

*Ramona Pizarro, Principal**3450 East Tremont Avenue**Bronx, NY 10465**Phone (718) 794-7200 Fax (718) 794-7232***Receipt for Completed Science Lab Portfolio**

Date _____

To: A.P. / Science Chairman _____ (Print Name)

High School of affiliation _____ (Print HS Name)

From: Home Instruction Schools

Student's Name _____
First Last

DOB ____ - ____ - ____ OSIS # ____ - ____ - ____

REGENTS COURSE (CIRCLE ONE)

Chemistry**Earth Science****Living Environment****Physics**

This is to certify that the Science Lab Portfolio completed by the above student is acceptable for course credit and qualified the student to sit for the Regents exam scheduled for the month of

_____ in the year of _____.

Home Instruction Teacher's Name _____

Home Instruction Teacher's Signature _____