

# STUDENT ENROLLMENT AT KONAWAENA HIGH SCHOOL

## *Registration Hours:*

*Monday-Friday (except Holidays & Closed School Days)  
7:30am-3:30pm or by appointment*

Students who are planning to enroll at Konawaena High School must provide the following documents **BEFORE** the enrollment process may begin:  
*(Parent/Guardian MUST be present at Registration if student is under age 18)*

**PROOF OF RESIDENCY** (A home visit could occur should questions arise regarding Konawaena residency)

If Homeowners, please provide:

- any mortgage document OR Real Property Assessment document
- AND most current water OR electric bill (NOT cable or telephone)

If renters, please provide:

- rental agreement
- AND water or electric bill or bank statement with parent/guardian name and address
- NO cable or telephone bill

If living with another family, please provide:

- notarized letter from named homeowner/renter AND
- homeowner's mortgage documents or rental agreement AND
- homeowner's water OR electric bill AND
- student's parent/guardian bank statement with name and Mililani address

**MEDICAL RECORDS (must include)**

- Negative TB clearance within last school year  
(if positive reading, chest x-ray must be performed)
- Current physical administered within last school year OR an appointment card w/clinic name
- Updated shot records (DOH website below for more information)  
<http://www.hawaii.gov/health/family-child-health/immunization/school-health/index.html>

3. **RELEASE PACKET FROM PREVIOUS SCHOOL** to include:
  - a. Withdrawal/Transfer form
  - b. If entering grade level is 10, 11, or 12 an UNOFFICIAL transcript with grades and credits
  - c. If entering grade level is 9 a FINAL REPORT CARD prior to start of new school year
4. **BIRTH CERTIFICATE AND/OR PASSPORT**
5. **GUARDIANSHIP PAPERS** (if applicable)
6. **CURRENT IEP** (if applicable for special services)
7. **CLEAR PHOTO I.D. OF BOTH PARENT(S) AND STUDENT(S)**

**According to HRS § 710-1063**, falsification on a government application is a misdemeanor and that when such a violation is found, the child will be sent back to the school where he/she should properly be attending. The DOE may pursue prosecution at its discretion.

Nov 2015

## KONAWAENA HIGH SCHOOL

81-1045 Konawaena School Road  
Kealahou, HI 96750  
808-313-6000 (Phone)  
808-323-4515 (Fax)

Welcome to Konawaena High School, home of the Wildcats. We service students in grades 9,10,11 & 12 and we actively seek to create a safe and interactive learning environment that enables all students to be critical thinkers who work collaboratively, demonstrate academic proficiency, and produce quality work.

### SCHOOL BOUNDARY

**Northern boundary:** South of Lunapule Road (Yama's Fishing Supply; excluding Kona Hillcrest subdivision) and both sides of Hualalai Road (from Queen Kaahumanu Highway) to the intersection at Mamalahoa Highway.

**Southern boundary:** Mac Farms

*Students living outside of this area who wish to attend Konawaena High School may request a Geographic Exception (GE) by filing out a "Request for Geographic Exception" form. \*Transportation to and from school for "GE" students is the responsibility of the parents.*

**BUS TRANSPORTATION** Bus transportation is available for all students who live 1.5 miles or more from the school. A separate application form is available at the Vice Principal's office. GE students may apply on a space available basis but are not guaranteed a seat.

**REGISTRATION** The following documents are needed at the time of registration

#### **TB clearance**

*Tuberculin Test*-Student must show proof of freedom from communicable tuberculosis through a negative tuberculin test before they can be admitted to school. Only a PPD (purified protein derivative) or Mantoux tuberculin test completed within one (1) year of entry to a Hawaii public school will be accepted.

#### **Birth certificate**

##### **Proof of residence**

1. Fully executed CURRENT rental agreement, mortgage document or current real property assessment document in the parent/legal guardian's name
2. Utility bill for water, electric, telephone or cable bill indicating that the billing is in the name of the parent/legal guardian's name
3. **Notarized** statement by the relative/friend with whom the parent/legal guardian is living. The statement must include the name of the relative/friend, address of the home and the names of all members living in the home.
  - A proof of residence (items 1 or 2) for the friend/relative must be attached to this notarized statement.*Falsification on a government application is a misdemeanor (H.R.S. Sec. 710-1063) and when such a violation is found, the child will be sent to the school in his/her geographic boundary.*

#### **Guardianship**

1. A notarized power of attorney or court document must accompany the registration form for students living with anyone other than the legal parent) *According to State of Hawaii policy, power of attorney documents relating to education are valid only one year.*

#### **School Records/information**

1. Certificate of release from previous school
2. Withdrawal grades
3. Current report card
4. Standardized test scores
5. Health record (form 14)

A completed health record (Form 14) must be submitted before the first day of school. The health requirements include a **physical examination** completed by an American physician within one year prior to school entry date and complete series of **immunizations**: diphtheria, tetanus, pertussis, polio, 2 doses of MMR (measles, mumps, rubella) vaccine, 3 doses of Hepatitis B vaccine and 1 or 2 doses of varicella (chicken pox) depending on the student's age. Past history of contracting chicken pox as documented by your child's doctor is acceptable for the vaccine requirement.

*(All first time students or students transferring from schools within the state of Hawaii, must provide their health record (form 14) and a record of the following additional immunizations per State law effective 7/2/02 before admittance to school*



Health Requirements (Provisional Entry)

If your child does not have proof of a physical (for first time students) or has not met all immunization requirements, a doctor's statement or appointment slip (with the date/time of next visit) will enable your child to enter school provisionally. Children granted provisional entrance must follow through with their appointment(s) and must meet all the requirements within 3 months of provisional entrance in order to remain in school. In the event of an outbreak or epidemic of any of the diseases against which a child is not fully immunized, that child will be excluded from attending school until the outbreak is over or the child receives the required immunization.

6. VISA and or passport if entering from a foreign country
7. Current IEP for special needs student(s)

**STUDENT FEES** Student Government fee, \$10.00 & Class dues, \$8.00. Optional fees: BIIF pass \$20.00, lockers \$2(students must supply their own combination locks. No key or laser locks are permitted)  
Please submit payment with your registration. Checks may be made out to "Konawaena High School"

**PROMOTION POLICY** All students must pass English, Math, Science & Social Studies every year. For promotion to grade 10 students must earn 5 credits, for promotion to grade 11 student must earn 11 credits and for promotion to grade 12 students must earn 17 credits, with a total of 24 credit to graduate.

**\*\*\*\*For the future: RELOCATION** If you are relocating to another island/state, attending a private school or attending another school on this island, please call the Registrar or stop by to complete exit forms.

***A minimum of (2) days notice is required to complete release documents. All obligations must be cleared and all textbooks and library books must be returned.***

School Name: **Konawaena High School** Complex Area: **KONAWAENA**

<b>STUDENT ENROLLMENT FORM SIS-10W (Revised)</b>	Student ID No. _____	Entry Date _____	Entry Code _____	Room _____
	For school use only			

**INSTRUCTIONS: PRINT YOUR ENTRIES LEGIBLY** Ethnicity/Race Observed: \_\_\_\_\_ Initial \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT PERSONAL DATA**

Legal Last Name: \_\_\_\_\_ Gender:  M  F Grade Level: \_\_\_\_\_  
 Legal First Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ Suffix: (Jr, II, III, etc): \_\_\_\_\_ Verification of DOB: \_\_\_\_\_

Not Homeless  Homeless\*  Completed MVA Packet

\_\_\_\_\_  
DOE Representative Signature      Parent/Legal Guardian Signature

\*"Homeless" means individuals who lack a fixed, regular and adequate nighttime residence (within the meaning of section 42 USCS §11302(a)(1)) and includes:

- (i) children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters, are abandoned in hospitals; or are awaiting foster care placement.
- (ii) children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of 42 USCS §11302(a)(2)(C)).
- (iii) children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings; and
- (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle.

If you have any questions regarding the above, please call 1-866-927-7095

PRESCHOOL EXPERIENCE	LAST HAWAII PUBLIC SCHOOL ATTENDED
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Preschool Experience <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" – attended <input type="checkbox"/> less than 6 months <input type="checkbox"/> between 6 and 12 months <input type="checkbox"/> more than 1 year	Pre-School Program: (if applicable) <input type="checkbox"/> EOEL <input type="checkbox"/> KALO <input type="checkbox"/> PDG
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Name: _____
Last Grade Attended: _____ Year: _____

**PRIOR SCHOOL ATTENDED (If not Hawaii Public School)**

Name: \_\_\_\_\_ U.S. Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ U.S. Fax: \_\_\_\_\_

**CITIZENSHIP**

Country of Birth: \_\_\_\_\_ If Country of Birth is other than US, give year of arrival: \_\_\_\_\_  
 US Citizen:  Yes  No If not US Citizen, indicate status: Refugee \_\_\_\_\_ Immigrant \_\_\_\_\_ Non-Immigrant \_\_\_\_\_

**LANGUAGE INFORMATION**

Language Codes: (Select a letter from the list and fill in the blanks below)

\_\_\_\_\_ Language (Spoken) at Home      \_\_\_\_\_ First (Acquired) Language      \_\_\_\_\_ Language Most Used

A – English	F – Cebuano/Visayan	K – Vietnamese	Q – Fijian	V – Pangasinan	L – Other (Specify): _____
B – Cantonese	G – Hawaiian	M – Chuukese	R – Hmong	W – Portuguese	
C – Mandarin	H – Japanese	N – Pohnpeian	S – Lao	X – Spanish	
D – Ilocano	I – Korean	O – Cambodian	T – Marshallese	Y – Thai	
E – Tagalog	J – Samoan	P – Chamorro	U – Pampango	Z – Tongan	

**Please complete ETHNICITY INFORMATION, RACE INFORMATION, and PRIMARY ETHNICITY/RACE INFORMATION**

**ETHNICITY INFORMATION**

Are you (J) Hispanic (Ex. Cuban, Mexican, Puerto Rican, Spanish, Other Hispanic)?  Yes  No

**RACE INFORMATION**

Check all that apply:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> A – American Indian or Alaska Native | <input type="checkbox"/> E – Native Hawaiian | <input type="checkbox"/> K – Samoan   | <input type="checkbox"/> P – Tongan                 |
| <input type="checkbox"/> B – Black                            | <input type="checkbox"/> G – Japanese        | <input type="checkbox"/> L – White  | <input type="checkbox"/> Q – Guamanian/Chamorro     |
| <input type="checkbox"/> C – Chinese                          | <input type="checkbox"/> H – Korean          | <input type="checkbox"/> N – Indo-Chinese (Ex. Cambodian, Laotian, Vietnamese)  | <input type="checkbox"/> R – Other Asian            |
| <input type="checkbox"/> D – Filipino                         | <input type="checkbox"/> I – Portuguese      | <input type="checkbox"/> O – Micronesian (Ex. Chuukese, Marshallese Pohnpeian.) | <input type="checkbox"/> S – Other Pacific Islander |

**PRIMARY ETHNICITY/RACE INFORMATION**

What is the student's primary race? (Select only ONE letter from either the ethnicity or race list and fill in the blank) \_\_\_\_\_

I decline to provide ethnicity and race information. I understand that if I do not provide this information, a school representative will designate the ethnicity and race categories for my child.

**LEGAL PARENT/GUARDIAN LIVING IN THE HOUSEHOLD WITH STUDENT**

FIRST PARENT / GUARDIAN

Check one:  Mr.  Mrs.  Ms.  Other (specify) \_\_\_\_\_ Relation: \_\_\_\_\_

Marital Status:  Married  Divorced  Separated  Single Custody of Child:  Yes  No

Custody Documentation Submitted:  Yes  No Custody Type:  Sole Custody  Physical Custody  Joint Legal

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_

Home Address: \_\_\_\_\_ APT# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from Home Address): \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cellular Phone # \_\_\_\_\_ Pager # \_\_\_\_\_ Work Phone # (include ext.) \_\_\_\_\_

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

Allow this person access to: (circle all that apply) mailing / portal (if applicable) / messenger

EMERGENCY CONTACT: (circle one) Call Sequence 1 2

Is this parent/guardian a member of the Armed Services, National Guard or Reserves?  Yes  No

Military Status (check one):  Traditional Reservist / M-Day  Active Duty (Title 10)  Federal Technician (Title 32)

Deployed?  Yes  No

Branch of Service (check one):

- |                                    |  |   |   |
|------------------------------------|--|---|---|
| <input type="checkbox"/> Army      | <input type="checkbox"/> Marine              | <input type="checkbox"/> Air National Guard | <input type="checkbox"/> Navy Reserves        |
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Coast Guard         | <input type="checkbox"/> Army Reserves      | <input type="checkbox"/> Marine Reserves      |
| <input type="checkbox"/> Navy      | <input type="checkbox"/> Army National Guard | <input type="checkbox"/> Air Force Reserves | <input type="checkbox"/> Coast Guard Reserves |

Does this person work for the Federal Government or work on Federal Property?  Yes  No

## LEGAL PARENT/GUARDIAN LIVING IN THE HOUSEHOLD WITH STUDENT

SECOND PARENT / GUARDIAN

Check one:  Mr.  Mrs.  Ms.  Other (specify): \_\_\_\_\_ Relation: \_\_\_\_\_

Marital Status:  Married  Divorced  Separated  Single Custody of Child:  Yes  No

Custody Documentation Submitted:  Yes  No Custody Type:  Sole Custody  Physical Custody  Joint Legal

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_

Home Address: \_\_\_\_\_ APT# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from Home Address): \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cellular Phone # \_\_\_\_\_ Pager # \_\_\_\_\_ Work Phone # (include ext.) \_\_\_\_\_

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

Allow this person access to: (circle all that apply) mailing / portal (if applicable) / messenger

EMERGENCY CONTACT: (circle one) Call Sequence 1 2

Is this parent/guardian a member of the Armed Services, National Guard or Reserves?  Yes  No

Military Status (check one):  Traditional Reservist / M-Day  Active Duty (Title 10)  Federal Technician (Title 32)

Deployed?  Yes  No

Branch of Service (check one):

- |                                    |  |   |   |
|------------------------------------|--|---|---|
| <input type="checkbox"/> Army      | <input type="checkbox"/> Marine              | <input type="checkbox"/> Air National Guard | <input type="checkbox"/> Navy Reserves        |
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Coast Guard         | <input type="checkbox"/> Army Reserves      | <input type="checkbox"/> Marine Reserves      |
| <input type="checkbox"/> Navy      | <input type="checkbox"/> Army National Guard | <input type="checkbox"/> Air Force Reserves | <input type="checkbox"/> Coast Guard Reserves |

Does this person work for the Federal Government or work on Federal Property?  Yes  No

## PARENT/GUARDIAN NOT LIVING WITH STUDENT

PARENT / GUARDIAN

Check one:  Mr.  Mrs.  Ms.  Other (specify): \_\_\_\_\_ Relation: \_\_\_\_\_

Marital Status:  Married  Divorced  Separated  Single Custody of Child:  Yes  No

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_

Home Address: \_\_\_\_\_ APT# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from Home Address): \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cellular Phone # \_\_\_\_\_ Pager # \_\_\_\_\_ Work Phone # (include ext.) \_\_\_\_\_

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

Allow this person access to: (circle all that apply) mailing / portal (if applicable) / messenger

EMERGENCY CONTACT: (circle one) Sequence 1 2 3





**QUESTIONNAIRE TO DETERMINE ELIGIBILITY  
MV1  
McKinney-Vento Homeless Assistance Act  
(MVA)**

Questionnaires  
are filed for  
one (1) year for  
all students and  
seven (7) years  
for any student  
checking a box  
in Section 2.

Student's Name \_\_\_\_\_ School \_\_\_\_\_

**Section 1:**  Student/Parent/Legal Guardian IS NOT in a homeless situation

*(includes living with friends or family due to personal choice)*

**(If Section 1 is checked, STOP and complete Parent/Legal Guardian's signature below; form is complete.)**

**Section 2: Student/Parent/Legal Guardian:** *(Check the box  that applies)*

Lives with friends or family due to economic hardship, such as loss of housing or income

Lives on the beach, at a campground, in a park, or in a hotel

Lives in a tent, car, bus or other non-permanent structure

Lives in a domestic violence shelter

Lives in an emergency or transitional shelter (Please circle, or write in name if not listed.)

**Kauai:** Manaolana, Kuapo, Kauai Economic Opportunity Shelter, Other: \_\_\_\_\_

**Hawaii:** Kihei Pua, Beyond Shelter, Na Kahua Hale of Ulu Wini-Kaloko Transitional, Other: \_\_\_\_\_

**Maui:** Family Life Center (Hoolanani), Ka Hale A Ke Ola, Ka Hale A Ke Ola Westside, Other: \_\_\_\_\_

**Oahu:** Family Promise, Institute for Human Services (IHS), Loliana, Ohana Ola O Kahumana, Maili Land, Next Step, Vancouver House, Onemalu, Onelauena (Hope for a New Beginning), Paiolu Kaiulu (Waianae Civic Center), Weinberg Village Waimanalo, Ulu Ke Kukui, Ka Ohu Hou O Manoa, Lighthouse Shelter, Kahi Kolu Ohana O Waianae, Other: \_\_\_\_\_

Has no regular place to stay at night

The student is awaiting foster care

The student is an unaccompanied youth

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

When any box in **Section 2** above is checked, the student may be eligible to receive MVA services including meals and transportation to and from school. School personnel will assist the Parent/Legal Guardian or unaccompanied youth **to complete the reverse side of this form and any remaining MVA forms.**

This questionnaire is intended to address the McKinney-Vento Act (42 U.S.C. 11434a(2)).  
The answers provided help determine appropriate and comparable MVA services.

**All collected information will only be used for the purposes of providing educational services pursuant to the McKinney-Vento Act and is protected by federal and state laws.**



**Section 3:**

Name of School \_\_\_\_\_

School of Origin \_\_\_\_\_  
(last school attended or last school child attended with a permanent residence)

Student's Name \_\_\_\_\_  Male  Female

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade \_\_\_\_\_

**Siblings:**

Name	Age	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Section 4: Contact Information**

Address \_\_\_\_\_ City \_\_\_\_\_ Telephone \_\_\_\_\_

**Emergency Contacts:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Section 5: Student is applying for the following:**

Free/Reduced-Price Meals  Transportation to and from school  Other \_\_\_\_\_

**Note:** Services will be comparable to those provided to all other students attending this school.

**Section 6: Parent/Legal Guardian**

*I understand and agree that the Homeless Concerns Liaison may contact me. I will inform the school administrator if any changes occur concerning this information.*

Parent/Legal Guardian's Signature \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_

**Section 7: For School Use Only**

Student ID # \_\_\_\_\_

**Student Enrolled As:**

- Home School (school within the geographic area of student's current residence)
- School of Origin (school attended when permanently housed/last school attended)
- Geographic Exception (GE)
- Other \_\_\_\_\_

PRINT Name of School Administrator \_\_\_\_\_ Title \_\_\_\_\_

Signature of School Administrator \_\_\_\_\_ Date \_\_\_\_\_

By signing above, the school representative acknowledges that the parent/legal guardian has been provided with MVA information and a copy of this form.



STATE OF HAWAII  
DEPARTMENT OF EDUCATION

PARENT/GUARDIAN STATEMENT

STUDENT'S FIRST NAME

MI

LAST NAME

DATE OF BIRTH

Please read carefully and select the statement below which best describes your relationship to the student whom you wish to register at this school.

The above named child lives with both parents and I am the parent (birth or adopted) of this child.

I am the parent (birth or adopted) of this child and am not currently married to the other parent, but I have Physical Custody. *\*NOTE: It will be assumed by Konawaena High School that both parents will have joint legal custody unless legal court documents are provided. To assist us in complying, you must provide us with a copy of the most recent legal court documents.*

I am a foster parent.

I am not the parent (birth or adopted) of this child. I am a relative or friend.  
(Please choose one of the following)

A.  I have been awarded Power of Attorney of this child from birth/adopted Parent(s)

B.  I have been awarded legal guardianship of this child through court.  
*To assist us in complying with court orders, you must provide us with a copy of the most recent legal court documents BEFORE your student can enroll in school.*

None of the above statements describe my relationship to this child. Please describe your relationship to this child.

\_\_\_\_\_  
\_\_\_\_\_

I attest that I have been truthful and accurate in providing the foregoing information and/or documents to Konawaena High School, its administrators, and/or staff.

Print Name

Date

Signature

Parent/guardian

**KONAWAENA HIGH SCHOOL**  
**CSSS Transition Information \*Confidential\***

\_\_\_\_\_  
Student Last Name                      Student First Name                      Middle Initial

BIRTHDATE: \_\_\_/\_\_\_/\_\_\_                      GRAD YR: \_\_\_                      Student ID #: \_\_\_\_\_

PREVIOUS SCHOOL: \_\_\_\_\_

SPECIAL EDUCATION / 504 MODIFICATON ELIGIBILITY

\_\_\_ My child was NEVER eligible for Special Education and or Section 504 services

\_\_\_ My child IS CURRENTLY receiving: \_\_\_ Special Education Services or \_\_\_ Section 504 Services

I have copies of the following: (check all that apply) \_\_\_ IEP \_\_\_ 504 Plan \_\_\_ Diagnostic Reports

\_\_\_ My child WAS receiving and is NO LONGER eligible for: \_\_\_ Special Education Services \_\_\_ Section 504 Services

ENGLISH AS A SECOND LANGUAGE

\_\_\_ Not Applicable

\_\_\_ My child was receiving ELL services and should continue to do so

\_\_\_ My child has EXITED from the ELL program

For office use only:	C/O _____	SID: _____
CC: _____	SSC _____	_____ Counselor
Date: _____		

**KONAWAENA HIGH SCHOOL**  
**FALSIFICATION DECLARATION**

According to HRS 710-1063, falsification on a government application is a misdemeanor and that when such a violation is found, the child will be sent back to the school where he/she should properly be attending. The DOE may pursue prosecution at its discretion.

I have read and understand the above statements and I hereby declare that the information I have provided on all documents for Konawaena High School is truthful and accurate.

\_\_\_\_\_  
Parent/guardian name (PLEASE PRINT)

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Date



Home of The Wildcats

STATE OF HAWAII
DEPARTMENT OF EDUCATION
KONAWAENA HIGH SCHOOL
81-1043 KONAWAENA SCHOOL ROAD
KEALAKEKUA, HAWAII 96750

TELEPHONE (808) 313-6000 FAX (808) 323-4515

Shawn S. Suzuki
Principal

Kellye Krug
Athletic Director

ATHLETICS INTEREST FORM

Welcome to the Konawaena athletic program. We appreciate your interest in the rich tradition of representing Konawaena High School in interscholastic sports.

The athletic program is an integral and vital part of the total educational experience at Konawaena. Team concepts, commitment, responsibility, respect, self discipline and leadership skills are all expected outcomes of participation.

Student athletes are expected to meet the DOE standard for academic eligibility and be role models for all others at all times

PLEASE CHECK ALL SPORTS YOU ARE INTERESTED IN (this sheet will be given to the coach of the earliest sport)

FALL SPORTS

- Football
G Volleyball
B&G Air Riflery
B&G Bowling
B&G Cross Country
Cheerleading

WINTER SPORTS

- Girls Basketball
B&G Paddling
G Soccer
B&G Swimming-Diving
B&G Wrestling
Boys Basketball
Boys Soccer

SPRING SPORTS

- B&G Tennis
G Water Polo
Softball
G Golf
B&G Track Field
B&G Judo
Baseball
B Volleyball
B Golf
Lacrosse

Student's Name Age Birth date

Address Phone # Cell #

To participate, each student must have a current physical exam and parental consent form on file

FOR FURTHER INFORMATION, CONTACT THE ATHLETIC DIRECTOR KELLYE KRUG AT #331-6020