



**Hui Malama Learning Center**  
 375 Mahalani St. Wailuku, HI 96793  
 (808) 244-5911 (808) 242-0762(FAX)  
 rev. 6/07

**For Office Use Only - (Rev 7/07)**  
 Date entered in Database: \_\_\_\_\_  
 Start Date: \_\_\_\_\_  
 Class \_\_\_\_\_ Teacher \_\_\_\_\_  
 Schedule: \_\_\_\_\_  
 Reason for Deletion: \_\_\_\_\_  
 Date Deleted in Database: \_\_\_\_\_  
 JJS \_\_\_\_\_  
 Student ID # \_\_\_\_\_

**GENERAL ENROLLMENT APPLICATION**

**Last Name of Student:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Male** \_\_\_ **Female** \_\_\_ **Age** \_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W) \_\_\_\_\_ Other \_\_\_\_\_ FAX \_\_\_\_\_

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

**If Student is under 18 years of age, please provide the following information:**

**Mother's Name:** \_\_\_\_\_ **Phone: (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_  
 Address if different from above: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
**Father's Name:** \_\_\_\_\_ **Phone: (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_  
 Address if different from above: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Position: \_\_\_\_\_

**In Case of Emergency Notify:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

Ethnic Group:		Student Employment	Source of Referral	Student/Family Interests:
1. European / Caucasian	12. African American	1. Full-Time	1. TV/Radio	<i>Check as many as apply:</i>
2. Hawaiian (Full / ___ %)	13. American Indian	2. Part-Time	2. Newspaper	Prepare for GED
3. Portuguese	14. Samoan	3. Unemployed	3. Phonebook	HOE
4. Japanese	15. Tongan	4. Visitor	4. Employer	Private Tutoring
5. Chinese	16. Other Pacific Islanders		5. Library	ESL
6. Korean	17. Mixed (Not Hawaiian)	<b>Family Income</b>	6. School	Adult Literacy
7. Cambodian	18. Other	1. Under \$12,000	7. Poster/Flyer	Youth Service Center
8. Laotian	Has student ever been	2. \$12,001- \$25,000	8. Friends/Family	Summer School
9. Vietnamese	diagnosed with a	3. \$25,001- \$45,000	9. Other Agency	ACT 90
10. Filipino	learning disability?	4. over \$45,000	10. Internet / WWWeb	Correspondence Courses
11. Hispanic	ADD? ADHD?		11. RETURNING STUDENT	Fundraising

**Last or Current School** \_\_\_\_\_ **State/Country** \_\_\_\_\_ **Last Grade Completed:** \_\_\_\_\_

**Please initial each statement (as applicable):**

- \_\_\_ I certify that all the above information is true and accurate to the best of my knowledge.
- \_\_\_ I hereby authorize Hui Malama and/or the Department of Education to release any educational information pertaining to me.
- \_\_\_ I give permission for Hui Malama Learning Center to use my (or my child's) photo in their promotional brochures and materials.
- \_\_\_ I give permission for my child (ages 13-19) to enroll in the Hui Malama Youth Service Center. No membership fee.
- \_\_\_ I waive, release and hold harmless Hui Malama Learning Center, Hawaiian Canoe Club, Hui Malama Youth Center or other sponsoring agencies and their officers, employees or agents, from any and all expenses, claims, losses or damages on account of injury arising out of participation or transportation to programs, activities or events.

Student's Signature \_\_\_\_\_ Parent's Signature (if student is a minor) \_\_\_\_\_ Date of Application \_\_\_\_\_

**\*\*For Office Use Only\*\***

**INTAKE TEST SCORES:**  
**Date:** \_\_\_\_\_ **Test:** \_\_\_\_\_ **Form** \_\_\_ **Level** \_\_\_ **Reading Level** \_\_\_\_\_ **Math Comp Level** \_\_\_\_\_ **Lang** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Test:** \_\_\_\_\_ **Form** \_\_\_ **Level** \_\_\_ **Reading Level** \_\_\_\_\_ **Math Comp Level** \_\_\_\_\_ **Lang** \_\_\_\_\_

**GED TEST SCORES:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Reading** \_\_\_\_\_ **Writing** \_\_\_\_\_ **Math** \_\_\_\_\_ **Science** \_\_\_\_\_ **Social Studies** \_\_\_\_\_

**TOTAL POINTS:** \_\_\_\_\_

Start Date: \_\_\_\_\_  
 Exit Date: \_\_\_\_\_



Hui Malama Learning Center  
**Private Tutoring**  
 Individualized Learning Plan

**Student Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Special ED Classes?** \_\_\_\_\_

**Diagnosed with Learning Disabilities?** \_\_\_\_\_ **ADD?** \_\_\_\_\_ **ADHD?** \_\_\_\_\_ **On Medication?** \_\_\_\_\_ **Type:** \_\_\_\_\_

**Last eye exam?** \_\_\_\_\_ **Result:** \_\_\_\_\_ **Last hearing exam?** \_\_\_\_\_ **Result:** \_\_\_\_\_

**Tutoring Subjects:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Days:** \_\_\_\_\_ **Times:** \_\_\_\_\_ **to** \_\_\_\_\_ **Hours per Week:** \_\_\_\_\_

**Parent's Comments:** \_\_\_\_\_

\_\_\_\_\_

**\*\*\* For Office Use Only\*\*\***

**Name of Tutor:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

Goals	<u>Progress/Comments</u>	Date Achieved

**Total # of hours used:** \_\_\_\_\_ **Achieved Personal Goals?** \_\_\_\_\_ **Improved Grades?** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

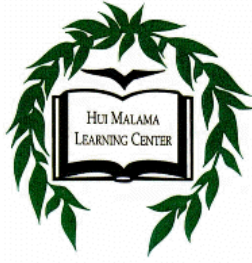
\_\_\_\_\_

\_\_\_\_\_

**Name of Program Director**

\_\_\_\_\_

**Date**



**Hui Malama Learning Center**  
***Private Tutoring***  
***Enrollment Agreement***

**Tuition**

1. Tuition for Private Tutoring is **\$45.00** per hour of instruction.
2. An initial pre-payment of four hours must be purchased to start tutoring.
3. Tuition payments are based on a student’s desired schedule in any 4-week period and **must be paid in advance**. Students are expected to keep track of hours used and make payments at the beginning of every 4-week period. Failure to pay will result in termination of tutoring session. Tuition payments are non-refundable.
4. A registration fee of **\$25.00** is required for first time enrollees.
5. Payments may be made by cash, check, money order, or credit card (Visa or Master Card). There is a \$15 service charge on all returned checks. Credit cards payments are accepted over the phone.
6. **Tutors are not allowed to accept payments.**

*Please make your checks payable to: **Hui Malama Learning Center***  
*375 Mahalani Street*  
*Wailuku, HI 96793*  
*(808) 244-5911*

**Cancellation Policy**

1. Cancellations or requests to change a scheduled meeting time **must be made at least 24 hours in advance** regardless of the reason. If request is not made 24 hours in advance, the student’s account will be charged. To cancel a session, students must make every effort to call Hui Malama Learning Center during regular business hours.
2. Students wishing to discontinue their tutorial services must notify Hui Malama Learning Services.

**Other Conditions**

1. Students under the age of **18** **must** have a parent or guardian present when tutoring is performed in a private home. Failure to comply with the policy will result in termination of tutorial sessions.
2. Please contact the Program Coordinator with any concerns, questions or comments. We will be happy to assist you in any way we can with information, referrals or additional services.

\*\*\*\*\*

***By signing, I have read and agree to all the above-mentioned Private Tutoring conditions.***

\_\_\_\_\_  
*Student*

\_\_\_\_\_  
*Parent (if under 18)*

\_\_\_\_\_  
*Date*