



St. Theresa School

PO Box 277 Kekaha, HI 96752-0277

808.337.1351 Email: office@sttheresakauai.com

Registration 2025-26 School Year

Today's Date _____ Grade Entering: _____

Learner's Name _____
First Middle Last

Learner's Birth Date _____ ☐ Male ☐ Female

Physical Address _____

Mailing Address _____

Is learner transferring from another school? ☐ Yes ☐ No

Name of previous school _____

Parent/Guardian 1

_____ Relationship to Learner _____

Last Name First Name

Mobile Phone _____ carrier _____

Email _____

Parent/Guardian 2

_____ Relationship to Learner _____

Last Name First Name

Mobile Phone _____ carrier _____

Email _____

Known allergies or Medical Conditions

Will medication be provided to the school? ☐ Yes ☐ No

If yes, name of medication [Doctor's note and 2 sets of medication required] _____

-----office use-----

Total registration paid _____ method _____ date _____ Receipt# _____

School Speak ID _____ FACTS agreement# _____

*Registration Fee: \$150.00