



Saint Mark Lutheran School
K a n e o h e, H a w a i i

CONSENT FOR RELEASE OF INFORMATION

For admission to Grades 1 - 8

TO THE PARENT OR GUARDIAN:

In order for your child's school to release information to Saint Mark Lutheran School, they must have written permission to do so. Please complete this form and give it to the appropriate official at the school your child is currently attending. **Please do not send this form to Saint Mark Lutheran School.**

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 Saint Mark Lutheran School:

1. Course and Grades – previous year's report plus first semester of the current school year
2. Standardized testing results
3. Accelerated Reader Records (if applicable)
4. Teacher Reference report(s)
5. Personal comments and impressions

All of the above are due no later than **February 10th**.

Signature of Parent/ Guardian: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____

TO THE SCHOOL REGISTRAR:

Please send this student's educational records to:

Saint Mark Lutheran School
45-725 Kamehameha Hwy.
Kaneohe, HI 96744
Phone: (808) 247-5589
Fax: (808) 235-6155