



IOLANI SCHOOL

REFERENCE REPORT FOR ADMINISTRATOR

TO THE PARENT OR GUARDIAN:

- Please type or print the information requested on the first line of the reverse side.
- Complete and sign the CONSENT FOR RELEASE OF INFORMATION printed below.
- Submit this sheet to an official at your child's current school.

CONSENT FOR RELEASE OF INFORMATION

I, _____, parent or legal
(Name)

guardian of _____ hereby grant permission
(Student's Name)

to _____ to release copies of
(Current School)

the following educational records of our child to Iolani School:

- 1) Standardized testing results
- 2) Courses and grades
- 3) Personal comments and impressions

(Signature of parent/guardian)

(Date)

(Address)

(Date)

TO THE SCHOOL ADMINISTRATOR:

We sincerely appreciate your willingness to complete the REFERENCE REPORT FOR ADMINISTRATOR (see reverse side) for this applicant.

- Please return the completed report to our Office of Admission before February 10th.
- Should you have any questions, please contact our office at (808) 943-2222.

**HAWAII ASSOCIATION OF INDEPENDENT SCHOOLS
REFERENCE REPORT FOR ADMINISTRATOR**

PARENTS: Please sign this statement. I understand the information on this report is confidential and will not be shared beyond the admission committee.

Parent or Guardian *Date*

Student's Name _____ Grade Applying to _____
Last First Middle

Please send the following information (for the current and previous school year) to 'Iolani School **before February 10th.**

1. Standardized testing results
2. Course grades

If the applicant is known to you, please also give us your personal comments and impressions regarding his/her character and academic performance.

SCHOOL _____

YOUR POSITION _____

SIGNATURE _____ DATE _____

MAIL DIRECTLY TO:

'Iolani School
OFFICE OF ADMISSION
563 Kamoku Street
Honolulu, HI 96826