**`Lewis and Clark School P12X**

**2555 Tratman Avenue**

**Bronx, New York 10461**

 **The New York City Phone 718-409-9040**

 **Department of Education Fax 718-931-8121**

**Email-75X012@schools.nyc.gov**

 **Website:** [**TheLewisandClarkSchool.org**](http://www.goeagleslewisandclark12x.org)

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*Dr. Kuvana Jones, Ed.D, Principal Cesar Nina, Assistant Principal*

 *Simone Sanchez, Assistant Principal*

**Metro Card Request Form**

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

I request that my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NYC ID#**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is given a metro card to travel to and from school by public transportation.

Request:

**Temporary\_\_\_\_\_\_\_\_ Permanent\_\_\_\_\_\_\_\_**

Please provide telephone numbers in order to contact you to verify your request.

**Home:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian Name (print full name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature

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*Kuvana Jones, Ed.D, Principal Cesar Nina, Assistant Principal*

 *Simone Sanchez, Assistant Principal*

**Formulario de Solicitud de Tarjeta Metro**

Fecha\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Solicito que mi hijo/a, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DOB** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NYC Identificación #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ se le da una tarjeta de metro para viajar hacia y desde la escuela en transporte público.

Solicitud:

**Temporalmente \_\_\_\_\_\_\_\_\_\_Permanente \_\_\_\_\_\_\_\_\_\_**

Por favor, proporcione los números de teléfono para poder contactarnos con usted para verificar su solicitud.

**Casa:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Celular:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nombre del Padre / Guardián (impresión nombre completo)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma del Padre /Guardian