



IOLANI SCHOOL TEACHER REFERENCE REPORT

TO THE PARENT OR GUARDIAN

- Please type or print the information requested on the first line of the reverse side.
- Complete and sign the following statement of consent to the teacher, with full awareness that the information on the TEACHER REFERENCE REPORT is strictly confidential, cannot be shared with you and is used only for admission purposes.

I hereby give my permission to release the information
that is requested on the TEACHER REFERENCE REPORT
regarding my child,

for the purpose of admission to Iolani School.

Signature of Parent/Guardian

Date

- Give this TEACHER REFERENCE REPORT to your child's teacher.
- Please provide the teacher with a stamped envelope addressed to:

Iolani School
OFFICE of ADMISSION
563 Kamoku Street
Honolulu, Hawaii 96826

TO THE TEACHER

We sincerely appreciate your willingness to complete the TEACHER REFERENCE REPORT for this child. The parent/guardian is aware that any information you supply will be held in strict confidence.

- Please return this evaluation to the Office of Admission **between December 1 and January 31.**
- If you have any questions, feel free to call our office at (808)943-2222.

