

**Mali Bible Church and School**  
87-138 Gilipake Street Waianae HI 96792

**APPLICATION FOR ADMISSION**  
(K4 – 6 Grade)

Grade Entering \_\_\_\_\_ Year 20 \_\_\_\_ - 20 \_\_\_\_

Child's Legal Name \_\_\_\_\_  
Last or Family Name First Middle (Name Child goes by)

Gender \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_  
Month Day Year

Natural Parents Status: Father \_\_\_\_\_ Mother \_\_\_\_\_  
Living  
Deceased  
Living, Separated  
Living, Divorced  
Living, Divorced, Remarried  
Living, Widowed, Remarried  
Adoptive  
Foster

Legal Guardian if other than parents:  
\_\_\_\_\_  
Relationship \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Sibling Information:

Brother	Sister	Age	Grade	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Child Lives With:

Last Name	First Name of Father or Person having Parental Authority	Middle Initial	First Name of Mother or Person having Maternal Authority	(Maiden Name)
_____	_____	_____	_____	_____

Address \_\_\_\_\_  
Number Street City State Zip

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

Child's last school attended \_\_\_\_\_  
Name Address

Has child repeated any grade? \_\_\_\_\_ If yes, what grade? \_\_\_\_\_  
Has the child attended this school previously? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Give names of members of your family who have attended or are presently attending this school:

Name	Date of Attendance	Name	Date of Attendance
_____	_____	_____	_____
_____	_____	_____	_____

Does this child have any physical limitations which might require some adjustment to a normal student schedule? \_\_\_\_\_  
If yes, please describe \_\_\_\_\_

Does the child have a learning disability or limitation that might require special professional assistance? \_\_\_\_\_  
If yes, please describe \_\_\_\_\_

Does the child take prescription medication regularly? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please give medication, \_\_\_\_\_

Has the child ever been hospitalized within the past year? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please give dates and reasons for hospitalization, \_\_\_\_\_

Has the child ever been treated for any nervous, mental, or emotional disorder? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please give the name of the doctor or facility providing dates of care. \_\_\_\_\_

Do you attend church regularly? \_\_\_\_\_ If yes, give name of the church: \_\_\_\_\_  
Reason for selecting this school: \_\_\_\_\_

### STATEMENT OF COOPERATION

I understand that my child's attendance is a privilege and not a right, and that if at any time his/her conduct, academic progress, or cooperation with the school's authorities is not in keeping with the school's requirements, the school reserves the right to terminate at its discretion my child's enrollment.

I give permission for my child to take part in all school activities including sports programs and school-sponsored trips away from the school premises. I absolve the school from all liability in the event my child is injured at school or during any school activity. I agree with the school's effort to train my child in the bible and will encourage my child in this and in all phases of instruction.

I pledge not to interfere, but to support the school in its efforts to administer discipline to my child in accord with the standards the school sets for itself.

If my child voluntarily withdraws or is requested to withdraw by the school, it is understood and accepted that no refund of registration fee or tuition will be made.

\_\_\_\_\_  
Signature of Father or Guardian Date

\_\_\_\_\_  
Signature of Mother or Guardian Date

### EDUCATIONAL OBJECTIVE

The applicant is asked to give a complete statement regarding his/her reasons for wanting to attend Maili Bible School, the name of the person or persons who have influenced him/her to select this school, and his ultimate purpose or goal in life.

It is understood that attendance at Maili Bible School is a privilege and not a right, which privilege may be forfeited by any student who does not conform to the standards and regulations of this institution, and that the school may request the withdrawal of the student at any time, who, in the opinion of the school, does not fit into the spirit of the institution, regardless of whether or not he/she conforms to the specific rules and regulations of Maili Bible School.