

## UNIVERSITY OF THE NATIONS KONA, HAWAII FOUNDATION SCHOOL JUNIORS APPLICATION (4-6 year olds)

Attach Recent Photograph

Date of Application. DM_	_t					
Identity:						
Last name:		First na	ame:		Middle:_	
Name child likes to be called:						
Street/Box:						
City/Town:	5	State:	Zip:	Country:		
Phone:	Fax:		Email:			
Sex: [ ]Male [ ]Female Age:	Birthdate: D	Y_	Birthplace:			
Father's name:		Moth	ner's name:			
Parent's U of N school:				Enr	ollment: м	Y
Child information: (Our commitment these needs, please comment on the Previous Preschool/Kindergarten ex						
Favorite activities:						
Least favorite activities:						
Personality and temperament:		4 /				
Interaction with adults:						
Behavior problems and your method of	of dealing with them:_					
Toileting habits and words used in con	nection:					
Spiritual awareness of God:						
Is English the mother tongue? [ ]Ye	s [ ]No If no, ho	ow well is it spo	oken? [ ]Fluently [ ]Car	n manage [ ]It's a str	uggle [] Not a	at all
Additional comments:						
Parent's signature:	/		Date: DMY	Relationship:		
University of the Nations is a IS NOT ACCREDITED BY AN A	degree granting ins	stitution (Asso	ociate, Bachelor and M	aster). UNIVERSITY STATES SECRETAR	OF THE NATI Y OF EDUCA	ONS TION.

Please mail all forms to:

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Email: foundation@uofnkona.edu