

SEWANHAKA CENTRAL HIGH SCHOOL DISTRICT
77 Landau Avenue; Floral Park, NY 11001

REQUEST FOR A SECOND SET OF TEXTBOOKS

Dear Family Doctor:

This student seeks qualification as a person with a handicapping condition that would prevent him or her from carrying any or all textbooks to and from school. Please complete this form in its entirety. Incomplete forms will be returned. The form requires your signature and stamp.

Student: _____ **Grade** _____ **School:** _____

Home Address: _____ **Town:** _____

Parent Daytime Phone _____ **or e-mail if preferred** _____

-----***Physician Use Only:***-----

1. What is your medical diagnosis of the condition that would prevent this student from carrying books to and from school? _____

2. When was the condition diagnosed? _____

3. Describe in detail the symptoms/conditions that prevent this child from transporting books to and from school.

4. List other restrictions that apply to this student, specifically, limits on **physical education, sports or other extracurricular activities:**

5. If the student is on medications for this condition, please specify which ones:

6. Few students not already classified by the Committee on Special Education qualify for a complete second set of textbooks. What is the maximum weight of books that this student can carry based on this condition? _____ ***

(OVER)

7. For how long will this restriction apply? _____

8. When will this condition be reevaluated ? _____

9. Do you have any additional comments in this matter?

Physician's Signature _____ Date: _____

Physician's Address and Telephone Number _____

Physician's Stamp

For Official Use Only

District Recommendation

_____ **Approved for full set** _____

_____ **Approved for partial set** _____ **lbs.**

_____ **Not approved**

Comments, if any:

School Official's Signature _____

Assistant Superintendent for Curriculum & Instruction