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
___Asian
___Black or African American
___Hispanic/Latino
___ Native Hawaiian or Other Pacific Islander
___ White
___ Multi-racial

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:_____

Edgemont Union Free School District

Student Information Form: 2026-2027

Student Name: _____ Gender: _____

Street Address: _____ Date of Birth: _____

City/State/Zip: _____ Grade: _____

Home Phone: _____

Race and Ethnicity Data *(required* by federal law):

Hispanic/Latino: YES ☐ NO ☐

Please check all that apply:

☐ American Indian/Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

How should we address mailings to your home? *(Mr. & Mrs. Smith, Dr. Jones, etc.)* _____

	Parent/Guardian #1	**Parent/Guardian #2**
Relationship to Child		
First Name		
Last Name		
Work Phone		
Cell Phone		
E-mail Address		

If one or both parents/guardians cannot be reached in an emergency, please provide the name of a relative and/or friend who is authorized to pick up your child and can authorize medical treatment.

	Emergency Contact #1	**Emergency Contact #2**	**Emergency Contact #3**
First Name			
Last Name			
Home Phone			
Work Phone			
Cell Phone			
Relationship to Student (grandparent, aunt, uncle, etc.)			

Please return this form to the office of the building principal even if there are no changes. If any of this information changes after you return this form, please send notification in writing to the principal of your child's school.

Edgemont Union Free School District

Student Information Form: 2026-2027

Name of local physician to call in case of an emergency: _____ Phone: _____

List other students living in your household:

	Name	Grade	School
1			
2			
3			
4			

FOR GRADES 7-12 ONLY

In case of an early dismissal *(please check one)*

☐ My Junior/Senior High School student can only be released to a parent/guardian or to one of the persons listed as an emergency contact. _____

☐ My Junior/Senior High School student can be released to go home.

☐ My Junior/Senior High School student can be released to an older sibling. _____
Sibling name

Please review the following policies of the school district:

* Release of Directory Information
* Media Release – See FERPA policy
* Pesticide Information
* Acceptable Use Policy
* Code of Conduct

They can be found on our web sites (www.edgemont.org, ehs.edgemont.org, gv.edgemont.org, or sp.edgemont.org). If you would like to receive a printed copy of these policies, please contact the central office at 472-7768.

I have reviewed all of the above-mentioned policies.

I further certify that the information on this form is correct.

Parent/Guardian Name(Please Print) _____

Parent/Guardian Signature _____ Date: _____

It is the policy of the Edgemont UFSD to send duplicate mailings, if requested, to non-custodial parents/guardians except in the case of a court order prohibiting same.

Please return this form to the office of the building principal even if there are no changes. If any of this information changes after you return this form, please send notification in writing to the principal of your child's school.

New York State Housing Questionnaire

Identifying and serving students in temporary housing under the McKinney-Vento Act and NYS Ed Law §3209

This form is to be completed when a student first enrolls, and any time a change in housing status occurs. There are no wrong answers. This form may be filled out independently, or the McKinney-Vento Liaison can assist. To access a list of McKinney-Vento Liaisons, please visit https://www.nysteachs.org/liaisons

District or LEA	**School Name**

About this form and your rights

Schools are required by federal and state law to identify students living in temporary housing and ensure they can enroll, attend, and succeed in school. The **McKinney-Vento Homeless Assistance Act**, together with **New York State Education Law Section §3209**, protects students and families who no longer have a permanent, stable place to live; families who have lost housing; are staying with others temporarily; or are living somewhere that was never meant to be a home.

Eligible students have the right to:

- ✓ Stay in the school they attended when last permanently housed (called the school of origin), for as long as they are in temporary housing.
- ✓ Immediately enroll in the local school where they are temporarily staying (the school of current location).
- ✓ Enroll and start school right away, even without a birth certificate, proof of residency, immunization records, or school records.
- ✓ Receive free transportation to and from the school of attendance, as well as after-school activities (If within 50 miles).
- ✓ Receive free school meals without income paperwork as well as access to other school services including McKinney-Vento Grant resources, if available.

This information is confidential and will be shared only with school staff who have a legitimate educational need to support student access to McKinney-Vento rights and services. Providing this information is voluntary and will be used only to determine eligibility for services under the McKinney-Vento Act and NYS Education Law §3209. Providing it will not affect your immigration status or your eligibility for enrollment or other services.

STUDENT INFORMATION:

Student Name (Last, First)	Student Grade Level (Preschool-12)
Student Gender ☐ M ☐ F ☐ X = Nonbinary	Student Date of Birth (Month/Day/Year)
Parent/Legal Guardian Name	
Phone Number	E-Mail Address
Address where the student is currently living	

Where is the student residing right now?

Under the McKinney-Vento Act, students are protected when their nighttime residence is not **fixed, regular, and adequate.** Check every box that describes where **the student** is residing right now.

☐ Permanent housing: you own or rent a fixed, regular, and adequate home

☐ Doubled up: staying with another family or person due to a loss of housing, economic hardship, eviction, or other similar reason

☐ In an emergency, transitional, or domestic violence shelter. Shelter or program name: _____

☐ In a hotel or motel because there is no other alternative, adequate place to stay

☐ In a car, park, campsite, bus or train station, abandoned building, or another place not meant for stable habitation or established dwelling.

☐ In a place with no heat, running water, or electricity, or that is otherwise structurally unsafe or inadequate to reside in

☐ Displaced by a fire, flood, natural disaster, or other emergency

☐ Another temporary situation not listed here: _____

Is there anything else you would like us to know about your situation? (optional)

_____

Is the student an Unaccompanied Homeless Youth (UHY)?

The McKinney-Vento Act identifies students who are not living with a parent or legal guardian, and are not residing in permanent housing, as **Unaccompanied Homeless Youth (UHY)**. UHYs have the right to enroll in school and to complete and sign this form independently, without a parent or adult present. The McKinney-Vento Liaison can assist UHYs with this process.

☐ **Please check the box if you believe the student identified above may meet the McKinney-Vento eligibility criteria described above.**

Additional Children within the Household?

To help us identify and support all eligible children and youth, please list every child who is currently living with you, regardless of age or school enrollment status. This includes infants, preschool-aged children, and school-aged children.

Student Name (Last, First)	Date of Birth	Grade	Current or Recent School	Last School Attended Before Current or Recent

Student Name (Last, First)	Date of Birth	Grade	Current or Recent School	Last School Attended Before Current or Recent

Accuracy of Information and Signature

The person completing this form certifies that the information provided above is correct and accurate to the best of their ability.

Name (print): _____

Signature: _____ **Date:** _____

An unaccompanied homeless youth may sign on their own behalf.

Need help? Contact the McKinney-Vento Liaison listed at the top of this form or call the NYS-TEACHS Helpline at 800-388-2014. Visit nysteachs.org for more information.

OFFICIAL USE ONLY (School Staff)

Date received: _____ **Received by:** Eligibility: Eligible Not Eligible Pending

Homeless Primary Nighttime Residence Code (SIRS):

☐ D = Doubled up ☐ S = Shelter ☐ H = Hotel/Motel ☐ U = Unsheltered ☐ T = Transitional Housing

Unaccompanied Homeless Youth (UHY): ☐ Yes ☐ No

Designation Form: ☐ Yes ☐ N/A ☐ Coded in Student Information System (SIS)

Liaison notified (initials): _____ Date: _____ ☐ Family declined to provide information

Notes:

_____

_____

_____

_____

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:

Month *Day* *Year*

GENDER:

❑ Male
❑ 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?	❑ English	❑ Other _____ *specify*	
2. What was the first language your child learned?	❑ English	❑ Other _____ *specify*	
3. What is the Home Language of each parent/guardian?	❑ Mother _____ *specify*	❑ Father _____ *specify*	
	❑ Guardian(s) _____ *specify*		
4. What language(s) does your child understand?	❑ English	❑ Other _____ *specify*	
5. What language(s) does your child speak?	❑ English	❑ Other _____ *specify*	❑ Does not speak
6. What language(s) does your child read?	❑ English	❑ Other _____ *specify*	❑ Does not read
7. What language(s) does your child write?	❑ English	❑ Other _____ *specify*	❑ Does not write

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

SCHOOL DISTRICT INFORMATION:

District Name (Number) & School *Address*

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

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*** ❑ ***If yes, please explain:** _____

How severe do you think these difficulties are? ❑ Minor ❑ Somewhat severe ❑ Very severe

10a. Has your child ever been *referred* for a special education evaluation in the past? ❑ **No** ❑ **Yes*** ***Please complete 10b below***

10b. **If referred for an evaluation,* has your child ever *received* any special education services in the past?
❑ **No** ❑ **Yes – Type of services received:** _____

Age at which services received *(Please check all that apply):*
❑ **Birth to 3 years (Early Intervention)** ❑ **3 to 5 years (Special Education)** ❑ **6 years or older (Special Education)**

10c. Does your child have an Individualized Education Program (IEP)? ❑ **No** ❑ **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: ❑ **NO** ❑ **YES**

****DATE OF INDIVIDUAL INTERVIEW:** _____ (MO DAY YR.)

OUTCOME OF INDIVIDUAL INTERVIEW:
❑ ADMINISTER NYSITELL
❑ ENGLISH PROFICIENT
❑ REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ **POSITION:** _____

DATE OF NYSITELL ADMINISTRATION: _____ (MO DAY YR.)

PROFICIENCY LEVEL ACHIEVED ON NYSITELL: ❑ ENTERING ❑ EMERGING ❑ TRANSITIONING ❑ EXPANDING ❑ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: