



DORIS TODD MEMORIAL CHRISTIAN SCHOOL

Statement of Consent for Release of Information

ACADEMIC INFORMATION

For students entering grades 1-8.

To the Parent/Guardian:

Please sign the Consent for Release of Academic Information and give it to your child's current school. We are asking for a copy of the following:

1. Student's standardized testing results.
2. Student's official transcript of grades for the last two years and current first semester grades.
3. I.E.P. if applicable.

Admissions

Doris Todd Memorial Christian School
519 Baldwin Avenue
Paia, Hawaii 96779
Phone 808-579-9237, Fax 808-579-9449

Statement of Consent for Release of Information

I hereby give my consent for release of the information indicated above regarding my child, _____, for the purpose of admission to Doris Todd Memorial Christian School.

Parent/Guardian Signature

Date