



I hereby give my consent for the transfer of educational and health records of my child to Kaua'i Pacific School.

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

## TRANSFER OF RECORDS FORM

This is to certify that \_\_\_\_\_ has applied to Kaua'i Pacific School as of \_\_\_\_\_. Please send all records, including health records, as soon as possible to:

Kaua'i Pacific School, Admissions Department  
4480 Ho'okui Road  
Kilauea, HI 96754

If you have any questions, please call the office at (808) 828-1144.

Additional Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Instructions: Please give this form to the school your child currently attends.