



HOSPITAL SCHOOLS
 3450 EAST TREMONT AVENUE, BRONX, NY 10465
 PHONE: (718) 794-7260
 FAX: (718) 794-7263



Mary Maher, Principal

Steve Klein, Assistant Principal
Cynthia Biondi, Assistant Principal

MEMORANDUM

Date:
To: Guidance Counselor or Examination Coordinator
From: Mary Maher, Principal
Re: RECEIPT FOR RETURN OF EXAM

EXAM NAME:
NAME OF PERSON RETURNING EXAM:

STUDENT NAME	OSIS

Name of Person Accepting Exam		Title of Person Accepting Exam	
Signature		Date	



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Mary Maher, Principal

Steve Klein, Assistant Principal
Cynthia Biondi, Assistant Principal

MEMORANDUM

Date:

To: Guidance Counselor or Examination Coordinator

From: Mary Maher, Principal

Re: PICK – UP FOR EXAM

EXAM NAME:

NAME OF PERSON PICKING – UP EXAM:

STUDENT NAME	OSIS

Name of Person Distributing Exam		Title of Person Distributing Exam	
Signature		Date	