



Mary, Star of the Sea School  
 4469 Malia Street, Honolulu, Hawaii 96821  
 PH: (808) 734-0208 FAX: (808) 735-9790

**APPLICATION FOR ADMISSION**

Name of Child: \_\_\_\_\_ Sex: \_\_\_\_\_ Entering Grade: \_\_\_\_\_  
Family Name First Middle

Complete Address: \_\_\_\_\_  
City State Zip

Phone Numbers: \_\_\_\_\_  
Home Cell Work

Email Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Certificate: Yes ( ) No ( )  
(MM/DD/YYYY)

Baptism: Date \_\_\_\_\_ Church \_\_\_\_\_ Place \_\_\_\_\_ Certificate: Yes ( ) No ( )

First Communion: Date \_\_\_\_\_ Church \_\_\_\_\_ Place \_\_\_\_\_ Certificate: Yes ( ) No ( )

Reconciliation: Date \_\_\_\_\_ Church \_\_\_\_\_ Place \_\_\_\_\_ Certificate: Yes ( ) No ( )

Father's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Father's Religion: \_\_\_\_\_ Deceased ( ) Single Parent ( ) Remarried ( )

Father's Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_ Deceased ( ) Single Parent ( ) Remarried ( )

Mother's Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Number of Children in Family: Boys \_\_\_\_\_ Girls \_\_\_\_\_ Total: \_\_\_\_\_ Rank of this child in Family: \_\_\_\_\_  
(1<sup>st</sup>, 2<sup>nd</sup>, etc.)

Name and Address of Guardian: \_\_\_\_\_

Name of Step Parent: \_\_\_\_\_

**Other Schools Attended**

Year	Grade	Name of School	Place

Office Use Only: Date Received: \_\_\_\_\_ Nonrefundable Registration Fee Paid: \_\_\_\_\_