## New Families Student Online Registration Guide

(For new families NOT currently on Skyward)

## **STEP 1:** Create User name and password

Click on link to New Student Online Enrollment. Create a username and password using the following screen. All items with an \* are required.

If you DO NOT have an Email Address go to page 2.

| Newson                                   |  |
|--|--|
| TIGERS                                   |  |
| New Student Enrol                        | ment: Account Request  |
| This form is the first step to enrol     | lling your new student online. Complete it to request an account that you will use to log in to a secure Online Enrollment system. |
| The School District of New Richmo        | and requires A STUDENT TO BE ENROLLED BY HIS/HER LEGAL GUARDIAN.   |
| Please complete required fields to r     | request an account to enroll your student(s).  |
|  |  |
| Enter the name of the largel parent/w    |  |
| * Enter Legal First Name:                |  |
| * Enter Legal Last Name:                 |  |
| Enter Legal Middle Name:                 |  |
| Enter Legal Name Prefix:                 | Enter Legal Name Suffix:   |
| Enter contact information                |  |
|  | I don't have an email  |
| * Enter Email Address:                   |  |
| * Re-type Email Address:                 |  |
| Enter Primary Phone Number:              |  |
| Complete the security dialog             |  |
|  | l'm not a robot  |
| Asterisk (*) denotes a required field    |  |
| Click here to submit Online Enrollment A | kccount Request  |
|  |  |
|  | Click here to receive your username  |
|  | and password.  |

PLEASE CHECK YOUR EMAIL: You should receive an email message containing your username, password and the web link to Family Access.

If you <u>do not have an email addr</u>ess check the box "I don't have an email". The system will then have you create your own Login.

| Enter contact information   |   |
|---|---|
|   | ✓ I don't have an email   |
| * Enter Login:  |   |
| * Re-type Login:  |   |
| Enter Primary Phone Number:   |   |
| Complete the security dialog  |   |
|   | I'm not a robot   |
| Asterisk (*) denotes a required field<br>Click here to submit Online Enrollment A | A pop up box will display with your Login<br>name and password. Make sure to write that<br>down for future reference. |

## **STEP 2:** Enter your Login ID and Password.

| S                      | K Y W A R D°                           |                |
|------------------------|--|----------------|
| New Rie                | chmond School District                 |                |
| Login ID:<br>Password: |  |                |
|                        | Sign In<br>Forgot your Login/Password? | 05.16.10.00.09 |
| Login Area             | Enrollment Access                      |                |

# **STEP 3:** Enter Student Information

Step 1-6 (see below for info on each step)

- Items with an \* are fields that are required.
- Only one step may be edited at a time.
- To fully complete a step and move forward to the next step you must click on "Complete Step"

| New Student Enrollment: Application Form   |                          |
|--|--------------------------|
|  | Save and Continue to Fil |
| Instructions for completing the student application  |                          |
| Answer the questions to progress through the application form.   |                          |
| ** All stans must be marked as completed and indicated with "Date Completed" before an application can be submitted  |                          |
| An steps must be marked as completed and multiated with Date completed, before an application can be submitted.  |                          |
| Asterisk (*) denotes a required field Please Note: Only one step may be edited at a time   |                          |
| Step 1: Student Information Edit View Only Save Save and Collapse Step   |                          |
| * Legal Last Name: Middle Name: Middle Name:   |                          |
| Name Suffix: 💌 * Gender: 💌   |                          |
| *Date of Birth: Age: • *Birth City: *Birth State:  | *                        |
| * Birth Country (USA): * Birth Country:  |                          |
| * Does student live within this school district?:  |                          |
| * Is Student Hispanic/Latino?:   |                          |
| * Federal Race: American Indian or Alaska Native<br>(select all that apply) Asian  |                          |
| Black or African American  |                          |
| Native Hawaiian or Other Pacific Islander     Mhite  |                          |
| * Language Spoken Most by Student  |                          |
| * First time enrolling in a Wisconsin Public School?: T * Has student attended the New Richmond School District previously?: T   |                          |
| Last School Attended:  |                          |
| 4K and Grades 6-9 begin school on September 1, 2017<br>Grades 10-12 begin school on September 5, 2017<br>Grades 1-5 begin school on September 6, 2017<br>Kindergarten Students begin school on September 7, 2017 |                          |
| If enrolling an Elementary student(s), school placement will be determined by Building Principals. You will be contacted prior to the start of school with placement info  | rmation.                 |
| * What School Year are you enrolling your student into?  |                          |
| * Anticipated Enrollment Date 📃 💷 First Day of School (09/01/2017)   |                          |
| (The first day of school is 09/01/2016) * Anticipated Enrollment Date  |                          |
| * Expected Grade Level (4K=K4)  * Expected School to Enroll into   |                          |
| Additional Information:<br>(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   |                          |
| K  |                          |
|  |                          |
|  |                          |
|  |                          |
| Must "Complete" hefor  | re moving to             |
|  |                          |
| next step.   |                          |
|  |                          |

#### **STEPS 1-5**

Step 1: Student information. (Items with an \* are fields that required)

<u>Step 2:</u> Family/Guardian Information (The New Richmond School District requires a student to be enrolled by HIS/HER legal guardian only. Step parents should be listed as an Emergency Contacts)

Step 3: Emergency Contact Information (Please provide at least 2)

<u>Step 4:</u> Requested Documents. Your child's immunization records are required. Information on how to provide that information is found here in Step 4.

Step 5: Additional District Forms

• Click "Save and Print" for each form once complete.

| Step 6: Addition                     | al District Forms   | View Only                         | Collapse Step                        |   |
|--------------------------------------|---|-----------------------------------|--------------------------------------|---|
| Instructions for co                  | ompleting the Additi  | onal District F                   | Forms                                |   |
| The buttons below<br>Once you have c | each link to an additi<br>completed a form, <mark>pl</mark> | ional form that<br>ease scroll ba | must be complet<br>ack to the top ar | ted to be able to submit the student application.<br>nd click "Save". |
| Asterisk (*) denote                  | s a required form   |                                   |                                      |   |
| * Required Form:                     | 2016-17 Additio   | onal Student Info                 | ormation                             | This form has been completed  |
| * Required Form:                     | 2016-17   | Health Information                | on                                   | This form has been completed  |
| * Required Form:                     | 2016-17 Acce  | eptable Use Agre                  | ement                                | This form has been completed  |
| * Required Form:                     | 2016-17 T   | ransportation Fo                  | orm                                  | This form has been completed  |
| * Required Form:                     | 2016-17 R   | equest for Reco                   | rds                                  | This form has been completed  |
|                                      |   |                                   |                                      |   |

Each *Additional District Form* must be marked completed in green.

| Asterisk (*) denotes a required field Please Note: Only one step may be edited at a time |  |
|--|--|
| Step 1: Student Information Edit View Only   | √ Date Completed: 02/13/2018                       |
| Stop 2: Eamily/Quardian Information  |  |
|  | √ Date Completed: 02/13/2018                       |
|  |  |
| Step 3: Emergency Contact Information Edit (View Only)                                   | ⊲″Date Completed: 02/13/2018                       |
|  |  |
| Step 4: Requested Documents Edit View Only   | √Date Completed: 02/16/2018                        |
|  |  |
|  |  |
|  | Each Step must have the following status before yo |
|  | Lach Step must have the following status before yo |
|  | able to submit enrollment form to the Sc           |
|  | Data Completed: 10/15/0016                         |
|  | District   |

# **STEP 4:** All required information has been completed

Click the following button at the bottom of the screen.



## **STEP 5:** What Now?

• If you have additional students to



• If NO additional students, your application will be reviewed and someone from the district will contact you regarding your student's information.

| Your child's Immunizati  | ing the Reque                                       | sted Docume<br>e <u>REQUIREI</u> | nts<br><u>D.</u>                    |                    |             | <br> |
|--|---|----------------------------------|-------------------------------------|--------------------|-------------|------|
|  |   |                                  |                                     |                    |             |      |
| If you didn't enter them<br>- upload the documents<br>- fax them to (715) 246-<br>- bring them to the Dist | in Step 4, yo<br>HERE<br>-3638<br>trict Office at 8 | u must do on<br>837 East Elev    | e of the followi<br>venth Street, N | ng:<br>lew Richmor | d, WI 54017 |      |