

Applicant's Legal Name (Please print):

Last

First

Middle

Grade Applying for: _____

Saint Theresa School



Application for Admission

712 North School Street • Honolulu, Hawaii 96817-3098
Phone: (808) 536-4703 • Fax: (808) 524-6861 • www.sts-hi.org

Date: _____ *Entering Grade: _____

*Eligible for Kindergarten – All children must be 5 years old by September 1st of current year.

Applicant's Legal Name: _____

Last

First

Middle

Sex: Male Female Age as of September 1: _____

Birthdate (mo./date/year): _____ Place of Birth (City & State): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Current School Attending: _____ Current Grade: _____

Family Religious Affiliation: _____ Church: _____

If Catholic- Baptismal Date: _____ Church: _____ City/State: _____

First Communion Date: _____ Church: _____ City/State: _____

Confirmation Date: _____ Church: _____ City/State: _____

Ethnicity: _____ Language Spoken at Home: _____

Is Applicant a U.S. Citizen? Yes No (If not a citizen, indicate current immigration status below)

Citizenship: _____ Permanent Resident (Green Card)

Immigration Visa #: _____ Type: _____

Family Information

With whom does applicant live? Both Parents Mother Mother/Step-Father Other
 Guardian Father Father/Step-Mother

Father's/Guardian's Name: _____

Last

First

Middle

Street Address (if different from above): _____ Religion: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Business Phone: _____ Cell Phone: _____

Employer: _____ Occupation: _____

Mother's/Guardian's Name: _____

Last

First

Middle

(Child/Applicant) Mother's Maiden Name: _____

Street Address (if different from above): _____ Religion: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Business Phone: _____ Cell Phone: _____

Employer: _____ Occupation: _____

(over)

Please list siblings or other relatives who are or have been Saint Theresa students:

Name (Maiden/Last/First)	Year Graduated from STS	Relationship
Name (Maiden/Last/First)	Year Graduated from STS	Relationship
Name (Maiden/Last/First)	Year Graduated from STS	Relationship

Other schools attended with address (including pre-school):

YEARS	GRADE	SCHOOL and CITY/STATE
From _____ To _____	_____	_____
From _____ To _____	_____	_____
From _____ To _____	_____	_____
From _____ To _____	_____	_____
From _____ To _____	_____	_____

Why is the applicant interested in attending Saint Theresa School?

A \$100 non-refundable fee is required when this application is submitted for consideration. Upon admission to STS, a \$300 comprehensive/deposit is required, and it will be applied to the Comprehensive fee. This deposit will secure the applicant's place in his/her class for the school year applying for.

I/we understand and agree to abiding by the statements above and submit my/our son/daughter's application for admission to Saint Theresa School.

Father/Guardian First Name/Last Name (print): _____

Father/Guardian Signature: _____ Date: _____

Mother/Guardian First Name/Last Name (print): _____

Mother/Guardian Signature: _____ Date: _____

Saint Theresa School 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.