



KA HALE I O KAHALA

(The House of I)

Registration Form

Name of New Student: _____

Preferred Nickname: _____ **Date of Birth:** _____
(M) (D) (Y)

Class Day(s) & Time(s): _____

Name of Parent(s): _____
(For Keiki Student)

Mailing Address: _____

Email Address: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Alternate Phone:** _____