Edgemont UFSD
Business Office
300 White Oak Lane
Scarsdale, NY 10583
(914) 472-7767 fax (914) 472-6846

REGISTRATION PACKET:

- REGISTRATION AFFIDAVIT
- NEW YORK STATE HOUSING QUESTIONNAIRE
- HOME LANGUAGE QUESTIONNAIRE
- NEW YORK STATE MIGRANT EDUCATION PROGRAM
- RESIDENCY POLICY
- APPLICATION FOR FREE AND REDUCED-PRICE SCHOOL MEALS
- WATER SAFETY INFORMATION – PER NEW YORK STATE DEPARTMENT OF HEALTH

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

Please check:

☐ **Edgemont Resident**

☐ **Tuition**

☐ **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). The District will review the information and documentation provided to determine residency and enrollment eligibility in accordance with applicable law. A student's enrollment will not be delayed or denied because a particular document is unavailable where applicable law requires the District to accept alternative documentation or provide immediate enrollment.

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.

Edgemont Resident: ☐ Lease* ☐ Own ☐ 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):

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

(#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):

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

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):

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

(#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):

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

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/Guardian Photo Identification Driver's license, passport, or other photo identification. Please contact the Registrar if you do not have one of these documents; lack of a particular form of identification will not, by itself, prevent or delay enrollment.**

☐ **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 August 2026

OFFICE USE:

☐ Approved by Registrar ☐ Not Approved

☐ Entered by:_____ Date:_____ Initials_____

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

Elisa Alvarez, Associate 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 Person in Parental Relation:
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.

STUDENT NAME:		
First	*Middle*	*Last*
DATE OF BIRTH:		**GENDER:**
		❑ Male ❑ Female
Month	*Day*	*Year*
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	*First Name*	*Relation to*

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?	❑ Parent 1 _____ *specify*	❑ Parent 2 _____ *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:	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 ***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: ❑ Parent ❑ 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 ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

NEW YORK STATE
MIGRANT EDUCATION PROGRAM

IDENTIFICATION & RECRUITMENT PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, **regardless of their nationality or legal status**. This program is **free of charge** to all eligible families and may include tutoring, free school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

Please take few minutes to complete this questionnaire.

Has anyone in your family worked or looked for work at the following occupations during the past 3 years?

- ☐ Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- ☐ Work related to logging, harvesting, or initial processing of trees.
- ☐ Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)

If you answered YES, please provide your contact information below:

Parent/Guardian Name: _____

Home address: _____

Telephone number: (_____)-_____-_____ Best time to be reached: _____ AM/PM

Previous Address: _____

Student name: _____ Age _____Grade_____

Student name: _____ Age _____Grade_____

To submit this referral please fax to 607-436-3606, or by mail to NYS Migrant Education Program-Identification and Recruitment Office: 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020.

NEW YORK STATE
MIGRANT EDUCATION PROGRAM

OFICINA DE IDENTIFICACIÓN Y RECLUTAMIENTO- ENCUESTA PARA PADRES

El programa de Educación para Migrantes (MEP), está autorizado por el Título I, Parte C de la Acta de Educación Elemental y Secundaria (ESEA). EL MEP provee una variedad de servicios educativos para las familias que trabajan en la agricultura, **sin importar su nacionalidad o estado legal**. Este programa **es gratuito** para aquellas familias elegibles y puede incluir servicios de tutorías, elegibilidad de almuerzo gratuito en la escuela, excursiones, programa de verano, actividades de envolvimiento para padres, programa de emergencias y referidos a otras organizaciones o agencias.

Por favor tome unos minutos para completar este cuestionario.

¿Usted o algún miembro de su familia ha trabajado o buscado trabajo en algunas de las siguientes ocupaciones en los pasados 3 años?

- ☐ Cualquier trabajo agrícola (como plantando, seleccionando, o cosechando frutas o vegetales, cultivando o cortando flores o árboles, trabajo en lechería u otro rancho de animales, pescando, etc.)
- ☐ Trabajando en la cultivación o procesamiento de los árboles.
- ☐ Trabajando en una planta de procesamiento, empacando, lavando o cortando vegetales, frutas o carnes.

Si usted contestó que sí, por favor complete la siguiente información:

Nombre del Padre/Encargado: _____

Dirección Física: _____

Teléfono: (_____)-_____-_____ Mejor tiempo para ser contactado _____ AM/PM

Dirección anterior: _____

Nombre del estudiante: _____ Edad_____ Grado_____

Nombre del estudiante: _____ Edad_____ Grado_____

Para someter este referido, por favor envíelo por fax a 607-436-3606, o por correo a NYS Migrant Education Program- Identification & Recruitment Office 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020

Book	Board of Education Policies
Section	7000 - Student
Title	Resident And Non-resident Students
Code	7200
Status	Active
Adopted	January 25, 2011
Last Revised	July 21, 2021
Last Reviewed	April 29, 2026

RESIDENT AND NON-RESIDENT STUDENTS 7200

Being a taxpayer in this District does not automatically entitle the taxpayer to register a child in this District unless the child meets all residency requirements in paragraph A below. Residency is defined to include both physical presence in the District and intent to remain in the District.

Resident students

A. A resident student is one who (i) actually resides full in a home within the boundaries of the Edgemont School District ("the District") and, unless the student is an emancipated minor, is under the total and permanent care, custody, and control and/or legal custody or control of one or more of the adult members of that household (each, a "Parent" or "Guardian," as the case may be) and (ii) intends to remain in the District. In the case of a child who is the subject of a joint custody award, the child must reside at least 50% of the Edgemont academic year with such custodian who is an adult residing full time within the boundaries of the District. The word "resides" above means: lives, sleeps and otherwise spends most of the non-school hours of Edgemont's academic year in said house or apartment. Different rules will apply to homeless, undocumented and/or unaccompanied children, under appropriate circumstances (7230; 7230-R). If a child is placed in a family/foster home by a social services agency of the New York State Department of Health, and that home is located within the boundaries of the District, the child may be admitted to the District's school. Full tuition shall be paid in accordance with New York State Education Law, Section 3202, Subdivision 4 by the school district in which the child formerly resided (in which the child's parent or person in parental control resides).

B. All resident students of the District who reach the age of five by December 31st of that calendar year shall be entitled to enroll as students in the District. All persons seeking to register students in this District will be required to furnish (1) proof of residency (lease, deed, or signed contract of sale, and a utility bill); (2) proof of the child's age; (3) photo identification of Parent(s)/Guardian(s); and (4) completed residence application available in the District office or on the district website www.edgemont.org. The District reserves the right to verify the factual assertions made on behalf of the student and to require additional information or documents based on the information provided. Affidavits dealing with the facts surrounding residency, care, custody, control and support may be required. In the cases of homeless, undocumented and/or unaccompanied children, it is understood that some documentation may not be available at the time of proposed enrollment, or may not be available at all. In such cases, a student will be enrolled immediately as set forth in policies 7230 and 7230-R.

The District shall not request or require a Social Security card or number, or any information which would tend to reveal the immigration status of the child, the Parent, or the person in parental relation, in any forms, meetings or other communication, at the time of and/or as a condition of enrollment.

C. If a child, who is or will be living with a person other than his/her Parent(s)/legal Guardian(s), is presented for admission to the District, evidence must be provided that the person with whom the child is or will be living has total and permanent care, custody, and control of the child; that the child is supported by him or her; and why he or she has assumed such care, custody and control. In such cases, the person and (provided they are available to do so) the Parent(s)/legal Guardian(s) must each complete, sign and notarize affidavits that will be provided by the District, unless the person provides a judicial custody order granting or otherwise awarding said person custody or legal guardianship of said child. Different rules will apply to homeless, undocumented and/or unaccompanied children, under appropriate circumstances (7230, 7230-R).

D. Students who have met residency status as defined in paragraph A above and who will be temporarily displaced from their home due to a renovation, either planned or unplanned and relocate temporarily outside of the District shall be entitled to continue tuition free for a period of three months under the following conditions:

1. Resident student status has been established for at least one calendar year prior to the date of displacement;
2. Taxpayer is and remains current on all property taxes;
3. Renovations are on the home for which residency has been established;
4. Re-occupation of said house or apartment is imminent, Parent(s)/Guardian(s) sign a statement to that effect and commit to pay tuition on the first day following the tuition-free period (less any pre-paid taxes) if said re-occupation has not occurred by that date;
5. Extensions of the three month tuition free period may be granted upon good cause shown, and documentation as requested, to the District;
6. Any transportation required by law to be provided by the District to any child enrolled in any private and/or parochial school outside of the District will be provided only when residency within the District has been re-established;
7. Property taxes must be assessed and timely paid at no less than 90% of the rate paid the previous year on said house or apartment;

Paragraph D was created with the intention of preventing abuse of the residency requirement. Exceptions to this policy will be considered on a case by case basis and should be presented to the District office for consideration in advance of commencing residence outside of the District. Different rules will apply to homeless students who are temporarily displaced due to loss of housing, economic hardship, or similar reasons as outlined in Policy 7230.

Non-resident students

E. A non-resident student is a child who does not meet the definition in paragraph A.

F. Non-resident students will only be accepted for enrollment only on a tuition basis as set out in the Board's policy 7210, except as may otherwise be approved by Edgemont's Board of Education.

G. Non-resident children who are in Edgemont for brief periods of time such as while on vacation, or while en route to another permanent domicile, shall not be accepted for enrollment in this district.

H. Non-resident adult members of households who purchase, rent or lease a house or an apartment in this district, but have not yet actually resided (as defined in paragraph A, above) in said home, shall be entitled to enroll their child or children in this District for two calendar months tuition free, on condition that occupation of said home is imminent. Further, this two-month tuition free period of attendance will be permitted provided that, prior to the child's attendance, the Parent(s)/Guardian(s) sign a statement that occupation is imminent and commit to pay tuition effective the first day of the third month of the child's enrollment during the period of non-residency, if said occupation has not occurred by that date.

I. Any transportation required by law to be provided by the District, to any child or children enrolled in any private and/or parochial school outside of the District, will be provided only when residency (see paragraph A) within boundaries of the District has been established.

J. A non-resident adult whose child has been accepted on a tuition basis and who pays school taxes on residential Edgemont property that is habitable or actively under renovation in the District shall be entitled to a tuition credit for Edgemont school taxes paid for the applicable school year, on a pro-rated basis, so long as the property remains unoccupied by other(s). In no instance will the credit exceed the amount of the tuition due.

K. If tuition is not paid within thirty days of the date the bill is postmarked or emailed, the non-resident student may be excluded from attendance without notice.

L. Any non-resident adult who violates this policy (e.g., represents that his or her child is an Edgemont resident when such child is not) will be obligated to pay tuition immediately, at the then applicable tuition rate, for all time that such child attended an Edgemont school as well as all costs incurred by the district in investing and ascertaining such child's residency status.

Revised Policy Adopted: January 25, 2011
Presented to Board of Education: November 4, 2014
Adopted on: January 27, 2015
Revised policy presented for discussion at the July 10, 2018 Board of Education meeting
Revised policy adopted at the August 7, 2018 Board of Education meeting
Further revised policy presented for discussion at the September 25, 2018 Board of Education Meeting
Further revised policy adopted at the October 9, 2018 Board of Education Meeting
Further revised policy adopted at the July 1, 2021 Board of Education Meeting

Edgemont Union Free School District

Date Withdrew_____ F _____ R _____ D_____

2026-2027 Application for Free and Reduced-Price School Meals/Milk

Schools are required to establish free and reduced-price eligibility while offering meals at no-charge. Please complete the free and reduced-price meals application for your child(ren), then sign and **return it to the address listed below.** Call (914) 472-7767 if you need help. Additional names may be listed on a separate paper.

Return Completed Applications to:

Edgemont UFSD
Attn: Bryan Paul
300 White Oak Lane
Scarsdale, NY 10583

or

via email to:
bpaul@edgemont.org

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

2. SNAP/TANF/FDPIR Benefits:
If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. **Skip to Part 4 and sign the application.**

Name: _____ CASE #: _____

3. Report all income for ALL Household Members (Skip this step if you completed step 2)

All Household Members (including yourself and all children that have income).
List all Household members not listed in Step 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of household member	Earnings from work before deductions ***Amount / How Often***	Child Support, Alimony ***Amount / How Often***	Pensions, Retirement Payments ***Amount / How Often***	Other Income, Social Security ***Amount / How Often***	No Income
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐

Total Household Members (Children and Adults) ☐☐

***Last Four Digits of Social Security Number:** XXX-XX-__ __ __ __

I do not have a SS# ☐

*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#) or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.
I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: _____ **Date:** _____
Email Address: _____
Home Phone: _____ Work Phone: _____ Home Address: _____

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals benefits.

Ethnicity: ☐Hispanic or Latino ☐Not Hispanic or Latino
Race (Check one or more): ☐American Indian or Alaskan Native ☐Asian ☐Black or African American ☐Native Hawaiian or Other Pacific Island ☐White

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

☐ SNAP/TANF/Foster
☐ Income Household: Total Household Income/How Often: _____/_____ Household Size: _____
☐ Free Meals ☐ Reduced Price Meals ☐ Denied/Paid
Signature of Reviewing Official_____ **Date Notice Sent:** _____

APPLICATION INSTRUCTIONS

To apply for free and reduced-price eligibility, complete only one application for your household using the instructions below. Sign the application and return the application to Bryan Paul, Assistant Superintendent for Administration & Business. If you have a foster child in your household, you may include them on your application. A separate application is not needed. Call (914) 472-7767 if you need help. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.

(1) Print the names of the children, including foster children, for whom you are applying on one application.
(2) List their grade and school.
(3) Check the box to indicate a foster child living in your household, or if you believe any child meets the description for homeless, migrant, runaway (a school staff will confirm this eligibility).

PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

(1) List a current SNAP, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. The case number is provided on your benefit letter.
(2) An adult household member must sign the application in PART 4. SKIP PART 3. Do not list names of household members or income if you list a SNAP case number, TANF or FDPIR number.

PART 3 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 4.

(1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people **in your household**. Use another piece of paper if you need more space.
(2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
(3) Enter the total number of household members in the box provided. This number should include all adults and children in the household and should reflect the members listed in PART 1 and PART 3.
(4) The application must include the last four digits only of the social security number of the adult who signs **PART 4** if Part 3 is completed. If the adult does not have a social security number, check the box. **If you listed a SNAP, TANF or FDPIR number, a social security number is not needed.**
(5) An adult household member must sign the application in PART 4.

OTHER BENEFITS: Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). To determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

USE OF INFORMATION STATEMENT

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meal benefits. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs.
We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

DISCRIMINATION COMPLAINTS

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **mail:**
   U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW, Mail Stop 9410
   Washington, D.C. 20250-9410; or
2. **fax:**
   (202) 690-7442; or
3. **email:**
   program.intake@usda.gov

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FREE AND REDUCED PRICE MEAL APPLICATION FACT SHEET

When filling out the application form, please pay careful attention to these helpful hints.

SNAP/TANF/FDPIR case number: This must be the complete valid case number supplied to you by the agency including all numbers and letters, for example, E123456, or whatever combination is used in your county. Refer to a letter you received from your local Department of Social Services for your case number or contact them for your number.

Foster Child: A child who is living with a family but who is under the legal care of the welfare agency or court may be listed on your family application. List the child's "personal use" income. This includes only those funds provided by the agency which are identified for the personal use of the child, such as personal spending allowances, money received by his/her family, or from a job. Funds provided for housing, food and care, medical, and therapeutic needs are not considered income to the foster child. Write "0" if the child has no personal use income.

Household: A group of related or non-related people who are living in one house and share income and expenses.

Adult Family Members: All related and non-related people who are 21 years of age and older living in your house.

Financially Independent: A person is financially independent and a separate economic unit/household when his or her earnings and expenses are not shared by the family/household. Separate economic units in the same residence are characterized by prorating expenses and by economic independence from one another.

Current Gross Income: Money earned or received at the present time by each member of your household before deductions. Examples of deductions are federal tax, State tax, and Social Security deductions. If you have more than one job, you must list the income from all jobs. If you receive income from more than one source (wage, alimony, child support, etc.), you must list the income from all sources. Only farmers, self-employed workers, migrant workers, and other seasonal employees may use their income for the past 12 months reported from their 1040 Tax Forms.

Examples of gross income are:

- Wages, salaries, tips, commissions, or income from self-employment
- Net farm income – gross sales minus expenses only – not losses
- Pensions, annuities, or other retirement income including Social Security retirement benefits
- Unemployment compensation
- Welfare payments (does not include value of SNAP)
- Public Assistance payments
- Adoption assistance
- Supplemental Security Income (SSI) or Social Security Survivor's Benefits
- Alimony or child support payments
- Disability benefits, including workman's compensation
- Veteran's subsistence benefits
- Interest or dividend income
- Cash withdrawn from savings, investments, trusts, and other resources which would be available to pay for a child's meals
- Other cash income

Income Exclusions: The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

If you have any questions or need help in filling out the application form, please contact:

Name: Bryan Paul Title: Assistant Superintendent

Telephone Number: 914-472-7767 x 4406

ANNUAL NEWS RELEASE - PUBLIC ANNOUNCEMENT

New York State schools participating in the National School Lunch Program (NSLP) and/or School Breakfast Program (SBP) will offer reimbursable meals to students at no cost. Edgemont Union Free School Districts participates in NSLP and/or SBP.

Free and Reduced Price meal applications may still be collected by your school to determine student eligibility based on the federal income eligibility criteria listed in the chart below.

2026-2027 INCOME ELIGIBILITY GUIDELINES
FOR FREE AND REDUCED PRICE MEALS OR FREE MILK

Free Eligibility Scale						**Reduced Price Eligibility Scale**					
Free Lunch, Breakfast, Milk						Reduced Price Lunch, Breakfast					
Household Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly	Household Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	$ 20,748	$ 1,729	$ 865	$ 798	$ 399	1	$ 29,526	$ 2,461	$ 1,231	$ 1,136	$ 568
2	$ 28,132	$ 2,345	$ 1,173	$ 1,082	$ 541	2	$ 40,034	$ 3,337	$ 1,669	$ 1,540	$ 770
3	$ 35,516	$ 2,960	$ 1,480	$ 1,366	$ 683	3	$ 50,542	$ 4,212	$ 2,106	$ 1,944	$ 972
4	$ 42,900	$ 3,575	$ 1,788	$ 1,650	$ 825	4	$ 61,050	$ 5,088	$ 2,544	$ 2,349	$ 1,175
5	$ 50,284	$ 4,191	$ 2,096	$ 1,934	$ 967	5	$ 71,558	$ 5,964	$ 2,982	$ 2,753	$ 1,377
6	$ 57,668	$ 4,806	$ 2,403	$ 2,218	$ 1,109	6	$ 82,066	$ 6,839	$ 3,420	$ 3,157	$ 1,579
7	$ 65,052	$ 5,421	$ 2,711	$ 2,502	$ 1,251	7	$ 92,574	$ 7,715	$ 3,858	$ 3,561	$ 1,781
8	$ 72,436	$ 6,037	$ 3,019	$ 2,786	$ 1,393	8	$ 103,082	$ 8,591	$ 4,296	$ 3,965	$ 1,983
Each Add'l person, add	$ 7,384	$ 616	$ 308	$ 284	$ 142	Each Add'l person, add	$ 10,508	$ 876	$ 438	$ 405	$ 203

SNAP/TANF/FDPIR Households: Households that currently include children who receive the Supplemental Nutrition Assistance Program (SNAP) but who are not found during the Direct Certification Matching Process (DCMP), or households that currently receive Temporary Assistance to Needy Families (TANF), or the Food Distribution Program on Indian Reservations (FDPIR) must complete an Application for Free and Reduced Price School Meals/Milk, listing the child's name, a valid SNAP, TANF, or FDPIR case number and the signature of an adult household member. Eligibility for free eligibility benefits based on participation in SNAP, TANF or FDPIR is extended to all children in the household. When known to the School Food Authority, households will be notified of their children's eligibility for free benefits based on their participation in the SNAP, TANF or the FDPIR programs. No application is necessary if the household was notified by the SFA their children have been directly certified. If the household is not sure if their children have been directly certified, the household should contact the school.

Other Source Categorical Eligibility: When known to the School Food Authority, households will be notified of any child's eligibility for free eligibility benefits based on the individual child's designation as Other Source Categorically Eligible, as defined by law. Children are determined Other Source Categorically Eligible if they are Homeless, Migrant, Runaway, a foster child, or Enrolled in Head Start or an eligible pre-kindergarten program.

Foster children that are under the legal responsibility of a foster care agency or court, are eligible for free benefits. Any foster child in the household is eligible for free eligibility benefits regardless of income. A separate application for a foster child is no longer necessary. Foster children may also be included as a member of the foster family if the foster family chooses to also apply for benefits for other children. Including children in foster care as household members may help other children in the household qualify for benefits. If non-foster children in a foster family are not eligible for free or reduced-price meal benefits, an eligible foster child will still receive free benefits

If children or households receive benefits under Assistance Programs or Other Source Categorically Eligible Programs and are not listed on the notice of eligibility and are not notified by the School Food Authority of their free meal benefits, the parent or guardian should contact the school or should submit an income application.

Other Households: Households may complete the Application for Free and Reduced-Price School Meals/Milk sent home with the letter to parents. One application for all children in the household should be submitted. Additional copies are available at the principal's office in each school. **Applications may be submitted any time during the school year to Bryan Paul, Assistant Superintendent for Administration & Buisness. Please contact Bryan Paul at 914-472-7767 or bpaul@edgemont.org with any questions regarding the application process.**

Households notified of their children's eligibility must contact the School Food Authority if they choose to decline the free eligibility benefits. Households may apply for benefits at any time throughout the school year. Children of parents or guardians who become unemployed or experience a financial hardship mid-year may become eligible for free and reduced-price eligibility at any point during the school year.

Children in households receiving Women, Infants and Children (WIC) benefits may be eligible for free or reduced-price eligibility through the application process.

For up to 30 operating days into the new school year (or until a new eligibility determination is made, whichever comes first) an individual child's free or reduced-price eligibility status from the previous year will continue within the same School Food Authority.

The information provided on the application will be confidential and will be used for determining eligibility. The names and eligibility status of participants may also be used for the allocation of funds to federal education programs such as Title I and National Assessment of Educational Progress (NAEP), State health or State education programs, provided the State agency or local education agency administers the programs, and for federal, State or local means-tested nutrition programs with eligibility standards comparable to the NSLP. Eligibility information may also be released to programs authorized under the National School Lunch Act (NSLA) or the Child Nutrition Act (CNA). The release of information to any program or entity not specifically authorized by the NSLA will require a written consent statement from the parent or guardian.

The School Food Authority does, however, have the right to verify at any time during the school year the information on the application.

Under the provisions of the policy, the designated official will review applications and determine eligibility. If a parent is dissatisfied with the ruling of the designated official, he/she may make a request either orally or in writing for a hearing to appeal the decision**. Dr. Amy Moselhi, Director of Human Resources,** whose address is 300 White Oak Lane, Scarsdale, NY 10583 has been designated as the Hearing Official. Hearing procedures are outlined in the policy. However, prior to initiating the hearing procedure, the parent or School Food Authority may request a conference to provide an opportunity for the parent and official to discuss the situation, present information, and obtain an explanation of the data submitted in the application or the decisions rendered. The request for a conference shall not in any way prejudice or diminish the right to a fair hearing.

Only complete applications can be approved. This includes complete and accurate information regarding: the SNAP, TANF, or FDPIR case number; the names of all household members; on an income application, the last four digits of the social security number of the person who signs the form or an indication that the adult does not have one, and the amount and source of income received by each household member. In addition, the parent or guardian must sign the application form, certifying the information is true and correct.

In the operation of child feeding programs, no child will be discriminated against because of race, sex, color, national origin, age, disability or limited English proficiency.

Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly.
In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **mail:**
   U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW, Mail Stop 9410
   Washington, D.C. 20250-9410; or
2. **fax:**
   (202) 690-7442; or
3. **email:**
   program.intake@usda.gov

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Safe Swimming

Tips for Everyone

- Always swim with someone else and keep an eye on each other.
- Pay extra attention to your children around water.
- Consider your health. Medical conditions like a seizure disorder or heart condition can put people at greater risk of drowning.
- Avoid water that is greater than chest deep if you can't swim.
- Don't use alcohol or drugs if you plan to swim.
- Do not dive into water unless you know it is at least 8 feet deep.
- Pay attention to the weather. Never swim during a storm or when you see lightning
- The safest place to swim is at a public beach or at a pool with lifeguards.

Know the Signs of Drowning

Each year, hundreds of New Yorkers drown. It can happen to anyone, anywhere there is water. Drowning occurs quickly and silently. Someone drowning may appear to be splashing or waving when they are struggling to stay afloat.

Reduce your risk. Learn basic swimming skills. Consider taking a CPR class. Rescue breathing, first aid, and calling 911 could save a life.

Keep Kids Safe

Kids and teens have the greatest risk of drowning. Always keep little ones within arm's reach, even in the shallow end.

Lifeguards and life jackets don't take the place of close adult supervision. Keep kids away from the pool by putting up a strong fence with a locked gate.

Stay Healthy

Germs can spread through water. Avoid getting sick by not swallowing water, and rinsing off before and after you swim. Never swim in cloudy or discolored water.

Stay out of the water if you are sick with diarrhea, or if you have open cuts or wounds. Don't pee or poop in the water. Take children on frequent bathroom breaks.

When Boating

Always follow safe boating practices and wear a U.S. Coast Guard-approved (I-III label) life jacket. Air-filled swimming aids, like water wings and floats, should never be used.

More Information

health.ny.gov/SwimSafe

NEW YORK STATE | Department of Health