MAUNA LOA SCHOOL

STUDENT'S NOTICE OF ENROLLMENT

To: _____
Name of Previous School

This is to certify that as of _____, 20_____

_____ _____ _____
Student Name *Grade* *Date of Birth*

Is enrolled/registered at: Mauna Loa School
172 Kapiolani Street
Hilo, Hi. 96720

PLEASE SEND ALL RECORDS AS SOON AS POSSIBLE

- Official Transcript
- Withdrawal Grades – with your grading key.
- Health and Psychological Records
- Academic Testing Information

Signed: _____ _____
Principal/Registrar *Date*

I hereby give consent for the transfer of educational records of _____ to:
Student Name

Mauna Loa School
172 Kapiolani Street
Hilo, Hi. 96720

Signed: _____ _____
Parent/Guardian/Custodian/ Eligible Student (18 yrs. or older) *Date*

Adventist Education
A JOURNEY TO EXCELLENCE