



Kamehameha Schools Hawai'i
16-712 Volcano Road
Kea'au, HI 96749
Phone: (808) 982-0400
Fax: (808) 982-0410

Consent for Release of Records—New Invitee

To be completed by parent or legal guardian and delivered directly to student's current school.

_____ has accepted an invitation to enroll at
student first and last name
Kamehameha Schools Hawai'i beginning school year 2024-25 in grade 6.

I, _____ *hereby give consent to*
Parent or legal guardian name

Name of Current School

Address

Phone Number

to release my child's educational and medical records to Kamehameha Schools Hawai'i.

parent or legal guardian's signature

date

address

home phone

work phone

To be completed by current school Registrar and mailed at the end of the school year to:
Kamehameha Schools Hawai'i, 16-712 Volcano Road, Kea'au, HI 96749.

Please include this form with the following records for the above-named student:

- | | |
|---------------------------------|---------------------------------------------|
| _____ Final Report Card | _____ All Prior Grade Reports or Transcript |
| _____ Standardized Test Results | _____ Health Records |

signature of school official releasing records

date

title