



The Koloa Early School

Student Application

Child's Full Legal Name: _____

Name you would like us to label your child's cubby and other items: _____

Birth date: ____ - ____ - ____ Home Phone: _____

Special Diet? Yes No

If Yes, please specify so we can work together to ensure your child's best interest:

Allergy: _____ Intolerance: _____ Other: _____

Parent/Legal Guardian's Name: _____

Place of Work & Bus. Phone: _____ Cell #: _____

Email: _____

Parent/Legal Guardian's Name: _____

Place of Work & Bus. Phone: _____ Cell #: _____

Email: _____

Mailing Address: _____

Apt#: _____ City: _____ Zip Code: _____

Phone Where You Can Be Reached During School Hours: _____

Date You Wish To Enroll Your Child: _____ Today's Date: _____

TKES Application Fee is \$200, and is non-refundable. For returning students, the renewal fee is \$150. The completed application with the application fee secures your child's spot on TKES waiting list.

Where children love to learn!

5521 Koloa Road • P.O. Box 1302 • Koloa, Kauai, Hawaii 96756 • Tel: 808-742-1769 • Fax: 808-742-1776
thekoloaearlyschool@gmail.com