

# KAIMUKI CHRISTIAN SCHOOL

1117 Koko Head Avenue • Honolulu, HI 96816 • Phone (808) 732-1781 • Fax (808) 735-1354  
Email: [kcs@kaimukichristian.org](mailto:kcs@kaimukichristian.org) • Website: [www.kaimukichristianschool.org](http://www.kaimukichristianschool.org)



*"Educating each child to his or her God-intended potential"*

## TEACHER REFERENCE REPORT

### To the Parent or Guardian,

- Please type or print the information requested on the first line of the reverse side.
- Complete and sign the following statement of consent to the teacher, with full awareness that the information on the TEACHER REFERENCE REPORT is strictly confidential, cannot be shared with you, and is used only for admission purposes.

I, \_\_\_\_\_, parent or legal guardian of  
Print name (first & last)

\_\_\_\_\_, hereby give my permission to  
Print name (first & last)

\_\_\_\_\_, my child's teacher at  
Print name (first & last)

\_\_\_\_\_ School, to release the information indicated on  
the TEACHER REFERENCE REPORT on the reverse side of this sheet to Kaimuki Christian School.

Signature \_\_\_\_\_ Date \_\_\_\_\_

- Applicants for Preschool through Grade 5 are to submit a TEACHER REFERENCE REPORT from a current/most recent teacher.
- Applicants to Grades 6 through 12 (and those transferring into 6<sup>th</sup> grade from another middle school) are to submit two references from current/most recent teachers in the academic areas of English, math, science, or social studies.
- Please forward this form to your child's teacher in January and provide a stamped envelope addressed to:  
Kaimuki Christian School  
1117 Koko Head Avenue  
Honolulu, HI 96816
- Completed references should be received by Kaimuki Christian School by January 31 or prior to your child's interview.

### To the Teacher,

Your professional evaluation of this student is a part of the criteria used to evaluate whether he or she can benefit from our program. Please complete the TEACHER REFERENCE REPORT on the reverse side of this sheet. Thank you for your time and assistance. If you have any questions, please call our office at (808) 732-1781.

# TEACHER REFERENCE REPORT

Student's Name \_\_\_\_\_ Grade Applying to \_\_\_\_\_  
 Subject and/or Grade Taught \_\_\_\_\_ School \_\_\_\_\_

Please check (✓) the appropriate rating for each area or indicate DNK (does not know) when there is insufficient data.

### Academic Criteria

	Seldom	Usually	Almost Always
Able to work alone			
Able to work in a group			
Motivated to achieve potential			
Clear oral expression of ideas			
Clear written expression of ideas			
Participates meaningfully in discussions			
Good use of time			
Well-organized work			
Follows directions			
Completes classwork			
Masters grade level concepts			

### Personal Criteria

	Seldom	Usually	Almost Always
Displays healthy/happy outlook			
Considerate of others			
Interacts well with other students			
Appropriate classroom conduct			
Cares for school and personal property			
Cooperates with adults			
Accepts suggestions or corrections			
Takes initiative			
Fulfills responsibilities			
Assumes leadership			

### Family Support

	Seldom	Usually	Almost Always
Parent(s) respond to phone calls/emails			
Parent(s) attend parent conferences			
Parent(s) participate in school activities			
Parent(s) responsive to school requests			

Additional comments that may help us know this student are greatly appreciated:

Print Name \_\_\_\_\_ Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

**Please send this completed report to:**

Kaimuki Christian School  
 1117 Koko Head Avenue  
 Honolulu, HI 96816

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## Dear Parent or Guardian,

- Complete and sign the following statement of Consent for Release of Information.
- Submit this sheet to an official at your child's current school in January.
- Provide the official with a stamped envelope addressed to:  
Kaimuki Christian School  
1117 Koko Head Avenue  
Honolulu, HI 96816
- Your child's records should be received by Kaimuki Christian School by January 31 or prior to your child's interview.

## CONSENT FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, parent or legal guardian of  
Print name (first & last)

\_\_\_\_\_, applying for grade \_\_\_\_\_  
Print name (first & last)

hereby grant permission to \_\_\_\_\_ School, to release  
copies of the following educational records of my child to Kaimuki Christian School:

1. Copy of standardized test results for the past two years (if available).
2. Copy of course grades for the current (or most recent) and previous year.
3. Personal comments of present or most recent school official, with full awareness that these comments are strictly confidential, cannot be shared with you, and are used only for admission purposes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## School Official

1. Does this student need any special/academic help?
2. Have these parent(s) met their financial responsibilities in a timely manner? If no, please explain.
3. Any comments that would assist in evaluating this student are appreciated:

Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Position \_\_\_\_\_

**Please mail completed form with attachments to Kaimuki Christian School.**