

Liholiho Elementary School  
3430 Maunaloa Avenue  
Honolulu, HI 96816  
#733-4850

March 8, 2018

Dear Parents,

The school office needs to update your child's records. Please complete this information request form concerning your child's attendance for the 2018 – 2019 school year. Please return this form to the office by Friday, March 16, 2018. Thank you very much!

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Room # \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone # \_\_\_\_\_

For the 2018 – 2019 school year, my child will be:

\_\_\_\_\_ Returning to Liholiho School.

\_\_\_\_\_ Transferring to another school: \_\_\_\_\_ (Name of School)  
\_\_\_\_\_ (Reason for Transfer)

\* A "Request for Transfer/Withdrawal" Form will be sent home for completion/confirmation. Thereafter, a Release Packet will be issued to your child on the last day of school. Please give it to the new school as soon as possible. They will then notify us to have all records sent to them.

\_\_\_\_\_ Applying to other schools: \_\_\_\_\_ (Name of Schools)

COMMENTS: \_\_\_\_\_

**\*\* Please confirm student's current addresses below \*\***

Physical Residence: *(where child lives)*

Mailing Address:

\_\_\_\_\_

*Street Address*

\_\_\_\_\_

*Street Address or P.O. Box*

\_\_\_\_\_

*City*

*State*

*Zip Code*

*Phone #*

\_\_\_\_\_

*City*

*State*

*Zip Code*

We understand that this is just an intent & we are entitled to change our minds at anytime. However, we also understand that we must notify Liholiho OFFICE Staff, as soon as possible, of ANY changes that occur hereafter.

\_\_\_\_\_  
*Parent's signature*

\_\_\_\_\_  
*Date*