

### **Application Information**

#### Aloha!

Thank you for your interest in Olelo Christian Academy. We are pleased to begin enrollment for the 2024-2025 academic school year. I invite you to come and see for yourself why we believe Olelo Christian Academy is unique and truly a special place for your child to learn and grow!

Olelo Christian Academy believes education can be provided correctly through a Biblically centered worldview while encouraging and assisting students to use their gifts. We firmly believe that each child is a unique creation and gift from God. We provide a Christian environment and education where children want to learn, practice, and enjoy what they are learning.

In order for this to occur, the right curricula, school structure, and teacher to student ratio must be in place. We also want to be in partnership with each child's family. While teaching core subjects and offering electives is very important for your child's future, we know the most important teaching is to share the love of God and teach the importance of having a personal relationship with Jesus Christ.

If you are looking for authentic and real, please come check out what we believe to be the Olelo Christian Academy difference. If you have any questions, please call 808-246-6535 or email <u>olelochristianacademy@gmail.com</u>.

#### Respectfully,

Lisa Poole Principal, Olelo Christian Academy

School: 808-246-6535 Cell: 808-634-2155

Website: Olelochristianacademy.org

# **FAMILY INFORMATION AND APPLICATION**

Parents Name				_
	City		Zip	
Phone () ( Mom's Dad's)	Cell () (Mom'sDad's)	Other (		
Primary Email	Secondary Emai	i1		
Mailing Address (if different)				_
Emergency Contact (if you canno	t be reached)			
Father				
Position				
Address				
Phone				
	Where?			
Why are you applying to Olelo Cl	hristian Academy?			
How did you hear of Olelo Christ	ian Academy?			
Are there any ways in which you	would offer your help to OCA sucl	n as voluntee	r time?	
	school year if space becomes availa	-	ou applying for the	

## **STUDENT APPLICATION**

(one per student)

Name: (first)	(mide	(middle)		(last)		
Birthdate//	Male	Female	Today's D	oate/	·/	
Cell (	Email _					
With whom does the child live	? (Name &	Relation)				
Child's Present Grade/Level		Preser	nt Age			
School Previously Attended						
School Address		City		_ State	Zip	
Reason for leaving						
What grades does your child us	sually earn'	?				
*References for your child's	<u>character a</u>	and academic	<u>28</u> .			
Name	Pho	one number/ac	ldress			
Name	Phone number/address					
Please explain any medical/phy	ysical or otl	her concerns f	or your child o	of which w	e should be	
aware:						
What are your child's strengths	s and weaki	nesses?				
What else would you like us to						
Can you provide achievement achievement? (Pleater		_	=	ive reports	on your child's	
For a middle school or high sch	hool: Can h	ne/she give tes	timony of bein	ıg a Christi	an?	
Parent(s) Signature(s)						
Student Signature (If iunior h	iigh or high	school)				