



**EDGEMONT UNION FREE SCHOOL DISTRICT**

300 White Oak Lane

Scarsdale, New York 10583

Bryan Paul, Assistant Superintendent for Administration and Business

(914) 472-7767, Ext. 4406

(Fax) (914) 472-6846

**Nonpublic School Textbook Request Form – 2024/2025**

**Due in Business Office by June 17, 2024**

Textbooks and workbooks will be available for pick up at the Business Office of the Edgemont Union Free School District during the summer. Textbooks are stamped as property of the District and recorded in the inventory. Materials that are excluded under the law include reference materials such as encyclopedias, almanacs and dictionaries, and books that are of a religious nature. The Nonpublic School Textbook Loan Program policy is available on the district's website ([www.edgemont.org](http://www.edgemont.org)).

Parents must pick up the books and sign them out in accordance with the loan program. The Business Office will be open during the summer months, Mondays – Thursdays, 8:00am – 4:00pm.

**NON-PUBLIC SCHOOL INFORMATION**

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
School Address

\_\_\_\_\_  
Contact Person at School

\_\_\_\_\_  
email address

\_\_\_\_\_  
School Phone Number

**CERTIFICATION OF STUDENT'S REQUEST**

I certify that applicant is a student in the above named nonpublic school and that the textbooks he or she requests are required for said student for use during the 2024/2025 school year.

\_\_\_\_\_  
Signature of Nonpublic School Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**STUDENT INFORMATION** (Students must be registered as residents in the Edgemont School District attending non-public schools, to participate in the Textbook Loan Program.)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Grade 2024/2025

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Student Home Address

**PARENT/GUARDIAN STATEMENT:** I understand that all books loaned to my child by the Edgemont School District are to be maintained in good condition and that said child must pay for the loss of, or excessive damage to, said books. If my child should transfer to another school, said books will be returned immediately.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Parent/Guardian cell number

\_\_\_\_\_  
Name of Parent/Guardian (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian email

Please PRINT if filling out by hand. If more than six (6) books are requested, print multiple forms. Complete the Student and Nonpublic School information on all forms.

Name of Book: \_\_\_\_\_

Author: \_\_\_\_\_

ISBN# \_\_\_\_\_

Publisher: \_\_\_\_\_

Edition: \_\_\_\_\_ Grade: \_\_\_\_\_

Textbook       Workbook

Name of Book: \_\_\_\_\_

Author: \_\_\_\_\_

ISBN# \_\_\_\_\_

Publisher: \_\_\_\_\_

Edition: \_\_\_\_\_ Grade: \_\_\_\_\_

Textbook       Workbook

Name of Book: \_\_\_\_\_

Author: \_\_\_\_\_

ISBN# \_\_\_\_\_

Publisher: \_\_\_\_\_

Edition: \_\_\_\_\_ Grade: \_\_\_\_\_

Textbook       Workbook

Name of Book: \_\_\_\_\_

Author: \_\_\_\_\_

ISBN# \_\_\_\_\_

Publisher: \_\_\_\_\_

Edition: \_\_\_\_\_ Grade: \_\_\_\_\_

Textbook       Workbook

Name of Book: \_\_\_\_\_

Author: \_\_\_\_\_

ISBN# \_\_\_\_\_

Publisher: \_\_\_\_\_

Edition: \_\_\_\_\_ Grade: \_\_\_\_\_

Textbook       Workbook

Name of Book: \_\_\_\_\_

Author: \_\_\_\_\_

ISBN# \_\_\_\_\_

Publisher: \_\_\_\_\_

Edition: \_\_\_\_\_ Grade: \_\_\_\_\_

Textbook       Workbook

Forms can be sent by mail (Edgemont UFSD, 300 White Oak Lane, Scarsdale, NY 10583), fax (914-472-6846), email ([msouthard@edgemont.org](mailto:msouthard@edgemont.org)) or hand delivered to the business office. Forms are due by **June 17, 2024.**