

# HAWTHORNE PUBLIC SCHOOLS

445 Lafayette Avenue  
Hawthorne, NJ 07506

## Application for Out of District Tuition Students

Welcome to the Hawthorne Public Schools. Beginning in the 2020 school year, Hawthorne High School will be accepting applications from nonresident parent(s) or legal guardian(s) for the admission of their children to the regular education program on a space available tuition basis. This will apply to pupils who are eligible for admission to any grade in *Hawthorne High School only*. To begin the application process, please follow the instructions below.

Received Date: \_\_\_\_\_

Reviewed Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

### OFFICIAL USE ONLY

- |  |  |
|--|--|
| <input type="checkbox"/> Student Information Form        | <input type="checkbox"/> Student / Parent Certification Form |
| <input type="checkbox"/> Attendance / Discipline Records | <input type="checkbox"/> Academic Recommendation 1           |
| <input type="checkbox"/> Report Cards                    | <input type="checkbox"/> Academic Recommendation 2           |
| <input type="checkbox"/> Standardized Test Scores        | <input type="checkbox"/> Interview with Administration       |

**Application Checklist:** Following these directions correctly is considered part of the evaluation of this application.

**Before turning in this application,** be sure to include in ONE envelope ALL of the following documents in the order listed below. Items can also be shared via email and sent to Richard A. Spirito, Superintendent of Schools at [rspirito@hawthorne.k12.nj.us](mailto:rspirito@hawthorne.k12.nj.us)

- Cover sheet – Student Information Form
- Copy of Attendance and Discipline records from previous two years
- Copy of Report Cards from previous two years
- Copy of Standardized Test Scores from previous two years
- Student / Parent Certification Page
- Interview with Administration (to be scheduled upon receipt of application)

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### **Recommendation Forms:**

Recommendation forms are to be submitted separately by recommending teachers (required)

- Academic Teacher Recommendation
- Teacher of Choice Recommendation

Recommendation Forms 1 and 2 are located at the bottom of this application

1. Provide your teachers with an envelope addressed to:  
**Richard A. Spirito, Superintendent**  
**Hawthorne Public Schools**  
**445 Lafayette Avenue**  
**Hawthorne, NJ 07506**
2. Or send recommendation forms via email to: [rspirito@hawthorne.k12.nj.us](mailto:rspirito@hawthorne.k12.nj.us)

*Be sure to allow your teachers and guidance counselors sufficient time to complete  
and return the requested information!*

### **Questions?**

Contact Mr. Richard A. Spirito, Superintendent  
rspirito @hawthorne.k12.nj.us  
973-427-1300

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## Application for Out of District Tuition Students

### **Student Information Form**

Please type or Print Neatly

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth (mm/dd/year): \_\_\_\_\_

Current School (name and district): \_\_\_\_\_

### **Parent / Guardian Information:**

Parent / Guardian – 1: \_\_\_\_\_

Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Parent / Guardian - 2: \_\_\_\_\_

Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### **Additional Student Information:**

1. Does the student have a disciplinary record(s) that includes suspension from school?

Yes\_\_\_ No\_\_\_

If yes, please explain: \_\_\_\_\_

2. Does the student require Special Education services?

Yes\_\_\_ No\_\_\_

If yes, please explain: \_\_\_\_\_

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3. Does the student require 504 services or other special accommodations?

Yes\_\_\_ No\_\_\_

If yes, please explain: \_\_\_\_\_

4. Did the student participate in athletics if coming from a high school and are they planning to participate in athletics at Hawthorne High School?

Yes\_\_\_ No\_\_\_

If yes, please share what sports the student participated in:

\_\_\_\_\_

5. Does the student have any other condition(s) that we should be aware of (i.e. Asthma, Allergies)?

Yes\_\_\_ No\_\_\_

If yes, please explain: \_\_\_\_\_

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### **Student / Parent Certification Form**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if selected for attendance at Hawthorne High School, falsified statements may be grounds for dismissal.

I also acknowledge that I have received and read the following documents, which are available on the district website and understand the level of commitment required, if selected.

- *HHS Student Handbook*
- *Tuition Paying Pupil Policy*

Finally, I understand that equipment provided must be treated with respect and returned upon termination of contract by either party in good condition. Lost or damaged books or equipment will result in replacement fines to be paid by the student.

Signature of Parent: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

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## Application for Out of District Tuition Students

### Recommendation Form #1

Thank you for your time in completing this reference for your student. Please return this form in an envelope addressed to:

Mr. Richard A. Spirito, Superintendent  
445 Lafayette Avenue  
Hawthorne, NJ 07506

Or via email: [rspirito@hawthorne.k12.nj.us](mailto:rspirito@hawthorne.k12.nj.us)

Name of teacher completing this form: \_\_\_\_\_

Applicant's (student) name: \_\_\_\_\_

Course Taught: \_\_\_\_\_ School: \_\_\_\_\_

*For each attribute, please place a check mark under the heading that best describes the student as compared to their peers.*

	Below Average	Average	Above Average	Superior
<b>Positive Attitude</b>				
<b>Effective Communication</b>				
<b>Academic Preparation</b>				
<b>Emotional Maturity</b>				
<b>Classroom Behavior</b>				
<b>Punctuality &amp; Dependability</b>				
<b>Initiative</b>				
<b>Creativity</b>				
<b>Ability to Work Independently</b>				
<b>Ease of Learning:</b> Enjoys the challenge of problems, assignments, and issues. Learns quickly				
<b>Adaptability:</b> Approaches ideas and problems from a number of directions. Finds alternative means of solving problems. Thinks about ideas in new ways.				

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

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## Application for Out of District Tuition Students

### Recommendation Form #2

Thank you for your time in completing this reference for your student. Please return this form in an envelope addressed to:

Mr. Richard A. Spirito, Superintendent

445 Lafayette Avenue

Hawthorne, NJ 07506

Or via email: [rspirito@hawthorne.k12.nj.us](mailto:rspirito@hawthorne.k12.nj.us)

Name of teacher completing this form: \_\_\_\_\_

Applicant's (student) name: \_\_\_\_\_

Course Taught: \_\_\_\_\_ School: \_\_\_\_\_

*For each attribute, please place a check mark under the heading that best describes the student as compared to their peers.*

	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>	<b>Superior</b>
<b>Positive Attitude</b>				
<b>Effective Communication</b>				
<b>Academic Preparation</b>				
<b>Emotional Maturity</b>				
<b>Classroom Behavior</b>				
<b>Punctuality &amp; Dependability</b>				
<b>Initiative</b>				
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<b>Ability to Work Independently</b>				
<b>Ease of Learning:</b> Enjoys the challenge of problems, assignments, and issues. Learns quickly				
<b>Adaptability:</b> Approaches ideas and problems from a number of directions. Finds alternative means of solving problems. Thinks about ideas in new ways.				

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