St. Patrick School and should be mailed with the application forms and requested documents.

Parent Interviews are scheduled during the testing period and are approximately 20 minutes.

If you should have further questions, please feel free to contact the school registrar at 734-8979 ext 224. Again, thank you for choosing St. Patrick School.

Sincerely,

Sister Anne Clare De Costa, ss.cc
Vice President/Director of Education

SAC:s

St. Patrick School

APPLICATION CHECK LIST

Name: _____

Entering Grade _____

- _____ Application
- _____ Teacher Recommendation
- _____ Test Scores (Grade 1 – 8)
- _____ Most recent progress report (report card)
- _____ Birth Certificate
- _____ Baptism Certificate (if applicable)
- _____ Health Card (Form 14) Latest update from Students Physician
- _____ Social Security Card
- _____ Student Questionnaire (Grades 2 –8)
- _____ Non-refundable testing Fee of \$25.00
- _____ After testing Interview scheduled for Parent/Student

Upon notification of acceptance, a \$200.00 non-refundable deposit is required in order to secure the student's placement. This deposit is applied to your tuition.

Office use only

Recv'd _____ Reviewed by _____ Ck # _____

Interview Date for Parent _____ Interview Date for Student _____

Notification _____ Accept _____ Ck # _____

St. Patrick School

STUDENT QUESTIONNAIRE GRADES 2 - 8

Date: _____

Name: _____ Applying for Grade: _____

Please answer the following questions in complete sentences.

1. Is this the first time you are applying to a Catholic School? _____

2. Why do you want to attend St. Patrick School?

3. How do you feel about wearing uniforms to school every day?

4. What subjects do you like best?

5. Please tell us about yourself. (This answer is to be written in paragraph form with at least 5 sentences. If more space is needed, you may write on the back of this sheet.)

St. Patrick School

TEACHER REFERENCE REPORT

Name of Applicant: _____ Applicant for Grade: _____

TO THE PARENT/GUARDIAN:

Please sign the waiver below granting permission to release information that is requested on the Teacher Recommendation Form.

Please provide the teacher with a plain stamped envelope (no return address) addressed to:

St. Patrick School
3320 Harding Avenue
Honolulu, HI 96816
Attn: Admissions

I hereby give my permission to release the information indicated on the TEACHER REFERENCE REPORT regarding my child _____ for the purpose of admission to St. Patrick School.

Parent/Guardian Signature _____ Date _____

TO THE TEACHER:

We appreciate your completing the TEACHER RECOMMENDATION FORM for the above student. If you should have any regarding the form, please do not hesitate to call our office at 734-8979. Thank you.

St. Patrick School

TEACHER RECOMMENDATION

Date: _____

Current Grade _____

_____ is applying for admissions to St. Patrick School
(Student's Name)

We appreciate your assisting us by providing information about this student.

1. Areas which you teach this student: _____

2. How long have you known this student: _____

3. What three words come immediately to mind when thinking of this student? _____

4. How would you describe this student's conduct in school: _____

5. Please describe this student's:

Verbal skills: Above Average _____ Average _____ Below Average _____

Math skills: Above Average _____ Average _____ Below Average _____

Quality of written work: Above Average _____ Average _____ Below Average _____

Reading comprehension: Above Average _____ Average _____ Below Average _____

9. Please characterize this student's academic achievement in relation to ability:

High _____ A Close Match _____ Low _____

10. Please describe this student's motivation:

Above Average _____ Average _____ Below Average _____

11. Is this student courteous and considerate:

Above Average _____ Average _____ Below Average _____

12. Compared to others of the same age you have known, please evaluate this student's:

Academics: Outstanding _____ Excellent _____ Good _____ Poor _____

Attitude: Outstanding _____ Excellent _____ Good _____ Poor _____

13. Please characterize the parental interest in this student's progress at school:

High _____ Average _____ Low _____

14. Additional comments: (any helpful information not mentioned above, i.e...peer relationship)

Teacher: _____ School: _____

(Please print)

(Signature)

St. Patrick School

CONSENT FOR RELEASE OF INFORMATION

Please complete and submit this form to your child's current school, which is being asked to provide information pertinent to your child's application.

I (We), _____, parent(s) or legal guardian of
_____, hereby grant permission
(Student's name)

to _____, to release copies of the following
education records to St. Patrick School:

- Most recent report card of the current school year
- Standardized testing results for current school year

Parent/Guardian Signature: _____ Date: _____

Please send the above requested information to:

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