



# Waolani Judd Nazarene School

*Where faith and learning reflect the character of Christ*

408 N. Judd Street, Honolulu, HI 96817 · 808-531-5252 · Fax: 1-866-586-WJNS (9567) · office@wjns.org · www.wjns.org

## APPLICATION FOR ADMISSION

### STUDENT INFORMATION: *(Please Type or Print)*

Grade applying to: PS 2's \_\_\_ PS 3's \_\_\_ PS 4's \_\_\_ Grade \_\_\_ School year for which you are applying \_\_\_

Name \_\_\_\_\_  
*Last First Middle Nickname (if any)*

Address \_\_\_\_\_  
*Street City Zip Code Home Phone Number*

Birthdate \_\_\_\_\_ Current Age \_\_\_\_\_ Birthplace \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Language Spoken at Home \_\_\_\_\_ U.S. Citizen? Yes \_\_\_ No \_\_\_ If no, what country \_\_\_\_\_

Church attends \_\_\_\_\_ Member? \_\_\_\_\_

### FATHER OR LEGAL GUARDIAN: Relationship to applicant \_\_\_\_\_

Father's Name \_\_\_\_\_ Living with Child? Yes \_\_\_ No \_\_\_

Address *(if different from applicant)* \_\_\_\_\_  
*Street City Zip Code Home/Cell Phone Number*

Occupation \_\_\_\_\_ Business Phone Number \_\_\_\_\_

Employer \_\_\_\_\_ Email Address \_\_\_\_\_

### MOTHER OR LEGAL GUARDIAN: Relationship to applicant \_\_\_\_\_

Mother's Name \_\_\_\_\_ Living with Child? Yes \_\_\_ No \_\_\_

Address *(if different from applicant)* \_\_\_\_\_  
*Street City Zip Code Home/Cell Phone Number*

Occupation \_\_\_\_\_ Business Phone Number \_\_\_\_\_

Employer \_\_\_\_\_ Email Address \_\_\_\_\_

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**ACADEMIC HISTORY:**

Please list the last three schools the applicant attended (*list most recent school first*)

Name of school	Grade:	Dates attended (month and year):
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please tell us about your child's strengths: \_\_\_\_\_

Has your child received any special honors or awards for academic achievement? Yes\_\_\_\_ No\_\_\_\_  
If so, please explain. \_\_\_\_\_

Has the applicant had serious discipline problems in school? Yes\_\_\_\_ No\_\_\_\_ If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**MEDICAL INFORMATION:**

Has the applicant ever been diagnosed with or do you suspect that the applicant may have any learning disabilities or challenges? Yes\_\_\_\_ No\_\_\_\_ If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child on any type of medication? Yes\_\_\_\_ No\_\_\_\_ If yes, please list the medication and how often medication is administered? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have an IEP (Individualized Education Plan), IFSP (Individual Family Service Plan) or has the applicant ever been referred for or received special services? (e.g. speech/language, hearing, behavioral, or developmental delays) Yes\_\_\_\_ No\_\_\_\_ If yes, please explain so that WJNS can better understand and support the needs of your child. \_\_\_\_\_

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\_\_\_\_\_

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How did you hear about us? Website \_\_\_\_ Internet \_\_\_\_ Radio \_\_\_\_ Referral \_\_\_\_ Alumni \_\_\_\_

Name of person who referred you to WJNS: \_\_\_\_\_

If you or a family member has attended WJNS, please share that information with us:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years Attended \_\_\_\_\_

By signing this application, you attest all information is complete and correct to the best of your knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Applicant

\_\_\_\_\_  
Date

***Please mail application and \$60 non-refundable application fee to:  
Waolani Judd Nazarene School  
408 North Judd Street  
Honolulu, Hawaii 96817***

By submitting this application to Waolani Judd Nazarene School, you allow for the campus to include your contact information on any and all future mailings in regard to school information.

Waolani Judd Nazarene School does not discriminate on the basis of race, color, disability, sex or national and/or ethnic origin in the administration of educational policies and practice, athletic or other programs governed by the school. While WJNS does not discriminate against students with special needs, a full range of services may not always be available. Decisions concerning the admissions and continued enrollment of a student in WJNS are based upon the student's emotional, academic, and physical abilities and the resources available to WJNS in meeting each student's needs.

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**FOR SCHOOL USE ONLY**

Date Application & Fee Received: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_

Confirmation Sent: \_\_\_\_\_ Date of Tour: \_\_\_\_\_

Test/Observation: \_\_\_\_\_ Email Sent: \_\_\_\_\_

Accepted: Yes\_\_ No\_\_ Wait list \_\_ Acceptance Letter Sent: \_\_\_\_\_ Due Date: \_\_\_\_\_