



**STUDENT'S CERTIFICATE OF RELEASE**

**Student I.D.** \_\_\_\_\_ **Date Released** \_\_\_\_\_  
Month Day Year

**NAME:** \_\_\_\_\_ **Sex: M or F** **Birthdate** \_\_\_\_\_  
Last First Middle Month day year

**is released from** \_\_\_\_\_ **School** **Grade** \_\_\_\_\_ **School Year** \_\_\_\_\_

**Lunch Subsidy:** \_\_\_\_\_ **IEP: Yes** \_\_\_\_\_ **or No** \_\_\_\_\_  
If yes new school must request files to be transferred

**Signed:** \_\_\_\_\_  
Parent/Guardian

NOTE: Upon enrollment at new school, said school will please complete the below "NOTICE OF ENROLLMENT" form and send to Kula Aupuni Niihau A Kahelelani Aloha (KANAKA) PCS, P.O. Box 610, Kekaha, HI 96752. Phone number (808) 337-2022 at which time KANAKA will forward student's file.

.....  
**Cut along perforated lines**

**NOTICE OF ENROLLMENT**

**Date** \_\_\_\_\_  
Month Date Year

This is to certify that as of \_\_\_\_\_ 20\_\_ . Student \_\_\_\_\_  
Last First Middle

**Grade** \_\_\_\_\_ **was enrolled/registered at our school:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE SEND ALL RECORDS AS SOON AS POSSIBLE.**

**Signed** \_\_\_\_\_  
**Administrator/Registrar**

**Remarks** \_\_\_\_\_  
\_\_\_\_\_

<b>Must be signed for transfers to private/mainland/other schools. Does not apply to transfers among Hawaii public schools.</b>	
I hereby give consent for the transfer of educational records of _____ Name	
_____	School
_____	
Parent/Guardian/Custodian-Eligible Student (18 years/older)	
_____	New Address
_____	New Telephone
_____	City State Zip Date