

APPLICATION FORM: School Year 2017–2018

Submit application and additional documents to:
UNIVERSITY LABORATORY SCHOOL
Office of Admissions - PMB #399
2440 Campus Rd. Honolulu, HI 96822

FOR OFFICE USE ONLY

GRADE_____ Rec'd_____ DB /C_____
V _____%_____ M _____%_____ GR/YR_____
E: _____ SE: _____ G: _____ L: _____

Instructions: Fill out the Application Form completely and submit all required documents to the University Laboratory School postmarked by **January 17, 2017** for grades K and 6. Grades 1–5, 7–12 NON-Entry Level Openings applications must be complete and postmarked by March 31, 2017. Type or clearly print in **black or blue ink**.

Applicant's Last Name _____ First Name _____ Middle Name/Initial _____

Ethnic Background of Applicant _____
(Please List In Priority Order)

Female Male Student Birth Date _____ Age _____ U.S. Citizenship: Yes No

Present School _____ Present Grade Level _____

Last Hawaii DOE School Attended _____ Last Grade _____ Year _____

Who has legal custody of child? _____ With whom does the child reside? _____

CONTACT INFORMATION

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Other Phone _____

PARENT/GUARDIAN DATA

Father/Guardian _____

Mother/Guardian _____

Ethnicity _____
(Priority Order)

Ethnicity _____
(Priority Order)

Occupation/Job Title _____

Occupation/Job Title _____

Name of Employer _____

Name of Employer _____

Work Phone _____

Work Phone _____

Cellular/Pager _____

Cellular/Pager _____

E-mail _____

E-mail _____

Educational Background (Check the highest level achieved)

Educational Background (Check the highest level achieved)

High School Graduate: Some College:
Bachelor's Degree: Master's Degree:
Doctorate Degree:

High School Graduate: Some College:
Bachelor's Degree: Master's Degree:
Doctorate Degree:

- **Kindergarten and Grade 6 Applicants: For an e-mail confirmation that your application was received, please provide an active email address below:**

E-MAIL: _____

VERIFICATION STATEMENT OF COMPLETED APPLICATION

I, _____, verify that the information entered and documents submitted with
(Print name) this application for the child listed are correct and complete.

Signature of Adult Verifying Student Application Information _____ Relationship to Student _____ Date _____