MAUI CHRISTIAN ACADEMY
519 BALDWIN AVENUE
PA'IA, MAUI, HAWAII 96779
MAUICHRISTIAN.ORG
O: 808.579.9237 | F: 808.579.9449

CONSENT TO RELEASE ACADEMIC INFORMATION

For students entering grades 1 – 12

To the Parent/Guardian:

Please sign the Consent to Release Academic Information and give it to your child's current school office. We are asking for a copy of the following:

1. Student's standardized testing results.
2. Student's report cards for the last 3 years.
3. I.E.P. and/or 504 Plan if applicable.

Please mail, fax, or scan and email to the admissions office.

Maui Christian Academy
519 Baldwin Avenue
Paia, HI 96779
Fax - 579-9449
Email - office@mauichristian.org

Statement of Consent for Release of Information

I hereby give my consent for release of the information indicated on the Academic Release regarding my child, _____, for the purpose of admission to Maui Christian Academy.

_____ _____
Parent/Guardian Signature Date