

Online Registration – Families NEW to the district

Enter the name of the legal parent/guardian of the student you want to enroll

* Guardian Legal First Name:	Jenny
* Guardian Legal Last Name:	Jones
Guardian Legal Middle Name:	
Guardian Legal Name Prefix:	Guardian Legal Name Suffix:

Guardian contact information

	☐ I don't have an email
* Guardian Email Address:	jjones@gmail.com
* Re-type Email Address:	jjones@gmail.com
* Guardian Primary Phone Number:	(708) 123-3456

Asterisk (*) denotes a required field

[Click here to submit Account Request](#)

1. Enter information in the above screen and then at the bottom, select “Click here to submit Account Request.” This will generate the below pop-up.

Account Request Confirmation

Submitting this request initiates an email to the account entered with directions on how to access the New Student Registration TDB process for Alsip-Hazlgrn-Oaklwn SD 126. The email will be sent to: jjones@gmail.com

Click OK to continue or Back to correct any information or cancel this request.

OK **Back**

2. The request generates a temporary account linked only to Skyward New Student Enrollment access. The email will contain a link, Login ID and password to access the New Student Enrollment Portal.

Dear Jenny Jones,

Thank you for the request to enroll your student. You must now log into the system to complete the enrollment.

Please note - you must complete this last step to complete the enrollment.

To complete the enrollment, please visit this url: <https://skyward.iscorp.com/scripts/wsisa.dll/WService=wsedualsiphgreenil/sfemnu01.w>

Your login is:



Your password is:



3. Follow the link in the email and enter the login and password to gain access to the New Student Online Registration. Click on Sign In once the information is entered.



Alsip-Hazlgrn-Oaklwn SD 126

Login ID:

Password:

Sign In

[Forgot your Login/Password?](#)

05.2

Login Area: New Student Registrati ▼

4. Fill in the **Student Information**. Fields with an * are required fields and must be filled in or you will not be able to continue on to the next step. Click Complete Step 1 and move to Step 2: Family/Guardian Information when finished.

Step 1: Student Information Edit View Only Save Save and Collapse Step

* Last Name: Jones * First Name: Lucy Middle Name:

Name Suffix: Name Prefix: * Gender: Female

* Date of Birth: 10/22/2015 Age: 5 * Birth City: Oak Lawn * Birth State: IL - ILLINOIS

* Birth Country: United States Birth County:

Second Phone: Home Email:

* Mom's Maiden Name: Smith

* Is Student Hispanic/Latino? No

* Federal Race (select all that apply)
☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☒ White

* Language Spoken Most: English * Native Language: English

* Language Spoken at Home: English

☐ Has student attended this district previously?

Previous School District: School in the District Student Previously Attended:

You are enrolling your student into the **Current School Year (2020 - 2021)**

* Expected Enrollment Date: 08/24/2021 (The first day of school is 08/24/2020)

* Expected Grade Level: KD * Expected School to Enroll into: Stony Creek Elementary School

Additional Information:
(on the Student for the District)

Maximum characters: 5000, Remaining characters: 5000

Complete Step 1 and move to Step 2: Family/Guardian Information Complete Step 1 Only

5. Fill in the **Family/Guardian** information. Fields with an * are required fields and must be filled in or you will not be able to continue to the next step. Click either “Yes I want to Add another Legal Guardian who lives at this same address” to add additional family members or “No other legal guardians live at this Address”.

Enter Information for the Primary Guardian and the Family this Student lives with

Enter Information for the Family this Student lives with

*Primary Phone: (708) 123-3456 ☐ Should the District keep this number confidential?
☐ Print Hard Copy Report Cards

*Home Address: House #: 12345 Street Name: S Street Apartment:
P.O. Box: Address 2: City: Alsip State: IL Zip Code: 60803
☐ Should the District keep this address confidential?

Mailing Address: (if different than home address) House #: Street Name: Apartment:
P.O. Box: Address 2: City: State: Zip Code:

Enter Information for the Primary Guardian of the Family this Student lives with

*Last Name: Jones *First Name: Jenny Middle Name:
Name Suffix: Name Prefix: Date of Birth: Gender:
*Relationship to Child: Mother Marital Status:
*Does this guardian have custody of the child? Yes *Is this guardian allowed to pick up the student from school? Yes
☒ Should this guardian also be considered an Emergency Contact?
Cell Phone: (708) 555-5555 Work Phone: (708) 666-6678 Fax:
Contact Email Address: jjones@dist126.org
Language: English Employer:
Are there other Legal Guardians who live at this address?
Yes. I want to Add another Legal Guardian who lives at this address. No other Legal Guardians live at this Address

6. Are there other Legal Guardians who live at a different address? Choose “Yes, I want to Add a Legal Guardian who lives at a Different Address” or “No, Complete Step 2 and move to Step 3: Medical/Dental Information”

Are there other Legal Guardians who live at a different address?

Yes, I want to Add a Legal Guardian who lives at a Different Address

No, Complete Step 2 and move to Step 3: Medical/Dental Information

7. Fill in the **Medical/Dental Information**. Fields with an * are required fields and must be filled in or you will not be able to continue to the next step. Click “Complete Step 3 and move to Step 4: Emergency Contact Information” when finished.

*Allergy/Medical Condition: Tree Pollen ☐ Is this condition critical info that staff should be alerted to?

Physician Last Name: Physician First Name: Physician Middle Name:
Name Suffix: Name Prefix: Physician Phone:
Dentist Last Name: Dentist First Name: Dentist Middle Name:
Name Suffix: Name Prefix: Dentist Phone:
Hospital: Hospital Phone:
Complete Step 3 and move to Step 4: Emergency Contact Information Complete Step 3 Only

8. Fill in the **Emergency Contact Information**. Fields with an * are required fields and must be filled in or you will not be able to continue to the next step. Click either “Yes, I want to Add another Emergency Contact Record” or “No, Complete Step 4 and move to Step 5: Additional District Forms”

Enter the Information for Emergency Contact #1 [Remove this Emergency Contact](#)

* Last Name: * First Name: * Is this contact allowed to pick up the student from school? ☐ Yes ☒ No

Gender: Language:

Contact Email Address: * Primary Phone: Cell Phone:

Work Phone:

* Relationship to Child:

Do you have other Emergency Contacts to add for this student?

[Yes, I want to Add another Emergency Contact Record](#) [No, Complete Step 4 and move to Step 5: Additional District Forms](#) [No, Complete Step 4 Only](#)

9. Fill in the **Additional District Forms**. All forms are required and must be filled out or you will not be able to submit your child’s enrollment application to the district. Click on each form name to fill them out.

* Required Form:	Acceptable Use Policy	☐ This form has not been completed
* Required Form:	Google Apps For Education	☐ This form has not been completed
* Required Form:	Student Device Protection Plan	☐ This form has not been completed
* Required Form:	Student Health Information	☐ This form has not been completed
* Required Form:	Student Media Release Form	☐ This form has not been completed
* Required Form:	Take Home Tech Device and Acceptable Use Agreement	☐ This form has not been completed
* Required Form:	Take Home Tech Device Opt Out	☐ This form has not been completed
* Required Form:	Military Personal Form	☐ This form has not been completed

10. As you complete each form, you will see a check mark next to “This form has been completed”

* Required Form: [Acceptable Use Policy](#) ☒ This form **has been completed**

11. Once you have completed all forms and **ALL** forms have been marked as completed, click “Complete Step 5”

* Required Form:	Acceptable Use Policy	☒ This form <i>has been completed</i>
* Required Form:	Google Apps For Education	☒ This form <i>has been completed</i>
* Required Form:	Student Device Protection Plan	☒ This form <i>has been completed</i>
* Required Form:	Student Health Information	☒ This form <i>has been completed</i>
* Required Form:	Student Media Release Form	☒ This form <i>has been completed</i>
* Required Form:	Take Home Tech Device and Acceptable Use Agreement	☒ This form <i>has been completed</i>
* Required Form:	Take Home Tech Device Opt Out	☒ This form <i>has been completed</i>
* Required Form:	Military Personal Form	☒ This form <i>has been completed</i>

Complete Step 5

12. Once all steps have been completed, click “Submit Application to the District”

Step 1: Student Information	Edit	View Only	✔ Date Completed: 05/07/2021
Step 2: Family/Guardian Information	Edit	View Only	✔ Date Completed: 05/07/2021
Step 3: Medical/Dental Information	Edit	View Only	✔ Date Completed: 05/07/2021
Step 4: Emergency Contact Information	Edit	View Only	✔ Date Completed: 05/07/2021
Step 5: Additional District Forms	Edit	View Only	✔ Date Completed: 05/07/2021

Submit Application to the District

13. The following pop up will appear. Click “Submit Application” to confirm you would like to submit the application.

Confirm ✕

Submitting will allow Alsip-Hazlgrn-Oaklwn SD 126 to review and process this application. After submitting you will only be able to view this application and will not be able to make any further changes.

Are you sure you want to submit this application to Alsip-Hazlgrn-Oaklwn SD 126?

Submit Application **Cancel and Keep Screen Open**

14. Once your enrollment application is submitted, you will receive the following pop-up.

Application Submitted

The application has been successfully submitted.

Thank you for using our New Student Online Enrollment system! We welcome your family to D126! Your child's application has been received and will be processed.

Please click on the link below to fill out the Verification of Residency form your student will be attending. If you have multiple children attending our district, please click on the school your youngest child will be attending. If you presently have a child(ren) attending our district, you do not need to fill out this form.

[Early Childhood Center](#)

[Hazelgreen Elementary School](#)

[Lane Elementary School](#)

[Stony Creek Elementary School](#)

[Prairie Junior High School](#)

[Out of District Schools](#)

The school will be in contact with you once we process your application.

OK

Please click on the appropriate link for the school your child(ren) will be attending and fill out the residency form.

Summary Page

Your Un-submitted Applications

There are no un-submitted applications to list.

Your Submitted Applications

Student Name	Applicant Status/Options
Lucy Jones	The district is currently reviewing the application, please select one of the following options: View the Submitted Application

***** If you have any additional children that **ARE NOT ENROLLED IN OUR DISTRICT**, click “Click to Enroll Additional Students” found in the upper right corner of the screen.**

[Click to Enroll Additional Students](#)