



DORIS TODD CHRISTIAN ACADEMY

ESTABLISHED IN 1956

519 BALDWIN AVENUE
PAIA, MAUI, HAWAII 96779
DORISTODDCHRISTIAN.ORG
OFFICE: 808.579.9237
FAX: 808.579.9449

ADMINISTRATIVE REFERENCE REPORT

For students entering grades 1 - 8

To the Parent/Guardian:

Please sign the Consent for Release Administrative Reference and give it to your child's current school office. Please provide a **stamped envelope** addressed to:

Admissions
Doris Todd Christian Academy
519 Baldwin Avenue
Paia, Hawaii 96779

The Principal / Counselor Recommendation will be held in strict confidence and will be used only for admissions purposes. The Administrator must mail this completed form directly to Doris Todd Christian Academy.

Statement of Consent for Release of Information

I hereby give my consent for release of the information indicated on the Administrative Reference Report regarding my child, _____, for the purpose of admission to Doris Todd Christian Academy.

Parent/Guardian Signature

Date

To the Administrator / Counselor:

Thank you for your willingness to complete the Administrative Reference Report for the applicant. Your professional evaluation will be seriously considered as part of the application and admissions process. The parent / guardian is aware that any information you supply will be held in strictest confidence. Please complete your evaluation and mail it directly to Admissions at Doris Todd Christian Academy. If you have any questions, please call 808.579.9237.

Administrative Reference Report

Student Name: _____

1. To the best of your knowledge, has this student been reprimanded or punished for any school conduct violations in the past two years?

Yes _____ (If yes, please continue and respond to questions 2 and 3)

No _____ (If no, please skip to the bottom of this form to sign and date.)

2. If yes, please describe the nature of the incident/infraction, the date that this occurred and the consequence (e.g. referral, detention, suspension, etc.):

3. Was this a one-time event, or is this a consistent behavioral pattern?

Additional Comments:

Signature _____ Date _____

Name (please print) _____ Contact Phone _____

Job Title _____ School _____

Please return this form in the envelope provided.