



STATE OF HAWAII
DEPARTMENT OF EDUCATION
MAKALAPA ELEMENTARY SCHOOL
4435 SALT LAKE BOULEVARD
HONOLULU, HAWAII 96818

Return To Makalapa Form

Date: _____

Dear Parent(s)/Guardian(s) of Makalapa Elementary Students:

As this school year comes to a close, our school is looking ahead to the next school year beginning on _____ . In order for us to ensure the appropriate number of classrooms and teachers are created, we would like to request your assistance by completing this form and returning it to your child's teacher by _____ .

_____ My child will be returning to Makalapa for the _____ school year.

_____ My child will not be returning to Makalapa for the _____ school year.

Last day at Makalapa Elementary: _____

Name of New School: _____

Moving to (State/Country): _____

Child's Name: _____

Parent Name: _____

Date: _____

Address: _____

Parent Signature: _____