

HASTINGS ON HUDSON UFSD TEXTBOOK REQUEST

STUDENT'S NAME _____ GRADE (entering) _____ BIRTHDAY ____/____/____
 ADDRESS _____ CITY _____ ZIP _____
 HOME TEL. # _____ NON-PUBLIC SCHOOL _____ TEL.# _____

District Office
Use Only

Textbooks requested - Please be Specific - Do No Guess
Give Proper Title, Publisher, Order # and Edition as furnished by your School

Catalog/PO	Title (please give exact title)	Publisher	Edition	ISBN #	Book #	Condition	Parent Init'l

Application is hereby made for the loan of the textbooks listed above. I understand that all books loaned to my child are to be maintained in good condition and that if excessively damaged or lost, I must pay for such damage or loss. I also understand that at the end of the school year the books will be returned to the district, or in any child should transfer to another school, the books will be returned immediately to the above named school district.

DATE: ____/____/____ Signed: (Parent or Guardian) _____

I certify that the books listed above will be used in an approved course of study taken by this student who is registered in the non-public school indicated above

DATE: ____/____/____ Signed: (Official of Non-Public School) _____