



New Student Application
Family based education for missions

U of N, 75-5851 Kuakini Hwy.#177, Kailua-Kona, HI 96740

... we will tell the next generation the praiseworthy deeds of the LORD, his power, and the wonders he has done." Ps.78:4

Name of child/children applying: \_\_\_\_\_

Date of application: \_\_\_\_\_ School Year: 201\_\_ - 201\_\_

Parent Information

Father's/Guardian Name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work phone/ cell: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

If U of N Staff Parent: Staff Position: \_\_\_\_\_

Leader's Name: \_\_\_\_\_ Dept. \_\_\_\_\_

or Kona Community Parent:Place of Employment: \_\_\_\_\_

Usual Work Hours & days: \_\_\_\_\_

Past Involvement in YWAM/UofN/DTS: \_\_\_\_\_

Mother's/Guardian Name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work phone/ cell: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: (if different) \_\_\_\_\_

If U of N Staff Parent: Staff Position: \_\_\_\_\_ (part time/mother at home)

Leader's Name: \_\_\_\_\_ Dept. \_\_\_\_\_

or Kona Community Parent:

Work Commitment (Place of Employment/Mother at home): \_\_\_\_\_

Usual Work Hours & days: \_\_\_\_\_

Past Involvement in YWAM/UofN/DTS: \_\_\_\_\_

Local Church: \_\_\_\_\_

Will you be in Kona for the entire school year? (August - June) [ ] Yes [ ] No

If No, please explain: \_\_\_\_\_

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## Parent Questions:

1. Please share how God led to your family to apply for Wai'aha. \_\_\_\_\_

2. If your child/children are accepted into Wai'aha in what areas would you like to assist/learn to teach.

Reading/Spelling/Written Language, Math, History/Geography, Current Events, Science, Art, P.E., Drama, Music, Foreign Language (note which language), Bible, Computing etc.

*(Note grade level & order of preference, \* if High School Classes)*

Mother

Father

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

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

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

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

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

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

3. How would you cover teaching/assisting time? *(staff: 4-5 hours first child, 2 hr. each extra child)*

Mother teaching

Father teaching

Shared by both parents

4. Are there any special circumstances you need to communicate? \_\_\_\_\_

5. \$25 Application Fee per child enclosed (checks made out to "Wai'aha") Total: \_\_\_\_\_

*(Book/Equipment Fee due July 15, ten monthly payments start August 1)*

Student Reference(s)

Family Reference

U of N Staff Leader Release

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## Parent Agreement *Please read carefully*

We/I understand that, if accepted into Wai'aha, our family is becoming involved in a model school where parents and trained teachers will work together as a team, to help our/my children know and love God and prepare them with knowledge, skills and character to fulfill their God-given destinies.

In light of this we/I agree to:-

- 1) take ultimate responsibility for our/my child's schooling, aware of curriculum goals and content, understanding that we are legally considered to be home schooling our/my child/children.
- 2) spend the required hours in the classroom teaching or assisting each week, arriving on time
- 3) willing to work with others and give extra classroom hours if our/my child ever has special needs
- 4) attend a **monthly** meeting for the parent-teachers & a **quarterly** meeting for ALL parents!
- 5) have our/my child come to class on time with homework completed.
- 6) keep current with all fees owing, communicating with accounting if ever there are difficulties

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Father/Guardian signature

Date

Mother/Guardian signature

Date

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**Student Information:**

Full Name of Child: \_\_\_\_\_ M  F   
  Last  First  Middle

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Ethnic Origin: \_\_\_\_\_ Passport: \_\_\_\_\_  
  Month/Day/Year

Date of application: \_\_\_\_\_ Grade Applying for: \_\_\_\_\_ School Year: 201\_\_ – 201\_\_

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1. Previous Schools Attended/Home School Experience: (List Grade, Year, School & Location.)

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2. Tell about your child's personality, temperament, and interaction with other children:

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3. How does your child interact with adults? \_\_\_\_\_

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4. Describe your child's awareness of God: \_\_\_\_\_

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5. What are interests and favorite activities: \_\_\_\_\_

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6. What are some academic strengths? \_\_\_\_\_

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7. Areas in which help may be needed? \_\_\_\_\_

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8. Are there areas of challenge or difficulty that it would be helpful for others who teach this child to know about? (learning, behavioral, social, past schooling etc.)

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9. Medical: Food Allergies/Medical Problems: \_\_\_\_\_

Medical Insurance (If yes name of Carrier): \_\_\_\_\_

Are the State Required Immunizations Up to Date?

Yes

No

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