



DORIS TODD CHRISTIAN ACADEMY

Statement of Consent for Release of Information

PRESCHOOL 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 preschool 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.



DORIS TODD CHRISTIAN ACADEMY

STUDENT'S NAME: _____

Preschool 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 his 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: _____