

Mary Maher, Principal

Steve Klein, Assistant Principal
Cynthia Biondi, Assistant Principal

MEMORANDUM

Date: _____

To: _____

From: **Mary Maher, Principal;** _____, **Teacher**

**Re: REQUEST FOR INDIVIDUALIZED EDUCATION PROGRAM AND
COURSE CODES**

Name of Student: _____

OSIS #: _____

Date of Birth: _____

School: _____

Grade: _____

To Whom It May Concern:

The above mentioned student is presently in our Hospital School Program and in order to fulfill the educational needs of the student we would appreciate it if a copy of the IEP could be forwarded.

Please fax directly to _____, at _____

Please send the following:

- IEP
- High School Program/Course Codes
- Other _____