



**ST. JOHN VIANNEY SCHOOL
TEACHER REFERENCE REPORT**

Student Name: _____ **Applicant for Grade** _____
last first

PARENTS/GUARDIANS:

- ◆ Please complete the front side of this form and give to your child's current Language Arts, Math or Science teacher.
- ◆ Provide each teacher with a stamped envelope addressed to:

St. John Vianney School
940 Keolu Dr.
Kailua, HI 96734

- ◆ Please make certain that this report is completed and returned to us as soon as possible.
- ◆ Please complete and sign the following statement of consent:

I HEREBY GIVE MY PERMISSION TO RELEASE THE INFORMATION INDICATED ON THE **TEACHER REFERENCE REPORT** REGARDING MY CHILD, _____, FOR THE PURPOSE OF ADMISSION TO ST. JOHN VIANNEY SCHOOL. I UNDERSTAND THAT THE INFORMATION ON THE REPORT IS STRICTLY CONFIDENTIAL AND WILL NOT BE SHARED WITH ME OR ANYONE OUTSIDE THE ADMINISTRATION OF THE ABOVE SCHOOL.

Signature of parent/guardian

Date

TO THE TEACHER:

This student is applying to St. John Vianney School. Your professional evaluation of this child is a significant aspect in considering the student's application. Please complete the Teacher Reference Report on the other side and return it to St. John Vianney School as soon as possible. The parent/guardian will supply you with a stamped, addressed envelope. Thank you for your help.

