

**HOME INSTRUCTION SCHOOLS**  
**Per Session**

*Ramona Pizarro, Principal*

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Bronx, NY 10465  
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**RECEIPT FOR RETURN OF EXAMINATION(S)**

To: Guidance Counselor or Examination Coordinator  
FROM: Sandra Ledesma, Principal

Please sign below next to the examination(s) listed indicating the respective examination has been received by the student's school.

Thank you for your cooperation.

STUDENT: \_\_\_\_\_ PROCTOR: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ DATE: \_\_\_\_\_

Examination	Name of Person Receiving Exam	Signature of Person Receiving Exam
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____