

*Ramona Pizarro, Principal*

*3450 East Tremont Avenue  
Bronx, NY 10465  
Phone (718) 794-7200  
Fax (718) 794-7232*

**DISCHARGE FORM**

Student Name:				OSIS:	
Address:				Phone:	
Borough:				Admit Date:	
School of Affiliation:				Discharge Date:	
Grade:		ATS Code			
Teacher Name:		Class #:		Supervisor:	
Grade:					

1. Student Returned to School: \_\_\_\_\_ on date: \_\_\_\_\_
2. Pupil is in Hospital: \_\_\_\_\_ Address: \_\_\_\_\_
3. Other (ex. Deceased, Cannot be Located, etc.) \_\_\_\_\_

I certify that I have submitted grades and supporting materials for

Student Name:		School:	
Verified by School Official:		Official Title:	
School Official Signature:		Date:	

Teacher Name (Print):			
Teacher Signature:		Date:	

**Grade Report**

	<u>English</u>	<u>Social Studies</u>	<u>Math</u>	<u>Science</u>	<u>Foreign Language</u>	<u>Other</u>	<u>Other</u>
<u>Course/Code</u>							
<u>Grade</u>							
<u>Insufficient Instruction</u>							