

_____ Date Received
_____ Date Given to Tchr
_____ Date Processed

AINA HAINA SCHOOL

Request for Student Records

Date _____

Request copy/copies of the following for my child _____,

who is currently in Gr. _____, Rm. _____. Attached is my payment of

\$_____ (\$.25 per page). I understand it will take 3-5 working days to process my request.

Parent contact information: _____

- | | |
|--|--|
| <input type="checkbox"/> Report Card (4 pages) for Grade _____ | <input type="checkbox"/> HSA for Grade _____ |
| <input type="checkbox"/> Health Record | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> SAT for Grade _____ | |

cut

.....
Date _____

Teacher Name

Please send _____ cum
Student Name

folder to office for copying.

Please attach this to student's cum folder.

Thank you,
Office

Date _____

Dear Parent/Guardian,

Your copying request for one of the following
_____ has been
processed for your child _____

Student Name

Gr. _____, Rm _____. Please send in \$ _____ for
copying charges in the attached recycled envelope.

Thank you.

Date _____

Dear Parent/Guardian,

Your copying request for one of the following
_____ has been
processed for your child _____

Student Name

Gr. _____, Rm _____. Please send in \$ _____ for
copying charges in the attached recycled envelope.

Thank you.