



St. Theresa School
PO Box 277 Kekaha, HI 96752-0277
808.337.1351 Email: office@sttheresakauai.com

Registration 2024-25 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