## **Cathedral High School**

## **Application for Elevator Pass**

The student elevator is open to any students who have received a note from a physician, directly stating that they cannot use the stairs – such as students in a medical boot or on crutches.

In order to use the elevator, a student must return this application, completed by a physician stating the reason and length of time elevator service is needed. This application should be brought to Ms. Lawlor, the Assistant Principal for Student Life. She will issue an elevator pass. There is a \$30. deposit required. The money will be returned to the student once the elevator pass is returned to the office.

## To be completed by a physician:

Student Name:	Grade:
I hereby certify, as the physician of the al unable to use the stairs and must have ac granted elevator use from:	bove named student, that the student is ccess to elevator use. The student should be
to	
Start Date	End Date
Reason for Elevator Use:	
Physician's Signature	Date
Physician's Address	······