

REPORT CARD MAILING
SY 2024-25

Student Last Name: _____

Student First Name: _____

Mailing address:

Recipient Name: _____

Street Address or PO Box #: _____

City: _____ State: _____ Zip Code: _____

By signing below I approve Waiakea High School to mail the student named above's final SY 2024-25 Report Card to the Recipient named above at the address stated above.

Parent Last Name: _____ Parent First Name: _____

Parent Signature: _____ Date: _____ ID Checked: _____



\$1 Received Date: _____