

APPLICATION FORM: School Year 2019–2020

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 31, 2019**. Type or clearly print in **black or blue ink**.

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

Ethnic Background of Applicant _____
(List all ethnicities) Entering Grade _____

Female Male Student Birth Date _____ Age _____ U.S. Citizenship: Yes No
(MM/DD/YYYY)

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 _____ (list all ethnicities)	Ethnicity _____ (list all ethnicities)
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: <input type="checkbox"/> Some College: <input type="checkbox"/>	High School Graduate: <input type="checkbox"/> Some College: <input type="checkbox"/>
Bachelor's Degree: <input type="checkbox"/> Master's Degree: <input type="checkbox"/>	Bachelor's Degree: <input type="checkbox"/> Master's Degree: <input type="checkbox"/>
Doctorate Degree: <input type="checkbox"/>	Doctorate Degree: <input type="checkbox"/>

• 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 this application for the child listed are correct and complete.
(Print name)

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