



Island Pacific Academy Application for Admission

PHOTO

Please return this application with the non-refundable \$65 fee, a copy of the applicant's birth certificate, and a recent photo to the Admission Office

Applicant

Applying for Grade _____ School year 20__ – 20__

Applicant's Name _____
First Middle Last Preferred Name

Birth Date _____ Birthplace _____ Citizenship _____ Age _____ Male Female

Has this student applied to Island Pacific Academy before? No Yes, When? _____

Parent Information

Father Stepfather Guardian

Mother Stepmother Guardian

Name (Mr., Dr., Col., etc.)

Name (Mrs., Ms., Dr., Col., etc.)

Home Address

Home Address

City State Zip

City State Zip

Home Phone Cell Phone

Home Phone Cell Phone

E-mail Address

E-mail Address

Occupation/Title

Occupation/Title

Employer Work Phone

Employer Work Phone

High School College

High School College

With whom is the applicant living? _____

If parents live separately, do you desire correspondence to be mailed to each parent? Both Mother Father

School Information

Please list all of the schools attended by the applicant, beginning with the current school year.

School Name Address Years Attended Grades

School Name Address Years Attended Grades

School Name Address Years Attended Grades

Siblings of Applicant

Name Date of Birth Grade Present School

Name Date of Birth Grade Present School

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Relatives or friends who have attended Island Pacific Academy

Name	Relationship	Years Attended
Name	Relationship	Years Attended

Referral

We have been referred to Island Pacific Academy by: _____

Additional Information

In order for us to get to know your child better, we ask that you respond to the following questions. We appreciate your time in completing this section. If you need additional space, please attach a separate sheet.

Why would you like your child to attend Island Pacific Academy?

What do you consider your child's academic and personal strengths?

Please list your child's academic, athletic and extracurricular activities and interests.

Describe your child's talents or achievements, either in or outside of school.

Are there any factors or special circumstances you would like to share with us that have had an impact on your child's academic or social progress to date, such as health, learning challenges, or changes of home, school or family situation?

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Has your child ever skipped or repeated a grade? No Yes If yes, which grade? _____

Has your child ever been subject to any serious disciplinary action, suspension, or expulsion from school? If yes, please explain.

At Island Pacific Academy, we believe that parent involvement and support of a child's school are integral to the success for children of all ages, particularly in an independent school. How would you like to be involved in your child's educational experience at IPA?

We welcome any additional comments about your child.

If you are interested in IPA's Financial Aid Program, please contact the Admission Office by January 15 to request information.

Signature

We (I) certify that the information provided on this application is true and accurate.

Parent's or Legal Guardian's Signature

Parent's or Legal Guardian's Signature

Date

Date

Island Pacific Academy

Admission Office
909 Haumea Street
Kapolei, Hawaii 96707

Telephone: (808) 674-3563
Fax: (808) 674-3575
E-mail: admissions@islandpacificacademy.com
www.islandpacificacademy.com

Island Pacific Academy admits students of any race, color, gender, religion, or national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, religion, gender, national or ethnic origin in the administration of its educational policies, admission policies, financial aid and scholarship programs, and athletic or other school-administered programs.