Pearl Harbor Christian Academy

94-1044 Waipio Uka Street, Waipahu, Hi 96797
PH: (808)-678-3997 fax: (808)-678-6607

DIRECTOR / ADMINISTRATOR REFERENCE FORM (K-12)

Applicant: Please provide a pre-addressed (to PHCA), stamped envelope with this form. Form should be completed by the most recent director/school administrator from the last school your child attended.

I, _____, parent/guardian of _____ grant permission for the information requested below to be released to Pearl Harbor Christian Academy.

_____ _____

Signature of Parent/Guardian Date

ADMINISTRATOR: Thank you for your assistance in completing this reference. Please return this form as soon as possible for the student's application to be processed.

A. Did this student have any conduct issues that were referred to the office? YES NO
If YES, please comment on situation(s), date(s), and consequence(s) below:

_____
_____
_____
_____

B. Are you aware of any discipline issues that this student experienced in the classroom? YES NO
If YES, please comment on situation(s), frequency, and consequence(s) below:

_____
_____
_____
_____

C. Please comment on student's ability to communicate with and relate to his/her peers.

_____
_____
_____
_____

D. Describe student's character, personality, academic abilities and any comments you may have.

_____
_____
_____
_____

Please return this form directly to Pearl Harbor Christian Academy with the pre-stamped envelope provided by the applicant or fax it directly to 808-678-6607.

_____ _____

SIGNATURE *SCHOOL*

_____ _____

PRINT NAME & TITLE *DATE*