



**ST. ANTHONY**  
CATHOLIC SCHOOL

**PRESCHOOL  
&  
PRE-KINDERGARTEN**

**RELEASE OF INFORMATION FORM**

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I, \_\_\_\_\_, give St. Anthony School's Preschool and Pre-Kindergarten (circle one) permission to release information on my child, \_\_\_\_\_ regarding information for school transfer or teacher's observation.

\_\_\_\_\_  
**Parent Signature:**

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

148 MAKAWAO STREET KAILUA, HAWAII 96734  
PHONE: (808) 261-3331 FAX: (808) 263-3518