

PARENT/GUARDIAN INTERVIEW QUESTIONNAIRE



NAME: _____ (Check One) Parent: ☐ Guardian: ☐

APPLICANT NAME: _____ **Age of today:** ____ **Gender:** ____

FAMILY:

1. Are there any family dynamic issues we should be aware of (e.g. family members he/she should not be seeing nor having any correspondence with and why? _____

2. How is your child at home? How's the relationship between child and other family members? _____

3. Does your child engage in helping with chores? Does your child have a curfew? If not, why? _____

4. Are you in control of your child when it comes to discipline? Explain: _____

5. Why would your child be interested in Youth Challenge Academy? Or is it you? Explain: _____

FAMILY INCOME (for statistics):

Less than \$15,000 <input type="checkbox"/>	\$15,000-\$25,000 <input type="checkbox"/>	\$25,000-\$35,000 <input type="checkbox"/>	\$35,000-\$45,000 <input type="checkbox"/>	Over \$45,000 <input type="checkbox"/>
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SCHOOL:

1. Does your child have any special needs that we should be aware of? IEP/504? _____

2. What is your child's academic strength and or interest (e.g. math, reading, writing, etc.) Explain: _____

3. What type of characteristic does your child have (e.g. shy, talkative, opinionated, helpful, etc.) Explain: _____

LEGAL:

1. Does your child have a Probation Officer? If yes, why? _____

2. Does your child have any pending charges or court dates? If yes, what is it and when? _____

3. Probation Officer name and contact information: _____

SELF:

1. Does your child have a boyfriend or girlfriend? If yes, list their name: _____

2. Do you know of your child knows someone in the program or has applied for next cycle? If yes, please state name and information: _____

3. Do you have any relatives applying for next cycle or friends of the family? If yes, please list the names: _____

4. Is there any concerns you would like to share about your child that we haven't asked you? Everything that is shared is confidential: _____

SURVEY:

How did you hear about HINGYCA: _____
What do you think about HINGYCA: _____
Would you recommend HINGYCA to others: _____
What district are you from: _____

By signing below, you have agreed that all answers given in the nest of you knowledge and honesty and should any information is falsified, your child will not be considered an applicant for this program. Any questions or concerns please address it at this time.

PRINT FULL NAME OF PARENT/GUARDIAN

DATE

SIGNATURE OF PARENT/GUARDIAN

HAWAII NATIONAL GUARD YOUTH CHALLENGE ACADEMY

CUSTODY INFORMATION

CADET LAST NAME: _____

CADET FIRST NAME: _____

CADET DATE OF BIRTH: _____ / _____ / _____

CADET SOCIAL SECURITY NUMBER: _____ - _____ - _____

CADET IDENTIFYING MARKS (Scars, Birthmarks, Tattoos, etc.): _____

Primary Nationality	Gender	Height	Weight	Hair Color	Eye Color

CUSTODIAL PARENT(S)/GUARDIAN (S)*: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS PHONE: _____

SECOND PARENT(S)/GUARDIAN(S)*: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS PHONE: _____

SECONDARY CONTACT: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS PHONE: _____

RELATION TO CADET: _____

If you complete the 2nd Parent information, please mark yes or no to the following questions.

1. PLEASE SEND MAILINGS CONCERNING CADET INFORMATION & GRADES: YES _____ NO _____

2. SECOND PARENT IS ALLOWED VISITATION AT THE ACADEMY ONLY: YES _____ NO _____

3. SECOND PARENT IS ALLOWED FULL PASS PRIVILEGES: YES _____ NO _____

**Note: In cases of divorce we will require a copy of legal custody paperwork.*

"THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER"

HAWAII NATIONAL GUARD YOUTH CHALLENGE ACADEMY

EMERGENCY CONTACT INFORMATION

CANDIDATE: _____

PARENT/LEGAL GUARDIAN:

	FATHER/MALE GUARDIAN	MOTHER/FEMALE GUARDIAN
NAME:		
ADDRESS:		
CITY, STATE, ZIP CODE:		
HOME PHONE:		
WORK PHONE:		
CELLULAR PHONE:		
EMAIL:		
STATE JOINT OR SOLE CUSTODY, IF APPLICABLE:		

	EMERGENCY CONTACT #1	EMERGENCY CONTACT #2
NAME:		
RELATIONSHIP:		
HOME PHONE:		
WORK PHONE:		
CELLULAR PHONE		
EMAIL:		

AUTHORIZED FOR PICK UP, OTHER THAN PARENT/GUARDIAN
(at least 21 years old with ID)

	DESIGNATED ADULT #1	DESIGNATED ADULT #2
NAME:		
HOME PHONE:		
WORK PHONE:		
CELLULAR PHONE:		

YOUTH CHALLENGE ACADEMY - HILO

PT UNIFORM SIZES

CANDIDATE'S LAST NAME: _____

CANDIDATE'S FIRST NAME: _____

DATE: _____

CLASS: _____



CIRCLE THE CANDIDATE'S SIZE

T-Shirt Size (men's cut) XS S M L XL XXL XXXL

Athletic Shorts (pull on active wear - aka: "basketball shorts") XS S M L XL XXL XXXL