



**Department of Education**

*Carmen Fariña, Chancellor*

*Ramona Pizarro, Principal*

**Home Instruction School  
3450 East Tremont Ave  
Bronx, N.Y. 10465**

To: \_\_\_\_\_

Please sign below indicating that you have received the Portfolio of Student’s Achievement.

**Student’s Name:** \_\_\_\_\_

**OSIS #:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

The student is affiliated with and/or attends (attended):

**Name of School of Affiliation:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**RECIPIENT AT SCHOOL OF AFFILIATION:**

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**TEACHER:**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_