



Pearl Harbor Christian Academy

94-1044 WAIPIO UKA STREET, WAIPAHU, HAWAII, 96797 (808) 678-3997, (808) 678-6607 (fax)

DIRECTOR/ADMINISTRATOR REFERENCE FORM

APPLICANT:

Please provide a pre-addressed (to PHCA), stamped envelope with this form. Form should be completed by the most recent director or 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 in order 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 or 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 AND TITLE

DATE