



**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)**



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

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

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.

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

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

Lisette 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
		<input type="checkbox"/> Male
		<input type="checkbox"/> Female
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. *If referred for an evaluation, 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? _____

Signature of Parent or of Person in Parental Relation

Month: _____ Day: _____ Year: _____
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: _____ <small>MO DAY YR</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <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: _____ <small>MO DAY YR</small>	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: _____ _____	