



Croton-Harmon Union Free School District  
 10 Gerstein Street  
 Croton-on-Hudson, NY 10520  
 TEL: (914) 271-4793 FAX: (914) 827-3185  
**Mr. Stephen Walker**  
**Superintendent of Schools**

**Non-Resident Student Tuition Application**

Date of Application: \_\_\_\_\_ Requested Enrollment Date: \_\_\_\_\_

Along with the information below, please provide copies of the following documents in order for the application to be reviewed:

- For students entering grades 1-5, Report Card reflecting all grades for the prior school year
- For students entering grades 6-12, Transcript reflecting all coursework
- Any/all records of discipline regarding the applicant/student

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

School District: \_\_\_\_\_ Current School: \_\_\_\_\_

Please Indicate if Student Has: Individualized Education Program (IEP): Yes \_\_\_\_\_ No \_\_\_\_\_  
 504 Accommodation Plan: Yes \_\_\_\_\_ No \_\_\_\_\_

**Note: If Student has an IEP, 504 plan or other health plan, please attach to this application.  
 If your child is interested in participating in Interscholastic Sports, please contact the Athletic Director at (914) 271-2147, ext. 1209 before submitting your application.**

Reason for Application to Attend the Croton-Harmon School District: \_\_\_\_\_

Pending a closing date for a property in Croton-Harmon Schools: \_\_\_\_\_

***I have read the Croton-Harmon School District Board of Education Policy Number 5152 regarding Admission of Non-Resident Students. I give permission to the Croton-Harmon School District to contact my child's current school district for more information regarding my child. I understand that, if my child is accepted to attend the Croton-Harmon School District, I will be responsible to pay tuition by the first day of each month for ten consecutive months beginning in September and ending in June. I understand that a late or missed payment will result in my child's removal from the Croton-Harmon School District.***

Parent/Guardian Signature: \_\_\_\_\_

**For District Use Only:**

**Principal:**

**PPS Administration:**

**Superintendent**

Date of Receipt of Application: \_\_\_\_\_

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Date of Receipt of Application: \_\_\_\_\_

Approval: Yes \_\_\_ No \_\_\_

Approval: Yes \_\_\_ No \_\_\_

Approval: Yes \_\_\_ No \_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

cc: Treasurer