

VARIETY SCHOOL OF HAWAII
710 Palekaua Street, Honolulu, Hawaii 96816

APPLICATION FOR ADMISSION

(A nonrefundable application fee of \$50 is required at the time this application is submitted)

Please respond to the following items as accurately as possible. All information provided will be kept confidential.

Child's Name: _____ Preferred name: _____
Birthdate: _____ Age: _____ Birthplace: _____ Gender: ___M ___F
Home address: _____ Home phone: _____
Present school: _____ Current grade level: _____
Date desired to enter school: _____

Mother's name: _____
Home address: _____ Home phone: _____
Occupation: _____ Place of employment: _____
Business address: _____ Business phone: _____

Father's name: _____
Home address: _____ Home phone: _____
Occupation: _____ Place of employment: _____
Business address: _____ Business phone: _____

Name of other primary caretaker/Legal guardian: _____
Home address: _____ Home phone: _____
Occupation: _____ Place of employment: _____
Business address: _____ Business phone: _____

From present to past, list all schools your child attended, location of school, dates of attendance, and grade levels:

School	Location (city/state)	Dates of Attendance (include month/year)	Grade Level(s)
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____

___ Yes ___ No Has your child ever repeated a grade? If yes, what grade(s)? _____
___ Yes ___ No Has your child ever received special education? If yes, for what academic areas and at what grade level(s)? _____

___ Yes ___ No Has your child ever been formally evaluated by the State of Hawaii Department of Education (DOE) to determine eligibility for special education? If yes, indicate date(s) of evaluation and outcome (including classification):

Date	Result / Classification
_____	_____
_____	_____

Yes No Has your child ever been formally evaluated by any other professional such as a psychologist, neurologist, or speech pathologist? If yes, indicate date(s) of evaluation, who completed the evaluation, and the outcome (including diagnosis):

Date	Name of Professional	Result / Diagnosis
_____	_____	_____
_____	_____	_____

Please note any other special circumstances which may have affected your child's educational progress (e.g., frequent changes of schools, significant family event, physical disabilities, major or chronic illnesses): _____

Where or from whom did you hear about Variety School? _____

Why do you want your child to attend Variety School? _____

Is there anything else we should know about your child? _____

The following material must be submitted with the "Application for Admission Form" or may be sent later under separate cover. Your child's review will commence only after all required material has been received. (Please check off each item you are submitting with the "Application for Admission Form." For items not checked, indicate the estimated date by which we will receive the item.)

- Psychological Evaluation Report (completed within two years of the application date)
- Comprehensive Educational Evaluation Report (completed within one year of the application date)
- If your child has been evaluated by the State of Hawaii DOE, complete set of DOE reports
- If your child has been evaluated by any other professional (e.g., neurologist, psychiatrist) or out-of-state agency, formal reports which document or rule out any diagnoses
- Copy of previous year's final progress report and/or report card
- Copy of current year's most recent progress report and/or report card
- Recent photograph of your child
- "Teacher Reference Report" (see form for directions)
- Signed "Consent for Release of Information and Observation Form" (to be submitted with "Application for Admission Form")
- Nonrefundable application fee (to be submitted with "Application for Admission Form")

If your child is accepted, will you be seeking financial assistance? Yes No

Person to be responsible for bills:

Name: _____ Phone number: _____
Mailing address: _____

Person or persons to whom correspondence about the child should be sent:

Name: _____ Phone number: _____
Mailing address: _____

Signature of Parent/Guardian Date Signature of Parent/Guardian Date

Send all application material to: Variety School of Hawaii, Attn: Admissions, 710 Palekaua St., Honolulu, HI 96816