



Textbook Request

TO: _____
(Name of school district in which you reside)

DATE: _____

Whom It May Concern:

My child(ren) listed below is (are) enrolled in Hudson Valley Christian Academy for the _____ - _____ school year. By law, I am entitled to a monetary allowance for secular textbooks which remain the property of your school district. Please provide either the textbooks or the money to Hudson Valley Christian Academy at the following address:

Hudson Valley Christian Academy
PO Box 135
Mahopac Falls, NY 10542

CHILD'S NAME

GRADE

_____	_____
_____	_____
_____	_____
_____	_____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Mailing Address: _____