



## **APPLICATION FOR ELEMENTARY TUITION STUDENTS**

The application for admission must be accompanied by a check or money order for \$50.00 made payable to the Edgemont Union Free School District. The application fee is nonrefundable. The attached permission form must be signed and returned with the application form.

Please arrange to have copies of past and current report cards as well as past standardized test scores attached to the application form. If your child has received any special services either privately or in school, please include this on a separate sheet of paper. We request that you indicate the types of services, the date they were rendered, and the results. Please feel free to include any details that will enable us to learn more about your child. In addition, the admissions committee requests that two letters of recommendation accompany the application. One letter must be from the child's current homeroom teacher.

Return all materials and the attached form to:

Elementary Admissions Committee  
c/o Superintendent of Schools  
Edgemont Union Free School District  
300 White Oak Lane  
Scarsdale, NY 10583

The decision of the admissions committee will be based upon evidence of academic ability and appropriate behavior. The Interview Committee may decide to accept an application, place a student on a waiting list, or reject an application. The Superintendent of Schools will provide written notification of the Interview Committee's decision to the family.



**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.

<b>Edgemont Resident:</b> <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

Home School District: \_\_\_\_\_

My child is registered in their home school district

My child is NGT registered in their home school district

Current School:

Grade into which admission is requested:

Country of Citizenship:  United States

Other *please specify* \_\_\_\_\_

U.S. Social Security Number *if applicable*:

**OFFICE USE:**

Approved by Registrar     Not Approved

Entered by: \_\_\_\_\_

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

Initials \_\_\_\_\_

PERMISSION TO TEST/REQUEST ADDITIONAL RECORDS

I hereby give my consent to the Edgemont Union Free School District to administer any tests necessary for screening purposes. Further, I give permission for the aforementioned school district to request additional records and/or test reports from my child's current district/school.

Parent Signature Giving Consent to the Above:

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

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