



DORIS TODD MEMORIAL CHRISTIAN SCHOOL

Statement of Consent for Release of Information

KINDERGARTEN REFERENCE

To the Parent/Guardian:

If your child is currently attending preschool, please sign the Consent for Release and give it to your child's current preschool teacher along with a **stamped envelope** addressed to:

**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 on the Evaluation Form regarding my child, _____, for the purpose of admission to Kindergarten at Doris Todd Memorial Christian School.

Parent/Guardian Signature

Date

Dear Preschool Director:

We appreciate your willingness to complete this evaluation. The parent/guardian is aware that any information you provide will be held in strict confidence. Please return this report directly to our school as soon as you can. If you have any questions, please contact our office at 579-9237 or dtooffice@maui.net.

Over, please

STUDENT'S NAME: _____

Kindergarten Evaluation	Exceptional	Good	Fair	Poor
Respects authority.				
Follows directions.				
Adequate attention span.				
Participates in class activities.				
Listens when others are talking.				
Plays with other children in a non-aggressive manner.				

Have you seen evidence that his child may be hyperactive? Yes No

If yes, please explain: _____

Additional Comments: _____

Name of Preschool: _____
Dates/Years child attended your school: _____
Teacher Name (please print): _____
Teacher Signature: _____ Date: _____