Department of Education
Joel I. Klein, Chancellor

HOSPITAL SCHOOLS

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

The Hospital Schools OF NEW YORK CITY

Mary Maher, Principal

Steve Klein, Assistant Principal
Cynthia Biondi, Assistant Principal

Date:_____

Student's Name:_____

ID #:_____

Dear Parent,

Your son/daughter is entitled to receive instruction while he/she is hospitalized. If you do not wish your child to receive this instruction please indicate so by signing the bottom of this letter and returning it to the Hospital Schools teacher.

Yours truly,

Mary Maher
Principal

I do not wish my child _____ to receive instruction while he/she is hospitalized.

_____ _____
Parent's signature Date

MM/cv

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Fecha:_____

Estudiante:_____

Número de identificación_____

Estimado Padre:

Su hijo/hija tiene derecho a recibir instrucción mientras él/ella está hospitalizado. Si usted no desea este servicio, favor de firmar esta hoja de consentimiento para que su hijo/hija no reciba instrucción.

Atentamente,

Mary Maher
Principal

Yo no deseo que mi hijo/hija_____ reciba instrucción mientras esté hospitalizado.

_____ _____
Firma del padre Date

MM/cv