Ka Hale I 'o Kahala
(The House of I)

Akahai • Lokahi • Olu'olu • Ha'aha'a • Ahonui • A L O H A

Registration Form

Name of New Student _____

Preferred Nickname _____ Date of Birth ___ /___ /_____
(M) (D) (Y)

Class Day(s) & Time(s) _____

_____

Parent(s) _____
For Keiki Student

Mailing Address _____

_____

Email Address _____

Phone Numbers _____ Home _____ Work

_____ Cellular (*For Emergency Only*)

644 Kumukahi Place, Honolulu, Hawaii 96825 • Phone: (808) 395-4568