

(Please print):

Male Female

Applicant's Legal Name: _____
Last First Middle

Applying for Grade: _____ School Year: _____

CATHEDRAL
CATHOLIC ACADEMY



Our Lady of Peace

Application for Admission

Co-educational School of Our Lady of Peace Cathedral

Grades Kindergarten through 8

Cathedral Catholic Academy • 1728 Nu'uauu Avenue • Honolulu, Hawaii 96817

**(808) 533-2069 • Fax: (808) 533-3040
E-mail: cathedral002@hawaii.rr.com**



APPLICATION FOR ADMISSION

Date: _____ Entering Grade: _____ Social Security No: _____

Applicant's Legal Name: _____
Last First Middle

Address: _____
(Street Address Only; No Post Office Box)

City State Zip Code
Residence Phone Number: _____ Birthdate: _____

Current School: _____ Grade: _____

Family Religious Affiliation: _____ Church: _____

U.S. Citizen? Yes No If not a citizen, indicate current immigration status:

Citizenship: _____ Permanent resident (Green Card)

Immigration Visa #: _____ Type: _____

Family History

Father's Name: _____
Last First Middle

Home address, if different from above: _____
(Street Address Only; No Post Office Box)

City State Zip Code
Phone: _____ Email: _____

Employer: _____ Occupation: _____

Business Phone: _____ Cell Phone: _____

Mother's Name: _____
Last First Middle

Home address, if different from above: _____
(Street Address Only; No Post Office Box)

City State Zip Code
Phone: _____ Email: _____

Employer: _____ Occupation: _____

Business Phone: _____ Cell Phone: _____

Applicant's Ethnic Background (Check only 1)

Language Spoken at Home (Check 1)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> A. American Indian | <input type="checkbox"/> J. Spanish, Cuban, | <input type="checkbox"/> A. English | <input type="checkbox"/> J. Samoan |
| <input type="checkbox"/> B. African American | <input type="checkbox"/> Mexican, Puerto Rican | <input type="checkbox"/> B. Cantonese | <input type="checkbox"/> K. Vietnamese |
| <input type="checkbox"/> C. Chinese | <input type="checkbox"/> K. Samoan | <input type="checkbox"/> C. Mandarin | <input type="checkbox"/> L. Other |
| <input type="checkbox"/> D. Filipino | <input type="checkbox"/> L. White | <input type="checkbox"/> D. Ilocano | <input type="checkbox"/> M. French |
| <input type="checkbox"/> E. Hawaiian | <input type="checkbox"/> M. Other | <input type="checkbox"/> E. Tagalog | <input type="checkbox"/> N. German |
| <input type="checkbox"/> F. Part-Hawaiian | <input type="checkbox"/> N. Indo-Chinese | <input type="checkbox"/> F. Cebuano/Visayan | <input type="checkbox"/> O. Italian |
| <input type="checkbox"/> G. Japanese | <input type="checkbox"/> O. Tongan | <input type="checkbox"/> G. Hawaiian | <input type="checkbox"/> P. Portuguese |
| <input type="checkbox"/> H. Korean | <input type="checkbox"/> P. Pacific Islander | <input type="checkbox"/> H. Japanese | <input type="checkbox"/> Q. Spanish |
| <input type="checkbox"/> I. Portuguese | | <input type="checkbox"/> I. Korean | <input type="checkbox"/> R. Tongan |

The Catholic School Department must report to the National Catholic Education Assn., Federal, and local agencies summary data on the sex and ethnic background of our students. It is required that each prospective applicant to a Catholic school indicate his or her sex and ethnic background on the application form. This information does not affect determination of admission. The ethnic designations are used to indicate a general group to which a person appears to belong and identifies with.

Please list siblings or other relatives who are or have been Cathedral Catholic Academy or Cathedral School students:

Name (First/Last) (Maiden, if female)	Class	Relationship
Name (First/Last) (Maiden, if female)	Class	Relationship
Name (First/Last) (Maiden, if female)	Class	Relationship

Why is the applicant interested in attending Cathedral Catholic Academy?

Please list other schools attended with their addresses:

<u>Years attended</u>	<u>School Name</u>	<u>Address</u>
To		
To		
To		

Whom may we thank for your application to Cathedral Catholic Academy?

Recommendation from:

Parent of Student? (Name): _____

An alumna? (Name): _____

A friend? (Name): _____

Other: _____

A \$35 non-refundable application fee is required with this application. Upon admission to Cathedral Catholic Academy, a \$200 registration deposit is required to secure your student's space for the upcoming school year. This deposit is non-refundable and not applicable towards tuition payment.

I understand and agree to the above statement, and hereby submit my child's application for addition to Cathedral Catholic Academy.

_____	_____
Father/Guardian Name (please print)	Date
_____	_____
Father/Guardian Signature	Date
_____	_____
Mother/Guardian Name (please print)	Date
_____	_____
Mother/Guardian Signature	Date

For Office Use Only:

Received application fee of \$35.00 in _____ Cash, _____ Check on _____ Date

Cathedral Catholic Academy admits students of any race, color, nationality and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies and financial aid, athletic and other administered programs.