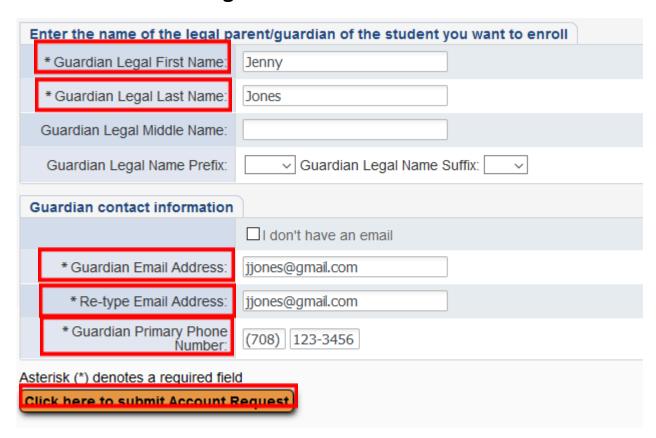
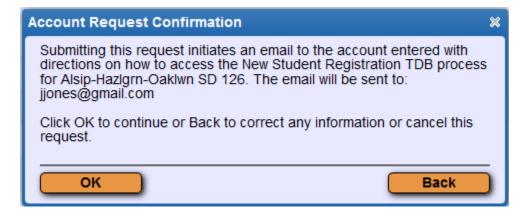
## Online Registration – Families NEW to the district



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.



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: <a href="https://skyward.iscorp.com/scripts/wsisa.dll/WService=wsedualsiphgreenil/sfemnu01.w">https://skyward.iscorp.com/scripts/wsisa.dll/WService=wsedualsiphgreenil/sfemnu01.w</a>

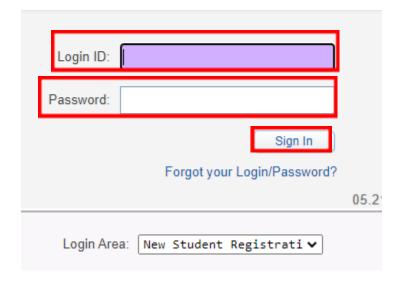
Your login is:

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.



Your password is:

## Alsip-Hazlgrn-Oaklwn SD 126



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 and Collapse Step	
* Last Name	Jones *First Name Lucy Middle Name:	
Name Suffix:	∨ Name Prefix:	
* Date of Rirth:	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 V	
* 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		
	☐ Has student attended this district previously?	
Previous School District:		
	,	
You are enrolling your studen	nt into the Current School Year (2020 - 2021)	
*Expected Enrollment Date	08/24/2021 (The first day of school is 08/24/2020)	
*Expected Grade Leve KD	*Expected School to Enroll into Stony Creek Elementary School >	
Additional Information: (on the Student for the District)		
	Maximum characters: 5000, Remaining characters: 5000	
Compl	ete 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 lefe working for the Britan Bounding and the English this Student live with		
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		
House #: 12345 Street Name: S Street Apartment:		
*Home Address P.O. Box: Address 2: City: Alsip State: IL	✓ Zip Code: 60803	
☐ Should the District keep this address confidential?		
Mailing Address: House #: Street Name: Apartment:		
home address) 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: V Name Prefix: V Date of Birth: Gender: V		
* Relationship to Child Mother V Marital Status:		
*Does this guardian have custody of the child? Yes > 1st his 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 Cor	ntact 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	Jones	*First Name: Jenny	*Is this contact allowed to pick up the student from school? Yes ∨	
Gender:	∨ Language: English	~		
Contact Email Address:	jjones@dist126.org	*Primary Phone: (708) 123-3456	Cell Phone: (708) 555-5555	
Work Phone:	(708) 666-6678			
*Relationship to Child: Mother   Mother				
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	$\square$ This form has not been completed
*Required Form:	Student Device Protection Plan	$\square$ This form has not been completed
*Required Form:	Student Health Information	$\square$ 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	$\square$ This form has not been completed
*Required Form:	Military Personal Form	☐ This form has not been completed

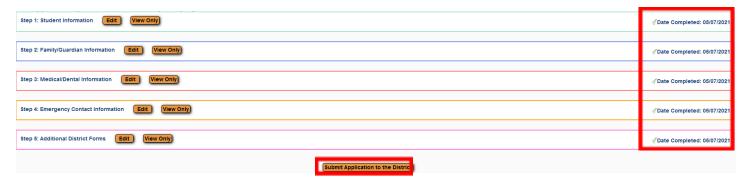
10. As you complete each form, you will see a check mark next to "This form has been completed"

*Required Form:	Acceptable Use Policy	☑ This form has been completed

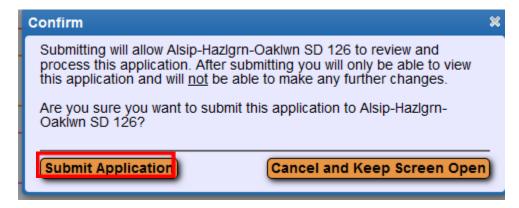
11. Once you have completed all forms and ALL forms have been marked as completed, click "Complete Step 5"



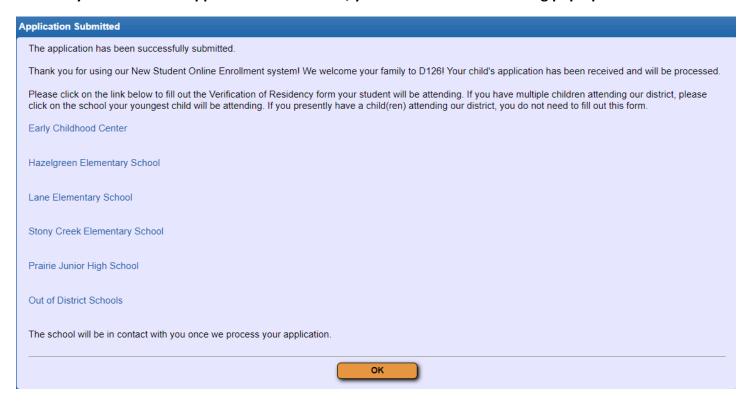
12. Once all steps have been completed, click "Submit Application to the District"



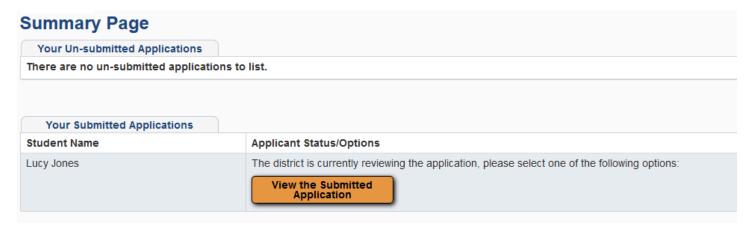
13. The following pop up will appear. Click "Submit Application" to confirm you would like to submit the application.



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



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



\*\*\* 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