



**Edgemont UFSD
Business Office
300 White Oak Lane
Scarsdale, NY 10583
(914) 472-7767 fax (914) 472-6846**

REGISTRATION PACKET:

- **REGISTRATION AFFIDAVIT (4 PAGES)**
- **ENROLLMENT FORM FOR STUDENTS IN TEMPORARY HOUSING (1 PAGE)**
- **HOME LANGUAGE QUESTIONNAIRE (2 PAGES)**
- **RESIDENCY POLICY (3 PAGES)**



Edgemont Schools
Central Office
300 White Oak Lane
Scarsdale, NY 10583

Please check:	
<input type="checkbox"/>	Edgemont Resident
<input type="checkbox"/>	Tuition
<input type="checkbox"/>	Faculty

REGISTRATION AFFIDAVIT

The Edgemont School District requests that you complete this form to assist in making a correct determination as to your child's/children's eligibility to be enrolled as a student(s) *without payment of tuition* (Edgemont Resident), to review custody issues, and to obtain contact information so we can communicate with parents/guardians about educational matters affecting your children. The District reserves the right to verify all information supplied by you and to request additional information when we deem it appropriate. It is your responsibility to establish your child's/children's residency in the District (Edgemont Resident). Upon completion of a thorough review of your registration documents, you will be notified by the Registrar of your child's/children's enrollment status.

For a student or students who reside with their parent(s) or legal guardian(s) within Edgemont in an owned or rented premises, complete pages 1-4.

For a student or students who reside within Edgemont with a non-parent who has physical and legal custody of the student, complete pages 1-4 and provide a copy of the custody order from the court which granted custody.

For families in a temporary living situation, due to a loss of housing or result of economic hardship, please complete this entire form (pages 1-5) to the best of your ability.

Parent/Guardian #1: Last Name _____ First Name _____

Address _____ City, State and Zip Code _____

Telephone (Home) _____ (Cell) _____ (Work) _____

Email Address (#1) _____ (#2) _____

Parent/Guardian #2: Last Name _____ First Name _____

Address _____ City, State and Zip Code _____

Telephone (Home) _____ (Cell) _____ (Work) _____

Email Address (#1) _____ (#2) _____

How would you like mailings to be addressed? Examples: Mr., Mrs., Ms., Dr., etc.: _____

If parents live at separate addresses, please identify custodial parent (or fill in "Joint Custody" if applicable):
_____.

PROOF OF CUSTODY: If you, as a parent or guardian, are separated, divorced or have custody as the result of a court order or agreement, a fully executed copy of the court order or agreement must be submitted.

Edgemont Resident: <input type="checkbox"/> Lease* <input type="checkbox"/> Own <input type="checkbox"/> Other
*Landlord's name, address and telephone number: _____
_____ *Lease Start Date: _____ End Date: _____
*When your lease ends, a lease or lease-renewal letter, signed and dated by you and your Landlord, is required.

STUDENT INFORMATION

Please list ALL children currently residing in the household.

(#1) Child's Last Name _____ **First Name** _____ **MI** _____

MALE **FEMALE** Date of Birth _____ / _____ / _____ Place of Birth _____

Child's Address _____

School Child Last Attended _____

Grade Level Child Last Attended _____

Census Data:

Race/Ethnicity (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Multi-racial |
| <input type="checkbox"/> Hispanic/Latino | |

(#2) Child's Last Name _____ **First Name** _____ **MI** _____

MALE **FEMALE** Date of Birth _____ / _____ / _____ Place of Birth _____

Child's Address _____

School Child Last Attended _____

Grade Level Child Last Attended _____

Census Data:

Race/Ethnicity (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Multi-racial |
| <input type="checkbox"/> Hispanic/Latino | |

STUDENT INFORMATION (continued):

(#3) Child's Last Name _____ First Name _____ MI _____

MALE FEMALE Date of Birth ____ / ____ / ____ Place of Birth _____

Child's Address _____

School Child Last Attended _____

Grade Level Child Last Attended _____

Census Data:

Race/Ethnicity (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Multi-racial |
| <input type="checkbox"/> Hispanic/Latino | |

(#4) Child's Last Name _____ First Name _____ MI _____

MALE FEMALE Date of Birth ____ / ____ / ____ Place of Birth _____

Child's Address _____

School Child Last Attended _____

Grade Level Child Last Attended _____

Census Data:

Race/Ethnicity (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Multi-racial |
| <input type="checkbox"/> Hispanic/Latino | |

Parent/Guardian Comments:

I (We) affirm that the information provided on this form is true and correct. I (We) understand that the District may investigate any allegation contained in this form and may ask for written proof of any statement. In order to verify the information or statements provided on this form (including any supporting documents and affidavits), I (we) give consent for the release of this form (including any supporting documents and affidavits) or any information contained in this form to the Edgemont School District, the Landlord, or any other third party in furtherance of the School District's investigation. I (We) will inform the District of any change of address within 30 days. I (We) understand that if the allegations contained in this form (including supporting documents and affidavits) are determined not to be true and accurate, I (we) will be held responsible for the payment of tuition to the District.

Date

Parent /Guardian Signature

Home Phone #

Parent /Guardian Signature

REGISTRATION CHECKLIST:

Certified Birth Certificate or baptism records *for each child*

If birth certificate or baptism records not available:

- Passport**
- Government issued I.D.**
- Health or hospital records**
- School Photo ID**
- Other _____**

Parent Photo I.D.'s: valid driver's license or passport (both parents/guardians)

Custody Papers (if applicable)

Additional requirements for resident students:

- Lease, deed, or signed Contract of Sale**
- Con Ed bill or other utility bill**
- Other _____**

Updated October 2015

OFFICE USE:

Approved by Registrar Not Approved

Entered by: _____

Date: _____

Initials _____

ENROLLMENT FORM FOR STUDENTS IN TEMPORARY HOUSING

Name of Student: _____
Last First Middle

Gender: Male Date of Birth: ____/____/____ Grade: ____
 Female *Month Day Year* *(preschool-12)*

Address: _____ Phone: _____

The answer you give below will help the District determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? *(Please check one box.)*

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): _____

- In permanent housing

Print name of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Date



STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

Lissette Colon-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

*Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.*

Please write clearly when completing this section.		
STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)		
1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother _____ <i>specify</i>	<input type="checkbox"/> Father _____ <i>specify</i>
	<input type="checkbox"/> Guardian(s) _____ <i>specify</i>	
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
		<input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
		<input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
		<input type="checkbox"/> Does not write

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

District Name (Number) & School

Address

Home Language Questionnaire (HLQ)—Page Two

Educational History	
8. Indicate the total number of years that your child has been enrolled in school _____	
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.	
Yes* <input type="checkbox"/>	No <input type="checkbox"/> Not sure <input type="checkbox"/> *If yes, please explain: _____
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe	
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below	
10b. <u>*If referred for an evaluation</u> , has your child ever <u>received</u> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____	
Age at which services received (Please check all that apply): <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)	
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes	
11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.) _____ _____	
12. In what language(s) would you like to receive information from the school? _____	

Month: _____ Day: _____ Year: _____

Signature of Parent or of Person in Parental Relation _____
Date

Relationship to student: Mother Father Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ							
NAME: _____	POSITION: _____						
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:							
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW							
NAME: _____	POSITION: _____						
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes							
**DATE OF INDIVIDUAL INTERVIEW: _____ Mo DAY YR	<table border="0" style="width: 100%;"> <tr> <td style="padding: 5px;">OUTCOME OF INDIVIDUAL INTERVIEW:</td> <td style="padding: 5px;"><input type="checkbox"/> ADMINISTER NYSITELL</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> ENGLISH PROFICIENT</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM</td> </tr> </table>	OUTCOME OF INDIVIDUAL INTERVIEW:	<input type="checkbox"/> ADMINISTER NYSITELL		<input type="checkbox"/> ENGLISH PROFICIENT		<input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
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	<input type="checkbox"/> ENGLISH PROFICIENT						
	<input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM						
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL							
NAME: _____	POSITION: _____						
DATE OF NYSITELL ADMINISTRATION: _____ Mo DAY YR	<table border="0" style="width: 100%;"> <tr> <td style="padding: 5px;">PROFICIENCY LEVEL ACHIEVED ON NYSITELL:</td> <td style="padding: 5px;"><input type="checkbox"/> ENTERING</td> <td style="padding: 5px;"><input type="checkbox"/> EMERGING</td> <td style="padding: 5px;"><input type="checkbox"/> TRANSITIONING</td> <td style="padding: 5px;"><input type="checkbox"/> EXPANDING</td> <td style="padding: 5px;"><input type="checkbox"/> COMMANDING</td> </tr> </table>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL:	<input type="checkbox"/> ENTERING	<input type="checkbox"/> EMERGING	<input type="checkbox"/> TRANSITIONING	<input type="checkbox"/> EXPANDING	<input type="checkbox"/> COMMANDING
PROFICIENCY LEVEL ACHIEVED ON NYSITELL:	<input type="checkbox"/> ENTERING	<input type="checkbox"/> EMERGING	<input type="checkbox"/> TRANSITIONING	<input type="checkbox"/> EXPANDING	<input type="checkbox"/> COMMANDING		
FOR STUDENTS WITH DISABILITIES, LIST ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: _____ _____							

Edgemont Union Free School District

POLICY

7200

RESIDENT AND NON-RESIDENT STUDENTS

Being a taxpayer in this District does not automatically entitle the taxpayer to register a child in this District unless the child meets all residency requirements in paragraph A below. Residency is defined to include both physical presence in the District and intent to remain in the District.

Resident students

A. A resident student is one who (i) actually resides full in a home within the boundaries of the Edgemont School District (“the District”) and, unless the student is an emancipated minor, is under the total and permanent care, custody, and control and/or legal custody or control of one or more of the adult members of that household (each, a “Parent” or “Guardian,” as the case may be) and (ii) intends to remain in the District. In the case of a child who is the subject of a joint custody award, the child must reside at least 50% of the Edgemont academic year with such custodian who is an adult residing full time within the boundaries of the District. The word “resides” above means: lives, sleeps and otherwise spends most of the non-school hours of Edgemont’s academic year in said house or apartment. Different rules will apply to homeless, undocumented and/or unaccompanied children, under appropriate circumstances (7230; 7230-R). If a child is placed in a family/foster home by a social services agency of the New York State Department of Health, and that home is located within the boundaries of the District, the child may be admitted to the District’s school. Full tuition shall be paid in accordance with New York State Education Law, Section 3202, Subdivision 4 by the school district in which the child formerly resided (in which the child’s parent or person in parental control resides).

B. All resident students of the District who reach the age of five by December 31st of that calendar year shall be entitled to enroll as students in the District. All persons seeking to register students in this District will be required to furnish (1) proof of residency (lease, deed, or signed contract of sale, and a utility bill); (2) proof of the child’s age; (3) photo identification of Parent(s)/Guardian(s); and (4) completed residence application available in the District office or on the district website www.edgemont.org. The District reserves the right to verify the factual assertions made on behalf of the student and to require additional information or documents based on the information provided. Affidavits dealing with the facts surrounding residency, care, custody, control and support may be required. In the cases of homeless, undocumented and/or unaccompanied children, it is understood that some documentation may not be available at the time of proposed enrollment, or may not be available at all. In such cases, a student will be enrolled immediately as set forth in policies 7230 and 7230-R.

The District shall not request or require a Social Security card or number, or any information which would tend to reveal the immigration status of the child, the Parent, or the person in parental relation, in any forms, meetings or other communication, at the time of and/or as a condition of enrollment.

C. If a child, who is or will be living with a person other than his/her Parent(s)/legal Guardian(s), is presented for admission to the District, evidence must be provided that the person with whom the child is or will be living has total and permanent care, custody, and control of the child; that the child is supported by him or her; and why he or she has assumed such care, custody and control. In such cases, the person and (provided they are available to do so) the Parent(s)/legal Guardian(s) must each complete, sign and notarize affidavits that will be provided by the District, unless the person provides a judicial custody order granting or otherwise awarding said person custody or legal guardianship of said child. Different rules will apply to homeless, undocumented and/or unaccompanied children, under appropriate circumstances (7230, 7230-R).

D. Students who have met residency status as defined in paragraph A above and who will be temporarily displaced from their home due to a renovation, either planned or unplanned and relocate temporarily outside of the District shall be entitled to continue tuition free for a period of three months under the following conditions:

1. Resident student status has been established for at least one calendar year prior to the date of displacement;
2. Taxpayer is and remains current on all property taxes;
3. Renovations are on the home for which residency has been established;
4. Re-occupation of said house or apartment is imminent, Parent(s)/Guardian(s) sign a statement to that effect and commit to pay tuition on the first day following the tuition-free period (less any pre-paid taxes) if said re-occupation has not occurred by that date;
5. Extensions of the three month tuition free period may be granted upon good cause shown, and documentation as requested, to the District;
6. Any transportation required by law to be provided by the District to any child enrolled in any private and/or parochial school outside of the District will be provided only when residency within the District has been re-established;
7. Property taxes must be assessed and timely paid at no less than 90% of the rate paid the previous year on said house or apartment;

Paragraph D was created with the intention of preventing abuse of the residency requirement. Exceptions to this policy will be considered on a case by case basis and should be presented to the District office for consideration in advance of commencing residence outside of the District. Different rules will apply to homeless students who are temporarily displaced due to loss of housing, economic hardship, or similar reasons as outlined in Policy 7230.

Non-resident students

E. A non-resident student is a child who does not meet the definition in paragraph A.

F. Non-resident students will only be accepted for enrollment only on a tuition basis as set out in the Board's policy 7210, except as may otherwise be approved by Edgemont's Board of Education.

G. Non-resident children who are in Edgemont for brief periods of time such as while on vacation, or while en route to another permanent domicile, shall not be accepted for enrollment in this district.

H. Non-resident adult members of households who purchase, rent or lease a house or an apartment in this district, but have not yet actually resided (as defined in paragraph A, above) in said home, shall be entitled to enroll their child or children in this District for two calendar months tuition free, on condition that occupation of said home is imminent. Further, this two-month tuition free period of attendance will be permitted provided that, prior to the child's attendance, the Parent(s)/Guardian(s) sign a statement that occupation is imminent and commit to pay tuition effective the first day of the third month of the child's enrollment during the period of non-residency, if said occupation has not occurred by that date.

I. Any transportation required by law to be provided by the District, to any child or children enrolled in any private and/or parochial school outside of the District, will be provided only when residency (see paragraph A) within boundaries of the District has been established.

J. A non-resident adult whose child has been accepted on a tuition basis and who pays school taxes on residential Edgemont property that is habitable or actively under renovation in the District shall be entitled to a tuition credit for Edgemont school taxes paid for the applicable school year, on a pro-rated basis, so long as the property remains unoccupied by other(s). In no instance will the credit exceed the amount of the tuition due.

K. If tuition is not paid within thirty days of the date the bill is postmarked or emailed, the non-resident student may be excluded from attendance without notice.

L. Any non-resident adult who violates this policy (e.g., represents that his or her child is an Edgemont resident when such child is not) will be obligated to pay tuition immediately, at the then applicable tuition rate, for all time that such child attended an Edgemont school as well as all costs incurred by the district in investing and ascertaining such child's residency status.

Revised Policy Adopted: January 25, 2011

Presented to Board of Education: November 4, 2014

Adopted on: January 27, 2015

Revised policy presented for discussion at the July 10, 2018 Board of Education meeting

Revised policy adopted at the August 7, 2018 Board of Education meeting

Further revised policy presented for discussion at the September 25, 2018 Board of Education Meeting

Further revised policy adopted at the October 9, 2018 Board of Education Meeting

Further revised policy adopted at the July 1, 2021 Board of Education Meeting