

EDGEMONT UFSD

STUDENT REGISTRATION – KINDERGARTEN 2026/2027

- THIS FORM IS FOR STUDENTS WITH RESIDENCY DOCUMENTS ON FILE -

Child's Last Name: _____ First Name: _____ MI: _____

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

Census Data:

Race/Ethnicity (check all that apply):

___ American Indian or Alaska Native

___ Native Hawaiian or Other Pacific Islander

___ Asian

___ White

___ Black or African American

___ Multi-racial

___ Hispanic/Latino

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): _____

Are there siblings currently enrolled in the Edgemont School District? Indicate which school they are currently attending:

	Last Name	First Name	Grade	Seely	Greenville	Edgemont Jr./Sr. High School
1						
2						
3						

I (We) affirm that the information provided on this form is true and correct.

_____ Date

_____ Parent /Guardian Signature

Office use: () birth certificate or passport () current utility bill () HLQ

Notes:

Approved: _____

Date: _____

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* No Not sure <input type="checkbox"/> <input type="checkbox"/> <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? _____

_____ 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: _____ <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:	