STUDENT REGISTRATION & BULLETIN PLEDGE

HAWAIIAN MISSION ACADEMY
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STUDENT REGISTRATION

School Year _____

	Student			
Name		Commonly Called		
Street Address		Religious Affiliation		
City, State, Zip		If SDA, Baptized?		Date:
Home phone		Pager		
Cell Phone		E-mail		
Grade (Class Standing)		Live In Dorm?		

	Father/Male Guardian/Male Sponsor		**Mother/Female Guardian/Female Sponsor**	
Name				
Street address				
City, State, Zip				
Home phone				
Work phone				
Cell phone/Pager				
Email				
Occupation				
Employer				
Religious Affiliation				
If SDA, Baptized?		Date:		Date:

BULLETIN PLEDGE AGREEMENT

It is the responsibility of each student and/or parent/guardian/sponsor to have taken the time to read the HMA School Bulletin. Each student and their parent(s), guardian(s) or sponsor(s) must sign this written agreement that they have read and promise to support all of the rules and regulations set forth at the time they register for school and/or before the first day of instruction.

I, the undersigned, have read and understand the School Bulletin. I also understand and agree that HMA maintains the right to refuse admittance, deny re-acceptance, suspend, expel, exclude, or request the withdrawal of any student from any and all school-sponsored activities. I pledge to avoid any behavior that would lead to such action. If I fail to avoid such behaviors, I will be subject to guidance and/or discipline as determined by a teacher, staff member or administrator in accordance with the guidelines published in the School Bulletin. I know that guidelines published or announced by the Administration during the school year are binding in the same manner as the ones written in the Bulletin. I realize that in the interest of safety, health and fairness, the Academy reserves the right to do random drug testing and testing for cause. I may be tested for either reason.

Student name _____ **Student Signature** _____ **Date** _____

I, the undersigned, and the parent/guardian/sponsor of the above-singed student, have read and understood the School Bulletin. I understand the obligations that I, as the parent/guardian/sponsor, am required to fulfill. At a minimum, I/we will make full payment of annual tuition, support the policies and regulations of HMA, and encourage the student to cooperate with the principles and spirit of Hawaiian Mission Academy.

Parent/guardian/sponsor name _____ **Parent/guardian/sponsor Signature** _____ **Date** _____