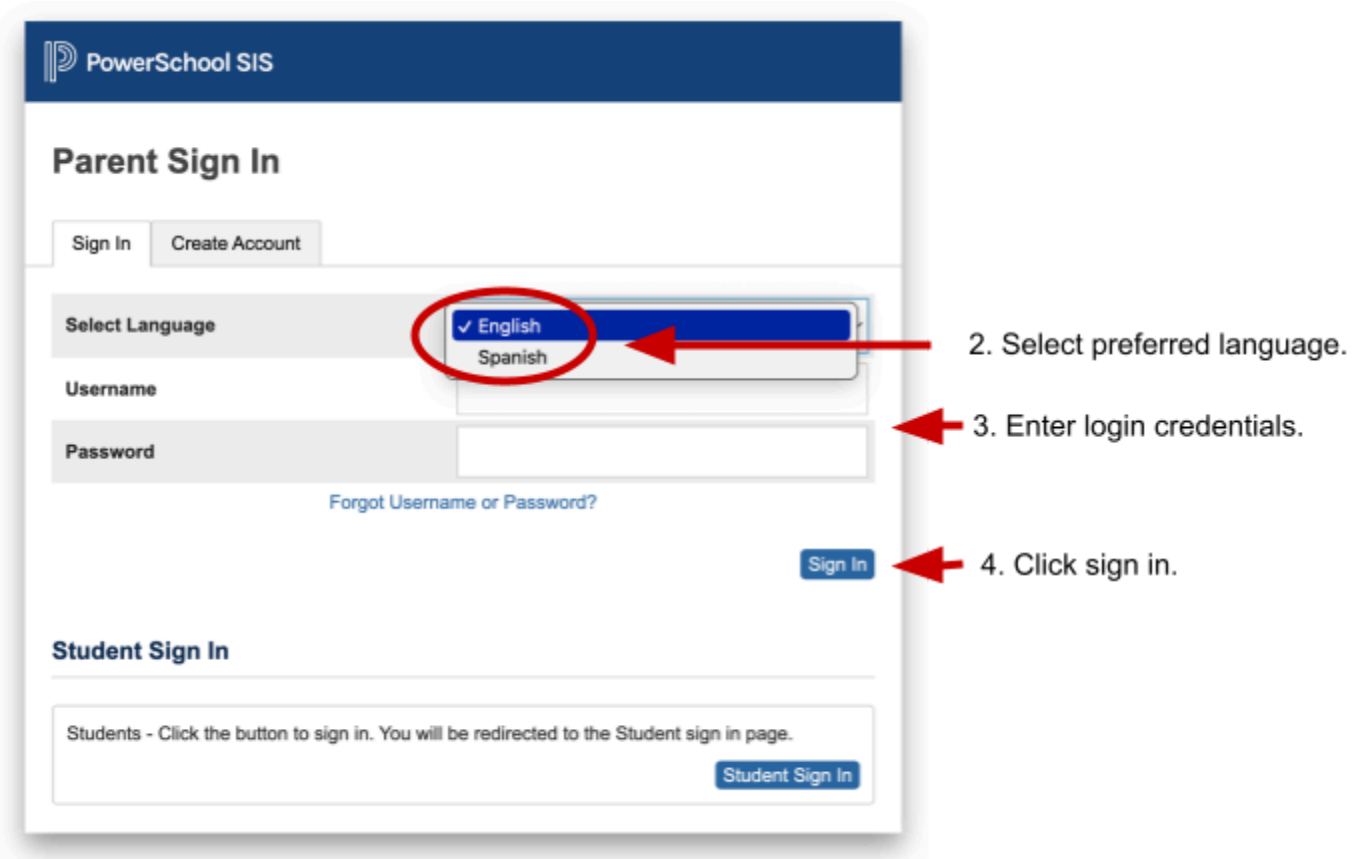
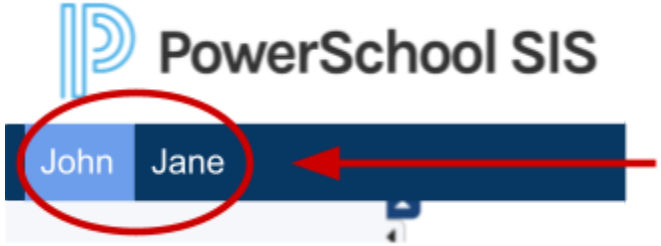
POWERSCHOOL RETURNING STUDENT REGISTRATION INSTRUCTIONS

You must create a Parent Portal account in order to register. If you have not done so, click the link below and follow those instructions to create your account.

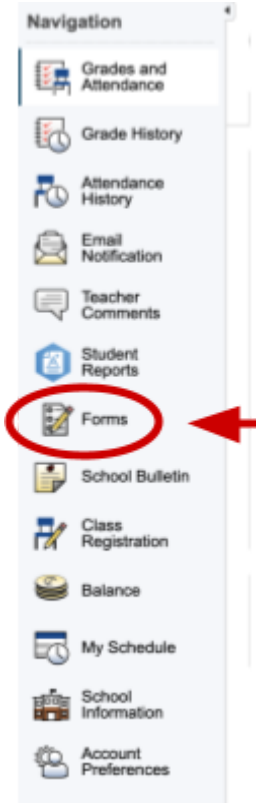
- Click here for Powerschool Parent Portal Setup and Access Instructions.

1. Open an internet browser on your computer and enter http://bsd2.powerschool.com/public





5. Names of students linked to your account will be listed in the top left corner of the page. Click the name of the student you want to register.



6. Click the “Forms” icon in the “Navigation” menu.

7. Click “2026-2027 Registration”

8. Update the “Student Information” section as necessary.

STUDENT INFORMATION

Last Name * Doe

Middle Name

First Name * John

Gender * Male

Birth Date * 01/01/2007

Home Address * 210 S Church Rd, APT 200

City * Bensenville

State * Illinois

Zip Code * 60106

Mailing Address 210 S Church Rd, APT 200

City Bensenville

State Illinois

Zip Code 60106

Home Phone (xxx-xxx-xxxx) 630-766-5940

9. Answer the four questions in the “Parent/Guardian/Emergency Contact” section.

PARENT / GUARDIAN / EMERGENCY CONTACT

Military Connected Student *
Does the child's parent or guardian serve in the military, including National Guard or Reserve?
○ Yes ○ No

Preferred Language For a Phone Notification *
The district has implemented a phone notification system for emergencies and important events. In what language do you wish to receive the message?
○ English ○ Spanish ○ Polish

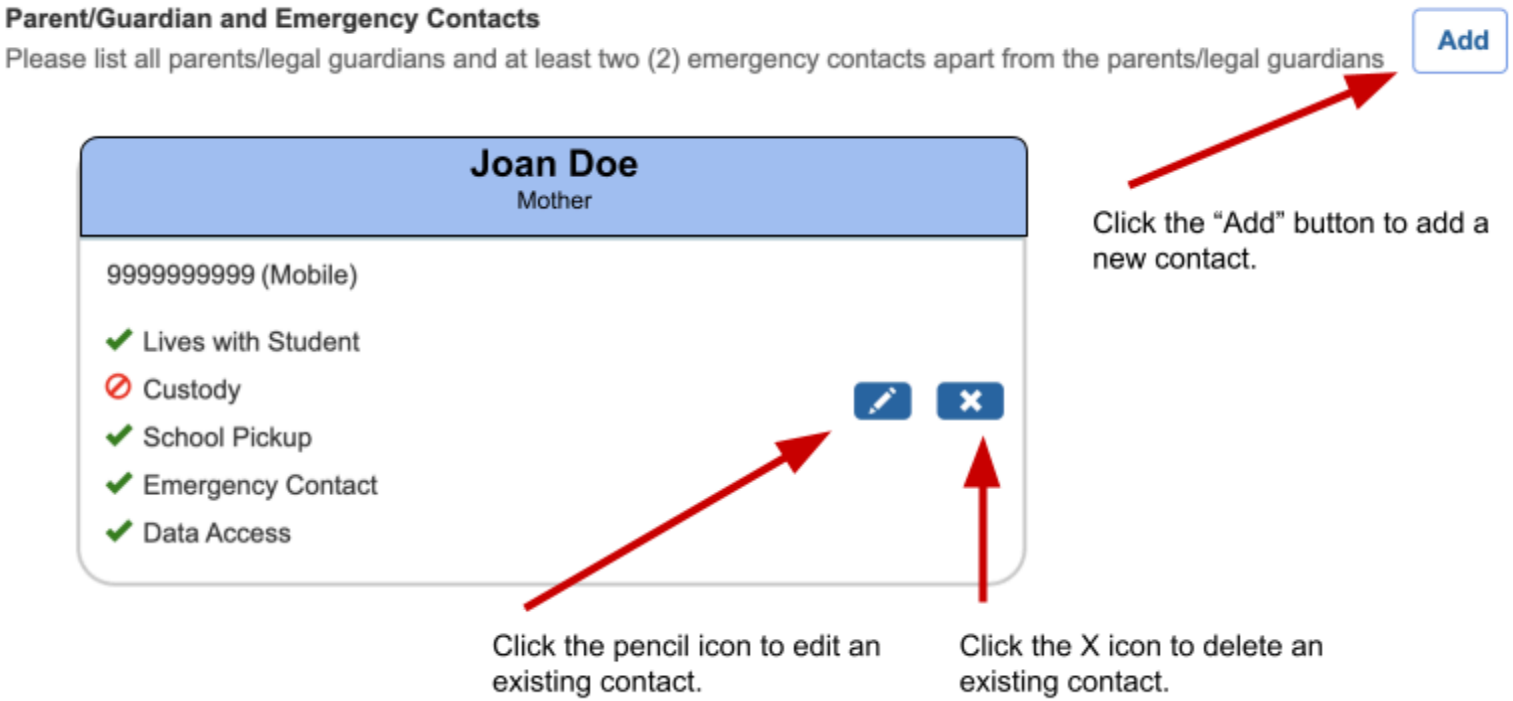
Who Should Receive Communication From School/District *
○ Mother ○ Father ○ Both ○ Guardian

Preferred Non-Emergency Communication By *
By clicking 'Text' or 'Both' I agree to receiving SMS messages
○ Email ○ Text ○ Both

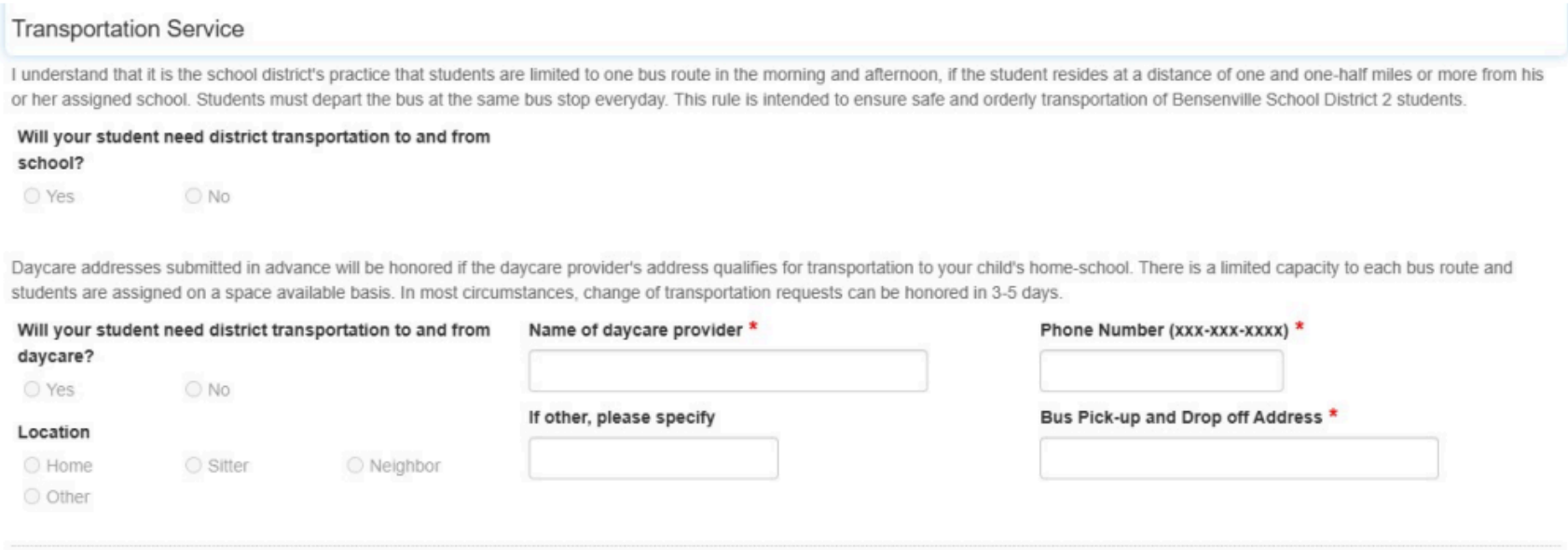
Parent/Guardian and Emergency Contacts *
Please list all parents/legal guardians and at least two (2) emergency contacts apart from the parents/legal guardians

First Name	Middle Name	Last Name	Relationship	Phone Type	Phone	Address	Email	Custody	Lives with	School Pickup	Emergency Contact	Data Access

10. Update the “Parent/Guardian and Emergency Contacts” as necessary.



11. Update the Transportation Service section as necessary



Transportation Service

I understand that it is the school district's practice that students are limited to one bus route in the morning and afternoon, if the student resides at a distance of one and one-half miles or more from his or her assigned school. Students must depart the bus at the same bus stop everyday. This rule is intended to ensure safe and orderly transportation of Bensenville School District 2 students.

Will your student need district transportation to and from school?

○ Yes ○ No

Daycare addresses submitted in advance will be honored if the daycare provider's address qualifies for transportation to your child's home-school. There is a limited capacity to each bus route and students are assigned on a space available basis. In most circumstances, change of transportation requests can be honored in 3-5 days.

Will your student need district transportation to and from daycare?

○ Yes ○ No

Location

○ Home ○ Sitter ○ Neighbor ○ Other

Name of daycare provider *

If other, please specify

Phone Number (xxx-xxx-xxxx) *

Bus Pick-up and Drop off Address *

12. Review the“Current Medical Conditions,” and add any necessary updates in the box below. Then update the information listed for your family doctor and dentist as necessary.

Does your child have any NEW or CHANGES TO the following:

Allergies *
○ Yes ○ No

Please provide additional information (Allergies)

Medications (taken at home or at school) *
○ Yes ○ No

Please provide additional information (Medications)

Surgeries/procedures *
○ Yes ○ No

Please provide additional information (Surgeries/procedures)

Major illnesses *
○ Yes ○ No

Please provide additional information (Major illnesses)

Major injuries *
○ Yes ○ No

Please provide additional information (Major injuries)

Hospitalizations *
○ Yes ○ No

Please provide additional information (Hospitalizations)

Medical/psychiatric diagnosis *
○ Yes ○ No

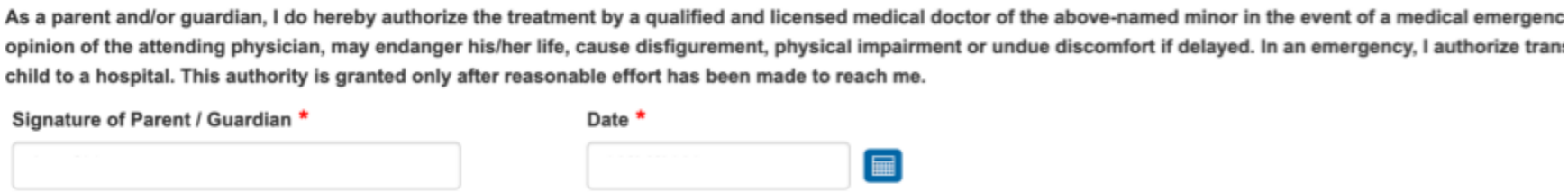
Please provide additional information (Medical/psychiatric diagnosis)

Medical action plans/need for emergency medication (ie. Seizure, Asthma, Diabetes, Allergy) *
○ Yes ○ No

Please provide additional information (Medical action/need for emergency medication)

Vision or hearing related concerns or updated device/glasses or contacts prescription? *
○ Yes ○ No

13. Enter your name in the “Signature of Parent or Guardian” section and click the “Submit” button to complete your registration.



14. Complete the Student Handbook acknowledgment section after reviewing the handbook.



15. Answer the Household Income questions.

Household Income

Because we do not charge any fees in our District, including no lunch fees, no field trip fees, and no school registration fees, this form is the only way we can collect the information needed to determine the level of funding our schools are eligible to receive.

When families complete this form, our district can more accurately reflect the number of students who qualify for free and reduced-price meals. This information is used by the state and federal government to determine how much funding our schools receive. These funds directly support essential programs such as:

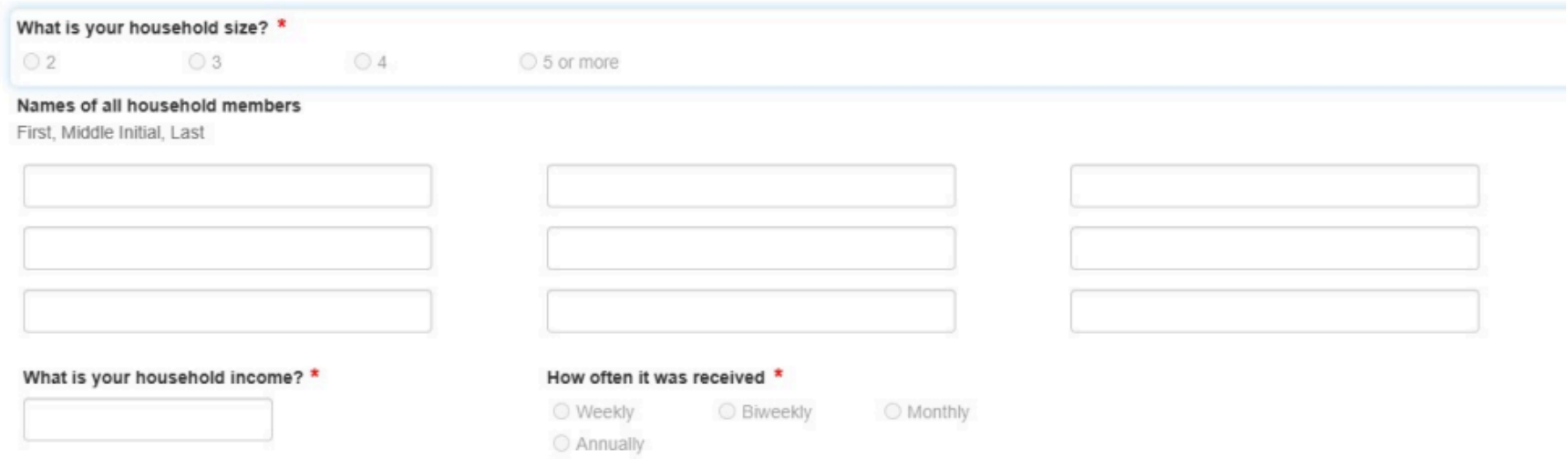
- Classroom resources and instructional materials
- Academic support and intervention services
- After-school programs and extracurricular activities
- Technology, counseling, and family support services

If families choose not to fill out the form, our district's numbers appear lower than they truly are, which unfortunately means **less funding for our schools and fewer opportunities for our students**. Please know that your information will be kept **private** and **confidential**, it is only used to determine eligibility for state and federal education benefits. Completing the form does not affect your taxes, immigration status, or any other services you may receive. The form is not shared with any outside agency, only our district has access. We only report numbers, not individual names.

By taking a few minutes to complete this form, you are helping ensure that every student in our district receives the support they need to thrive.

Do you or your household qualify for any of the following federal assistance programs? *

- [ ] Medicaid
- [ ] Homeless Assistance
- [ ] SNAP (Supplemental Nutrition Assistance Program)
- [ ] TANF (Temporary Assistance for Needy Families)
- [ ] None of above



16. Enter your name in the “Signature of Parent or Guardian” section, fill out the date, and click the “Submit” button to complete your Household Income information.

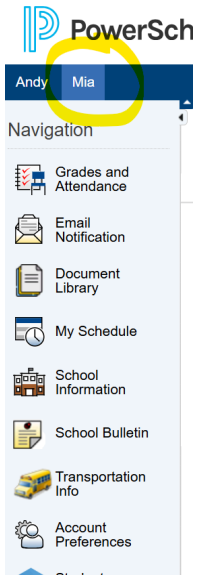


NOTE: Each student returning to District 2 next year must be registered. To register another student, click their name in the blue bar at the top of the page and repeat Step 2

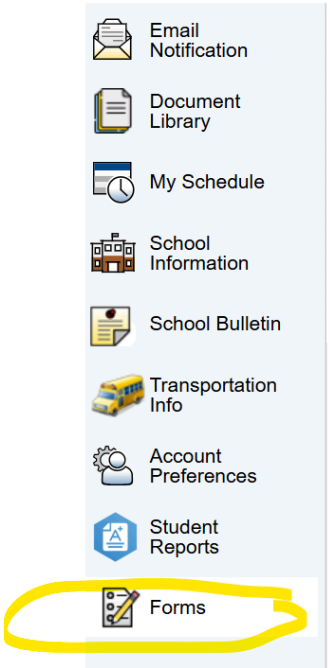
POWERSCHOOL INCOMING 6TH GRADE - PROOF OF RESIDENCY

This year incoming 6th grade students must upload Proof of Residency.

1. Login to PowerSchool
2. Click on student name:



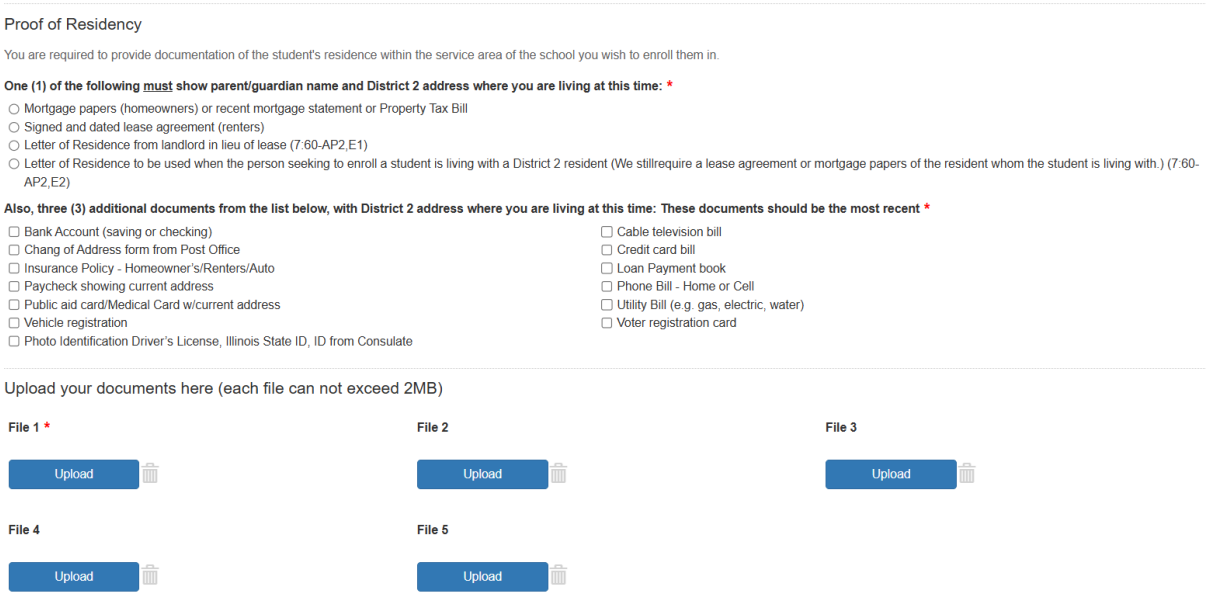
3. Select “forms” at the bottom of the menu:



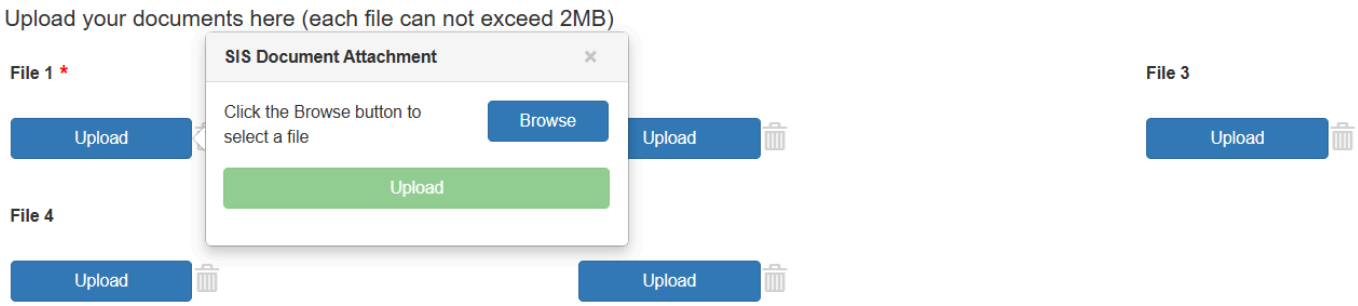
4. In the general forms tab, select “Proof of Residency"



5. Fill out the Proof of Residency questions



6. Upload your proof of residency documents by clicking “upload”



Tuition will be charged to students later found to be non-residents, retroactive to the enrollment date. Tuition was over $1,500 per month last year. False residency claims are criminal offenses in Illinois. Fines and jail time are both possible penalties.

7. Once you have completed the form and uploaded your documents, select “submit”

