



Application for Services

Return with your non-refundable fee of \$25.00.
Check or Money Order payable to University of Hawaii, no Cash

| | |
|---------------------|-------|
| For Office Use Only | |
| App. Received | _____ |
| App. Fee Received | _____ |

Child's Legal Name _____
Last
First
Middle

Nickname: _____ Gender: Male Female Date of Birth: _____

Child lives with: Both parents Mother only Father only Part time with both parents Other

Language(s) spoken in the home: _____

Mother/Guardian:

Name: _____ Cell Phone: _____

Home Address: _____ Home Phone: _____

_____ City _____ State _____ Zip code

Email: _____

| | | |
|--|--|---|
| <p style="text-align: center;">UHM Student Status <i>(Student = Full-Time Classified)</i></p> <p><input type="checkbox"/> Current or <input type="checkbox"/> Future</p> <p><input type="checkbox"/> Undergrad <input type="checkbox"/> MA <input type="checkbox"/> PhD</p> <p>UH ID#: _____</p> <p>Military Connection: <input type="checkbox"/> Veteran <input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Active <input type="checkbox"/> Other _____</p> | <p style="text-align: center;">UHM Affiliation Status</p> <p><input type="checkbox"/> Post Doc <input type="checkbox"/> Staff <input type="checkbox"/> Faculty</p> <p>UH ID#: _____</p> <p>Position: _____</p> <p>Department: _____</p> <p>Bus. Ph: _____</p> | <p style="text-align: center;">Non-UHM Employment Status</p> <p style="text-align: center;">Place of Employment:</p> <p>_____</p> <p>Position: _____</p> <p>Bus. Ph: _____</p> |
|--|--|---|

Father/Guardian:

Name: _____ Cell Phone: _____

Home Address: _____ Home Phone: _____

_____ City _____ State _____ Zip code

Email: _____

| | | |
|--|--|---|
| <p style="text-align: center;">UHM Student Status <i>(Student = Full-Time Classified)</i></p> <p><input type="checkbox"/> Current or <input type="checkbox"/> Future</p> <p><input type="checkbox"/> Undergrad <input type="checkbox"/> MA <input type="checkbox"/> PhD</p> <p>UH ID#: _____</p> <p>Military Connection: <input type="checkbox"/> Veteran <input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Active <input type="checkbox"/> Other _____</p> | <p style="text-align: center;">UHM Affiliation Status</p> <p><input type="checkbox"/> Post Doc <input type="checkbox"/> Staff <input type="checkbox"/> Faculty</p> <p>UH ID#: _____</p> <p>Position: _____</p> <p>Department: _____</p> <p>Bus. Ph: _____</p> | <p style="text-align: center;">Non-UHM Employment Status</p> <p style="text-align: center;">Place of Employment:</p> <p>_____</p> <p>Position: _____</p> <p>Bus. Ph: _____</p> |
|--|--|---|

Indicate your choice for year and schedule below:

Preferred Entry Year: _____ Preferred Schedule: Full Time Part Week MWF Part Week TTH

Parent Comments: