Dear Parents/Guardians:

Thank you for your interest in the Hastings-on-Hudson Union Free School District. Enclosed is a “Non-Resident Tuition Application”. Upon completion, please return it to the appropriate school for the grade your child will be entering.

 ➢ **HILLSIDE ELEMENTARY SCHOOL** (GRADES K-4)
  120 LEFURGY AVENUE
  HASTINGS-ON-HUDSON, NY 10706
  (914) 478-6270

 ➢ **FARRAGUT MIDDLE SCHOOL** (GRADES 5-8)
  ATTN: COUNSELING OFFICE
  27 FARRAGUT AVENUE
  HASTINGS-ON-HUDSON, NY 10706
  (914) 478-6228

 ➢ **HASTINGS HIGH SCHOOL** (GRADES 9-12)
  ATTN: HIGH SCHOOL PRINCIPAL
  1 MOUNT HOPE BLVD.
  HASTINGS-ON-HUDSON, NY 10706
  (914) 478-6260

Once the school is in receipt of the completed application, they will contact you to schedule an interview.

Sincerely,
Maureen Caraballo

Enclosure
NON-RESIDENT TUITION APPLICATION

PLEASE PRINT

Date: ______________________

Student Name: ______________________

Grade in September: ______________________ Current Grade: ______________________

School Currently Attending: ______________________

School(s) Previously Attended: ______________________

District of Residence: ______________________

Father/Parent/Guardian, Name: ______________________

Mother/Parent/Guardian, Name: ______________________

Home Address: ______________________

Billing Address (if different): ______________________

Home Telephone: ______________________

Father/Parent/Guardian, work #: ______________________ cell: ______________________

Father/Parent/Guardian, email address: ______________________

Mother/Parent/Guardian, work #: ______________________ cell: ______________________

Mother/Parent/Guardian, email address: ______________________
PLEASE PRINT

Student Name: ________________________________________

Please list reasons for your interest in the Hastings-on-Hudson School UFSD:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Please describe any services your child currently receives:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Please list any questions you may have:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Mother/Parent/Guardian, Signature: ____________________________

Father/Parent/Guardian, Signature: ____________________________

__________________________________________________________________

(FOR HASTINGS SCHOOL USE)

Principal’s Authorization: ____________________________ Date: __________

School Counselor’s Authorization: ____________________________ Date: __________

Superintendent’s Authorization: ____________________________ Date: __________