

**Hui Malama Learning Center**  
 375 Mahalani St. Wailuku, HI 96793  
 (808) 244-5911 (808) 242-0762(FAX)



<b>For Office Use Only -</b> (Rev 03/07)
Date entered in Database: _____
Date Deleted in Database: _____
Student ID #: _____

**English as a Second Language  
 ENROLLMENT APPLICATION**

**Your Last Name:** \_\_\_\_\_ **Your First Name:** \_\_\_\_\_

**Male** \_\_\_ **Female** \_\_\_ **Date of Birth:** (month) \_\_\_\_\_ (day) \_\_\_ (year) \_\_\_\_\_ **AGE:** \_\_\_

**Country of Birth** \_\_\_\_\_ **Native Language** \_\_\_\_\_ **U.S. Citizen:** Yes \_\_\_ No \_\_\_

**Do you speak any other languages?** \_\_\_\_\_

**Billing Address** (where you get mail):  
 Street Number or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address (Please print clearly): \_\_\_\_\_

**Student Information:** (This information is requested by our funders. Please circle one number in each section.)

<b>Nationality:</b>	<b>Employment (Work) :</b>	<b>How did you hear about us?</b>
1. European / Caucasian	1. Full-Time	1. TV/Radio
2. Hawaiian ( ___ %)	2. Part-Time	2. Newspaper
3. Portuguese	3. Unemployed - Looking for work	3. Phonebook
4. Japanese	4. Visiting Maui	4. Employer
5. Chinese	5. Student	5. Library
6. Korean	<b>Family Income (Per Year):</b>	6. School
7. Cambodian	1. Under \$12,000	7. Poster/Flyer
8. Laotian	2. \$12,001- \$25,000	8. Friends/Family
9. Vietnamese	3. \$25,001- \$45,000	9. Other Agency
10. Filipino	4. over \$45,000	10. Internet
11. Hispanic		11. Returning Student
12. African American	<b>Your Needs: Check as many as apply</b>	
13. American Indian	___ Improve Writing	
14. Samoan	___ Improve Speaking	
15. Tongan	___ Improve Reading	
16. Pacific Islander	___ Become a US Citizen	
17. Mixed: Not Hawaiian	___ Help my kids in school	
18. Other:	___ Get a Drivers License	
	___ Get GED	
	___ Get a better job	
	___ Go to College or continue education	
	___ Learn Computer Skills	
	<i>Other:</i> _____	

PLEASE INITIAL: I certify that the above information is true and understand the student teacher agreement. \_\_\_\_\_

Student's Signature (or Parent if Student is under 18 yrs) \_\_\_\_\_ Date of Application \_\_\_\_\_

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<b>Try Date:</b> _____	<b>Start Date:</b> _____	<b>Class:</b> _____	<b>Teacher:</b> _____
<b>Site:</b> _____	<b>Resident</b> ___	<b>Non-Resident</b> ___	<b>Business</b> ___ <b>Paid by</b> _____
<b>Date of Deletion:</b> _____	<b>Reason for Deletion:</b> _____		