



# DORIS TODD CHRISTIAN ACADEMY

## 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 Christian Academy  
519 Baldwin Avenue  
Paia, Hawaii 96779  
Phone 808-579-9237 Fax 808-579-9449  
office@doristoddchristian.org**

#### 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 Christian Academy.

\_\_\_\_\_  
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.



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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.				

Do you have any concerns about this child's development and/or behavior?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Preschool: \_\_\_\_\_

Dates/Years child attended your school: \_\_\_\_\_

Teacher Name (please print): \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_