

# American Renaissance Academy (ARA)

## Student Application

**De Avoir Vient Grandeur**

(From Knowledge Comes Greatness)

### Applicant Information

First Name	Middle Name	Last name	Male/Female
Preferred Name	Age		Applying to grade
Date of Birth	Age on September 1, 2009		Place of birth
Country of citizenship	Primary language(s) spoken at home		
Street address			
City	State	Zip code	Telephone

Submit applications to the ARA Business Office

Admission Director  
American Renaissance Academy  
P.O. Box 75357  
Kapolei, Hawaii 96707

If you have question during the application process feel free to call the Academy Director at (808) 682-7337.

### School Information

Current school	Current grade
Previous schools applicant attended: Name	Date
Previous schools applicant attended: Name	Date
Previous schools applicant attended: Name	Date
What grade(s) if any has applicant skipped?	What grade(s) if any has applicant repeated?
Please explain	
Has the applicant ever applied to ARA?	If yes, year(s)
To what other school(s) is the applicant applying to for the 2009-2010 academic year?	

# American Renaissance Academy (ARA)

## Parent / Guardian Information (1)

Mr.  Mrs.  Ms.  Dr.  No title  other \_\_\_\_\_

\_\_\_\_\_  
First Name Middle Name Last name Relationship to Applicant

\_\_\_\_\_  
Home Address Home Telephone

\_\_\_\_\_  
City State Zip code

\_\_\_\_\_  
Occupation/Position Employers Name

\_\_\_\_\_  
Employment address Business Telephone

\_\_\_\_\_  
Education E-mail

## Parent / Guardian Information (2)

Mr.  Mrs.  Ms.  Dr.  no title  other \_\_\_\_\_

\_\_\_\_\_  
First Name Middle Name Last name Relationship to Applicant

\_\_\_\_\_  
Home Address Home Telephone

\_\_\_\_\_  
City State Zip code

\_\_\_\_\_  
Occupation/Position Employers Name

\_\_\_\_\_  
Employment address Business Telephone

\_\_\_\_\_  
Education E-mail

## Please check all that apply:

- Parents are married
- Parents are separated
- Parents are divorced
- Mother has custody
- Father has custody
- Joint custody
- Single-parent household

Mother remarried:

\_\_\_\_\_  
Stepparent's name

Father remarried:

\_\_\_\_\_  
Stepparent's name

Professional organization, such as HAIS & HCPS and the Federal Government require us to provide data regarding the ethnic origins of our students. How would you like your child to be identified?

- African  African American
- Asian  Asian American
- Black  Caucasian
- Hispanic  Latino
- Hawaiian  Multiracial
- Native American  Pacific Islander
- Other

# American Renaissance Academy (ARA)

## Sibling Information

				Check if applying to ARA
Name	age	Current school	Current grade	<input type="checkbox"/>
Name	age	Current school	Current grade	<input type="checkbox"/>
Name	age	Current school	Current grade	<input type="checkbox"/>
Name	age	Current school	Current grade	<input type="checkbox"/>

## Other Family members who have attended ARA:

Name	Relationship	Year(s)
Name	Relationship	Year(s)
Name	Relationship	Year(s)

## Medical Information: (e.g.: dyslexia, diabetes, Cardio Pulmonary Disease, ADD/ADHD)

Diagnosis Medication

Diagnosis Medication

Additional Information

Additional Information

# American Renaissance Academy (ARA)

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## Parent(s) or Guardian(s) Comments

1. What is your child's attitude toward school?

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2. How do you think your child is doing in school?

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3. What are your child's interests outside of school?

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4. What are some of the qualities that you appreciate about your child?

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# American Renaissance Academy (ARA)

## Parent(s) or Guardian(s) Comments

5. What are your child's strongest academic areas?

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6. What academic areas require the most attention?

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7. How did you hear about American Renaissance Academy (newspaper, website, family/friends, radio, television, summer school program)?

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**We/I understand that the withholding of information or incorrect information may disqualify the applicant for admission or may be later used for the applicant's withdrawal or dismissal.**

\_\_\_\_\_  
Parent or Guardian (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian (Signature)

\_\_\_\_\_  
Date

### **Please Note:**

**Please enclose a check for the non-refundable application fee in the amount of \$75 made payable to A.R.A.**

**Mail or drop-off application package(s) to:**

#### **Mail:**

**American Renaissance Academy  
Admissions Office  
P.O. Box 75357  
Kapolei, HI 96707**

#### **Drop-Off:**

**American Renaissance Academy  
BLDG 1 Barbers Point  
(corner of Lexington & Midway)  
Kapolei, HI 96707**

Please check here if you are interested in receiving financial aid information (the primary qualifying factor for financial aid is based on annual household income)