



This documentation applies to both versions of Online Registration, with limited functionality in the non-Prime version.

Classic View: Portal > Online Registration

Search Terms: Online Registration

Student Information | Demographics | Race Ethnicity | Housing | Student Services (Prime Only) | Language Information (Prime Only) | Previous School | Tribal Entry (Prime Only) | Relationships | Health Services | Release Agreement (Prime Only)

Any student who will be enrolled in school during the school year selected when you started the online registration process needs to be added on this editor.

Student Information

Click the **Add New Student** button at the bottom of this screen to add a new student. If this is an annual update application, click on each student to confirm or update information.

First Name	Last Name	Gender	School	Completed	Record Type		Linked to Campus Name
Tucker	Novak	М	Callie Maria Middle School	1	Existing	Edit/Review	Tucker Alley Novak
Test	Test	M	Kristi Lee High School	1	New	Edit/Review	
Yellow - Indi	s that person is	on is missing completed.	<u>pe enrolled.</u> 1 required information. Select t	the highlighted r	ow to continue.		

Demographics

- 1. Below are the required fields on this pleat.
 - Legal First Name



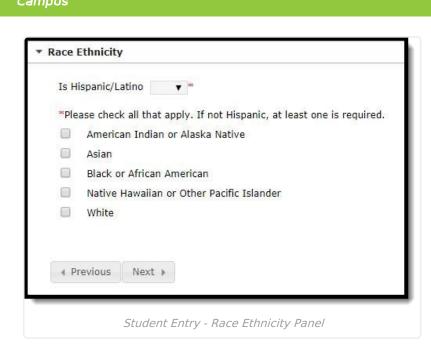
- Legal Last Name
- Gender
- Birth Date
- Foreign Exchange
- Enrollment Grade
- 2. Click the **Next** button.

emographics								
There will be a few steps for below. Please update any inf your student has two last na	ormation that is i	ncorrect. P	lease enter the stude	nt's name exactly as	it appears	on the birth certifica	ite. If	
Legal First Name		8	Gender	¥ *		Enrollment Grade	¥ *	
Legal Middle Name			Birth Date		Q*			
Legal Last Name		*	Date Entered U.S.		a			
Suffix	Y	F	oreign Exchange*					
Nickname			Yes, this is a forei	ign exchange student				
Student Cell Number () -		No, this is not a for	oreign exchange stud	ent			
Student Email Address								

Race Ethnicity

Required by Federal reporting, mark the following checkboxes related to the student's race/ethnicity.

- 1. Is the student Hispanic or Latino?
- 2. Mark all of the following that apply to the student's race ethnicity:
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White



Housing

Infinite 🗂

Mark either Yes or No for the student's homeless status. If Yes is marked, several options are made available to best describe the student's current housing situation, as shown in the image below.

Student Name: Erika Anne Waverly
> Demographics
> Race Ethnicity
▼ Housing
Is student homeless
Yes, this student is homeless
No, this student is not homeless
*If yes, please select the option that best represents the student's current housing situation.
Sharing housing due to economic hardship or loss of housing
 Living in motel, hotel, trailer park, or camp ground due to lack of alternative accommodations
Living in emergency or transitional shelter
Awaiting foster care placement
Primary nighttime residence is not ordinarily used as a regular sleeping accommodation (e.g. park benches, etc.)
 Living in car, park, public space, abandoned building, substandard housing, bus or train station
For more information click on this link.
Previous Next
> Language Information
> Student Services
N Coan Engolizaat
Student Entry - Homeless Indicator

Student Services (Prime Only)

This information is an indication if the student has received any student services. Select answers to the following questions from the dropdown:

- 1. Does your student have a current IEP?
- 2. Does your student have a current 504 plan?
- 3. Has your student previously received gifted/talented services?



4. Click the **Next** button when finished.

		Does your student have a current IEP?	T	*
	Doe	s your student have a current 504 plan?	•	*
Has your stu	ident prev	iously received gifted/talented services?		*
Previous	Next >			

Language Information (Prime Only)

This pleat is not required.

This information determines the student's knowledge of English and helps the district personnel determine if the student may need additional guidance and services in English language programs.

- 1. Select the **Student Language** from the dropdown list. This is the language the student most often speaks at home.
- 2. Select the **Parent Language** from the dropdown list. This is the language the parent most often speaks at home.
- 3. Answer the following questions by selecting the most applicable option from the dropdown:
 - What was the first language spoken by the student?
 - What is the language most often spoken at home?
 - What is the language most often spoken by the student with friends?
 - Has your child ever received English as a Second Language (ESL/ELL) services?
- 4. Click the **Next** button when finished.

Please enter language information for your student below.		
Student Language		
Parent/Guardian Language		
What was the first language spoken by the student?		
What is the language most often spoken at home?		
What is the language most often spoken by the student with friends?		
Has your child ever received English as a Second Language (ESL/ELL) services?	*	
Previous Next		



Previous School

Enter the student's school of enrollment for the last school year.

Last Year	
School	
City	
State	
Country	▼
Phone	() -
vour student currently Previous Next	suspended or expelled from another school?

Tribal Entry (Prime Only)

If the student has an active enrollment within a United States Native American tribe, mark the checkbox. Click the **Next** button to continue.

Yes, this s	tudent has	an active enrollment in a United States Tribe
No, this st	udent does	not have an active enrollment in a United States Tribe
		1997 - 1977 - Tanana - Tanana Angelandar ang
Previous	Next +	

Relationships

Parent/Guardians

- 1. Select the **Relationship** option for the parent/guardian from the dropdown list.
- 2. Select the **Contact Preferences** for this person. A **Description** of each type is provided on the panel.
- 3. Enter the **Contact Sequence** for this person.
- 4. If this person should not have a relationship with the student, mark the No Relationship



checkbox.

5. Click the **Next** button when finished.

At least one person mus	t be marked as 'Guardian'.*								
Name	Relationship*	Guardian	Mailing	Portal	Messenger	Secondary Household	Contact Sequence*	or	No Relationsh
Campus Test	•						T	1	
	is checkbox will flag this pers checkbox will flag this person beckbox will flag this person	to receive mailing	ngs for the	student.					

Emergency Contacts

- 1. Select the **Relationship** option for the emergency contact from the dropdown list.
- 2. Enter the **Contact Sequence** for this person.
- 3. If this person should not have a relationship with the student, mark the **No Relationship** checkbox.
- 4. Click the **Next** button when finished.

minimum of (1) Emergency (Contacts are required*			
Name	Relationship*	Contact Sequence*	or	No Relationsh
EC Test			1	
lo Relationship - Marking th	nces a sequence number on contacts will prompt district is checkbox will indicate that this person does not s le relationship will be ended if one exists.			
ontact Sequence - Adding Io Relationship - Marking th	a sequence number on contacts will prompt district his checkbox will indicate that this person does not s			

Other Household

- 1. Select the **Relationship** option for the emergency contact from the dropdown list.
- 2. If this person should not have a relationship with the student, mark the **No Relationship** checkbox.
- 3. Click the **Next** button when finished.

Name	Relationship*		
John Test	T	or I	No Relationship
escription of Contact Preferences			
	vill indicate that this person does not share a relationship to the	tudent. By checking this checkbox you are i	ndicating that this person no longer
lationship to the student. The relationship	will be ended if one exists	cadence by encoding this encodebox you are i	nated any that any person no longer
additioning to the stadents the relationship			

Health Services

The Health Services entry is entered on several panels that include information on doctor information, medical conditions, and medications.

Emergency Information (Prime Only)

- 1. Enter the student's Primary Care Provider name (clinic name or doctor's name).
- 2. Enter the **Phone Number** for the Primary Care Provider.
- 3. Click the **Next** button when finished.

Primary Care Provider						
Primary Care Phone	()	1_1			
nedications. You will be required to provide immu	nization documenta	ation at	your regis	ration appo	intment.	

Medical or Mental Health Conditions

- If the student does not have medical or mental health conditions, mark the No medical or mental health conditions checkbox and click the Next button. Doing this will remove the entry fields from panel.
- 2. Click the Add Condition button. Additional fields will appear.
- 3. Select the Health Condition for the student from the dropdown list.
- 4. Enter any **Comments** related to the health condition.
- 5. If a second condition exists, click the **Add Condition** button and select that **Health Condition** from the dropdown list.
- 6. Enter any **Comments and Instructions** related to the second health condition.
- 7. Click the **Next** button when finished.

No medical or mental health condition	ns 🔲			
Condition*	Cor	nments and Instructions	Remove	Condit
Add Condition				

Medications

Medications can be listed for Daily Medications, Emergency Medication or Medication as Needed.

- If the student does not have any medications to list, mark the No Medication checkbox and click Next.
- 2. Click on the Add Medication button. Additional fields will appear.
- 3. Enter the **Medication**.
- 4. Select where the medication is taken from the dropdown.
- 5. Select the **Medication Type** from the dropdown.
- 6. Enter any **Comments and Instructions** related to the second health condition.
- 7. Upload Immunization records by clicking on the **Upload Immunization** button.
- 8. Click the **Next** button when finished.

Medication* Where Taken* Medication Type* Comments and Instructions Remove Medication			
	Id Medication		nove Medicati
Medication		Medication	nove Medicatio

Student Entry - Medications

Release Agreement (Prime Only)

The following release agreement items are available.



- Determine if the district can use the student's photograph, voice or name in the media. This
 includes newspaper articles, district websites, videos promoting school projects, etc. Select the
 Yes or No radio buttons accordingly.
- 2. Determine if the student has parent permission to participate in school- or district-approved field trips. Mark the **Yes** or **No** radio buttons accordingly.
- 3. Mark the I agree to the Technology acceptable use policy checkbox.
- 4. Hold down your mouse and sign on the line.
- 5. Click the Save/Continue button.

Media Yes - I give permission for my child to participate in any public or school media publication. No - I do not consent to the School and/or District's use of my child's photograph, voice and/or name in various media projection Field Trip Yes - I give permission for my child to attend school-related field trips. No - I do not consent for my child to participate in School and/or District approved field trips. No - I do not consent for my child to participate in School and/or District approved field trips. Technology * I agree to the Technology acceptable use policy. Please sign on the line below
 No - I do not consent to the School and/or District's use of my child's photograph, voice and/or name in various media projetication of the school and a school-related field trips. Yes - I give permission for my child to attend school-related field trips. No - I do not consent for my child to participate in School and/or District approved field trips. Technology * I agree to the Technology acceptable use policy.
Field Trip Yes - I give permission for my child to attend school-related field trips. No - I do not consent for my child to participate in School and/or District approved field trips. Technology * I agree to the Technology acceptable use policy.
 Yes - I give permission for my child to attend school-related field trips. No - I do not consent for my child to participate in School and/or District approved field trips. Technology * I agree to the Technology acceptable use policy.
 No - I do not consent for my child to participate in School and/or District approved field trips. Technology * I agree to the Technology acceptable use policy.
Technology Technology acceptable use policy.
* I agree to the Technology acceptable use policy.
Please sign on the line below
Clear
Previous Delete Cancel Save/Continue

Student entry is now complete. Upon clicking the **Save/Continue** button, the **Student Entry** screen will display. If additional students need to be entered, repeat the previous steps. If the entered student's name appears in yellow, a required field is missing data. Clicking on the student's name will open the panel where the information is needed.

If student entry is complete, click the **Save/Continue** button.