

**Queens Gateway to Health Sciences  
Secondary School**

**Request for Replacement of Lost/Damage Metro Card**

OSIS #: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_  
(Print)

Official Class: \_\_\_\_\_ Check One: JHS [ ] HS [ ]

Address: \_\_\_\_\_

APT. #: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Lost/Damage Metro Card #: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature Date

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**FOR THE OFFICE ONLY:**

**ONCE A FORM IS COMPLETED AND SIGNED BY PARENT, IT WILL TAKE  
24 HOURS FOR ISSUANCE OF A REPLACEMENT METRO CARD.**

New Metro Card #: \_\_\_\_\_ Date: \_\_\_\_\_

FIRST \_\_\_\_\_ SECOND \_\_\_\_\_ THIRD \_\_\_\_\_

Student's Signature \_\_\_\_\_