

Attach Picture  
If Available



For Office Use Only  
Date Rec'd \_\_\_\_\_  
Fee Paid \_\_\_\_\_  
Interview Date \_\_\_\_\_  
Birth Certificate \_\_\_\_\_  
TRR \_\_\_\_\_  
SoMiDis \_\_\_\_\_

# SOTO ACADEMY

1708 Nuuanu Avenue, Honolulu, Hawaii 96817 Telephone: (808) 533-0452

## APPLICATION FOR REGISTRATION

A NON-REFUNDABLE \$50 REGISTRATION FEE MUST ACCOMPANY EACH APPLICATION

Please PRINT or TYPE

Last		First		Middle	
Child's Name					Sex

Usually Called	School Year Applying For	Applying for Grade
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Birth Date	Place of Birth	Birth Certificate No.
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Mailing Address	Street	City	ZIP Code
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Home Phone	E-mail (Email address(es) will be used for school communication purposes. i.e. confirmation of appointment, etc.)
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Is the child a US Citizen? Yes/No	Does the child live with parents? Yes/No	If not, then with who?
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### PARENT or GUARDIAN INFORMATION

Parent's Name	Business & Cell Phone
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Employer	Occupation
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Parent's Name	Business & Cell Phone
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Employer	Occupation
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Guardian's Name	Business & Cell Phone
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Employer	Occupation
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### PHONE CONTACTS & EMERGENCY

Parent/Guardian Best Contact Number	Parent/Guardian Best Contact Number
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EMERGENCY CONTACT Besides Parents – Relation	EMERGENCY CONTACT Home or Business Phone
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EMERGENCY CONTACT Name	EMERGENCY CONTACT Cell/Pager
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### MEDICAL INFORMATION

Child's Doctor	Address/Phone
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Child's Dentist	Address/Phone
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Please indicate any special circumstances which may have disturbed the educational progress of the applicant (extensive travel, illness, grades skipped, grades repeated, special medicines, or any physical handicaps)

### ADDITIONAL INFORMATION

School Now Attending	School Address
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**How did you find out about our school?**

Person Financially responsible for this child's tuition	Date	Print Name	Signature
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**PLEASE INCLUDE A COPY OF YOUR CHILD'S BIRTH CERTIFICATE AND LATEST REPORT CARD AND/OR TEACHER EVALUATION (IF ISSUED) WITH THIS APPLICATION.**