School Name: K	Capolei Charter School	Date Application Received:				
STUDENT APPLICATION FORM 2024-2025				School Tour	MCK-Vento	Adm Policy
INSTRUCTION: Ple	ase <u>complete ALL sect</u>			For School Use Only		
		STUDENT PE	RSONAL D)ATA		
Last Name:						
First Name:			Grade Applying:			
Middle Initial:	Lineage: (Jr, II, II					
Home Phone:		Cellular Number:				
Residence (Identifiable location required)			Mailing Address: (If different from home address)			
Number	Street Name	Apt#	Number	Street		Apt#
City	State Zip C	ode	City	State	Zip Co	de
	PAREN'	T/GUARDIAN C	ONTACT	INFORMATIO	N	
		Parent/G	uardian #1:			
Last Name	First Name					
Home Phone #		Cellular Phone #	Email Address			
Address (if differ	rent from student's)					
		Parent/G	uardian #2:			
Last Name	me First Name					
Home Phone #	(Cellular Phone #		Email Addre	ss	
Address (if differ	rent from student's)					