

## SEAGULL SCHOOLS AT MAUNA LANI APPLICATION

For the School Year 20\_\_\_\_ - 20\_\_\_\_

TODAY'S DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

CHILD'S NAME \_\_\_\_\_  
Last First Middle Preferred  
SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ CHILD'S SS# \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
Street City Zip Code

***Parent's/ Guardian's Information***

( ) Natural ( ) Legal Guardian  
( ) Step ( ) Other \_\_\_\_\_

***Parent's/ Guardian's Information***

( ) Natural ( ) Legal Guardian  
( ) Step ( ) Other \_\_\_\_\_

NAME \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMPLOYER'S

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

Are you an Emergency Required Worker? ( ) Yes ( ) No

WORK PHONE \_\_\_\_\_

CELL PHONE OR PAGER \_\_\_\_\_

LEGAL GUARDIAN'S NAME (Other than parent) \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMPLOYER'S

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

Are you an Emergency Required Worker? ( ) Yes ( ) No

WORK PHONE \_\_\_\_\_

CELL PHONE OR PAGER \_\_\_\_\_

PHONE \_\_\_\_\_

YOUR CHILD WILL BE DROPPED OFF AT (time) \_\_\_\_\_ PICKED UP AT (time) \_\_\_\_\_

**LIST PERSON'S (other than parent or guardian) WHO ARE AUTHORIZED TO PICK UP YOUR CHILD FROM SCHOOL**

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

LIST FAMILY MEMBERS IN THE HOME (if additional space is needed attach sheet to application)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_  
 2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_  
 3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

I HEARD ABOUT SEAGULL SCHOOLS: (Check One)  Yellow Pages  Advertisement (Newspaper/Magazine)  Friend  
 Referral  Internet  Other \_\_\_\_\_

ARE YOU APPLYING FOR: FULL TIME \_\_ PART TIME \_\_ (WHAT DAYS? M\_\_T\_\_W\_\_TH\_\_F\_\_)

MY REQUESTED START DATE IS \_\_\_\_\_. I UNDERSTAND I WILL BE CONTACTED WHEN THERE IS A SPACE FOR MY CHILD. OCTOBER THRU MAY SPACES BECOME AVAILABLE LESS FREQUENTLY.

Parent/Guardian's Signature \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>			<b>DATE</b>	<b>INITIAL</b>	<b>CHK/REF#</b>	<b>AMOUNT</b>
<b>START DATE</b>		<b>APPLICATION FEE</b>				
<b>CLASS</b>		<b>FIRST MONTH'S TUITION</b>				
<b>COPY (BUS.OFC)</b>		<b>COMPREHENSIVE FEE</b>				
		<b>DEPOSIT</b>				