

NEW STUDENT ONLINE ENROLLMENT

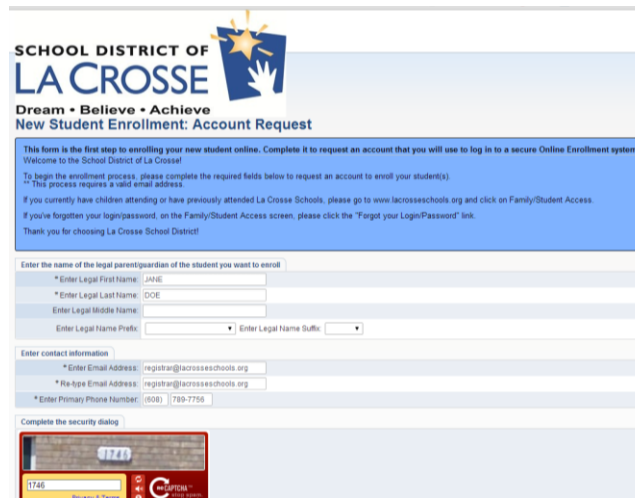
If you are a new family to the district proceed to **STEP ONE**, if your family is currently enrolled in the school district proceed to **STEP TWO**.

STEP ONE:

- Click on “Skyward” button on the Student Enrollment page.




- Then complete **NEW STUDENT ENROLLMENT: ACCOUNT REQUEST**



STEP TWO:

- Log into **SKYWARD FAMILY ACCESS** with your login ID and password.
 - ✓ If you requested a new account, check your email for login instructions and temporary password.
 - ✓ If you forgot your password, click “Forgot Login/Password?” to request a new one.



STEP THREE:

➤ Complete Steps 1-5 in the online enrollment program (see screenshots below)

1. Student information
2. Family/Guardian information
3. Medical/Dental information
4. Emergency Contact information
5. Additional District Forms

✓ Click “**SAVE AND PRINT**” for each form once complete

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

1

Instructions for completing Student Information

Distribute Demographic Information (Release of Student Directory Information)

Student directory information must be made available to outside organizations as follows unless the parent/guardian denies this release. This information may be used in print or on websites. District posting of student information on websites follows federal Children's Internet Protection Act guidelines.

Detailed information to be shared is included in the Release of Student Directory Information form.

* Last Name: * First Name: Middle Name:
Name Suffix: Name Prefix: * Gender:
* Date of Birth: * Birth City: * Birth State:
* Birth Country: * Birth County:
 Does student live within this school district? Mom's Maiden Name:
 Is Student Hispanic/Latino?
* Federal Race: (select all that apply) American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
* Language Spoken Most:
 Has student attended a state school? Has student attended this district previously?
Previous School District: School in the District Student Previously Attended:

Please select the school year that your child will begin attending school.

You are enrolling your student into the Current School Year (2014 - 2015)

* Enrollment Date (The first day of school is 09/02/2014)

* Expected Grade Level * Expected School to Enroll into [District Boundary Maps](#)

- I authorize this student's information to be distributed for the purposes of Military usage [?](#)
 I authorize this student's information to be distributed for the purposes of Higher Ed usage [?](#)
 I authorize this student's information to be distributed for the purposes of Public usage [?](#)
 I authorize this student's information to be distributed for the purposes of District usage [?](#)
 I authorize this student's information to be distributed for the purposes of Local usage [?](#)

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



Step 2: Family/Guardian Information

Edit

View Only

Save

Save and Collapse Step

2

Instructions for completing Family/Guardian Information

When entering your address, please enter a mailing address only when it is different than your Home Address.

If you wish to not share your Employer, please enter Not Applicable.

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

Enter Information for the Family this Student lives with

* Primary Phone: (608) 789-7756 Should the District keep this number confidential?

* Family Home Language: ENGLISH

House #: 807 Direction: S Street Name: EAST AVE Apartment:

* Home Address: P.O. Box: Address 2: City: LA CROSSE State: WI Zip Code: 54601

Should the District keep this address confidential?

Mailing Address: (if different than home address) House #: Direction: 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: DOE * First Name: JANE Middle Name:

Name Suffix: Name Prefix: Date of Birth: Gender:

* Relationship to Child: MOTHER

Cell Phone: (608) 789-7900 Work Phone: (608) 789-8300 * Contact Email Address: registrar@lacrosseschools.org

* Language: ENGLISH Occupation:

* Employer: SCHOOL DISTRICT OF LA CROSSE

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

SELECT ONE

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

No, Complete Step 2 Only

SELECT ONE

NOTE: ALL parents/legal guardians must be listed unless there is court paperwork terminating their parental rights (TPR). Copies of any court paperwork outlining custody arrangements, TPR's, etc. must be provided in order to be enforced.

Step 3: Medical/Dental Information

Edit

View Only

Save

Save and Collapse Step

3

Physician Last Name: SMITH Physician First Name: JAMES Physician Middle Name:

Name Suffix: Name Prefix: Physician Phone:

Dentist Last Name: ANDERSON Dentist First Name: TOM Dentist Middle Name:

Name Suffix: Name Prefix: Dentist Phone:

* Hospital: MAYO Hospital Phone:

Complete Step 3 and move to Step 4: Emergency Contact Information

Complete Step 3 Only



Step 4: Emergency Contact Information

Edit

View Only

Save

Save and Collapse Step

4

Instructions for completing Emergency Contact Information

Enter up to 3 Emergency Contacts, who will assume temporary care of your child if you cannot be reached. Do not include yourself or other guardians; we will always contact you first.

If you are enrolling more than one student and the emergency contacts will be the same, please enter them for the first student and we will copy them to the others as part of the final enrollment process.

Enter the Information for Emergency Contact #1

Remove this Emergency Contact

* Last Name: JONES * First Name: DAVID Middle Name:

Name Suffix: Is this contact allowed to pick up the student from school?

Gender:

Contact Email Address: * Primary Phone: (608) 555-1244 Should the District keep this number confidential?

Cell Phone: Work Phone:

* Relationship to Child: UNCLE

Employer:

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



SELECT ONE



Step 5: Additional District Forms

Edit

View Only

Save

Save and Collapse Step

5

Instructions for completing the Additional District Forms

Please click on the buttons below each link to access additional forms that must be completed to be able to complete the student enrollment.

** On Forms 1-6, please enter your name and date on the signature lines before clicking the "Save and Print" button on the form.

** The Student Conduct Code (Form 6) will be signed after your student reads the Student Code of Conduct. This will need to be returned to your school's office.

** Please click the "SAVE AND PRINT" button as you complete each form.

Asterisk (*) denotes a required form

Only required for those students enrolling in preschool.

- * Form 1) Birth Certificate Verification Form Form 1 has been completed
- * Form 2) Verification of Residency/Address Change Form Form 2 has been completed
- * Form 3) Parent Email Release Form 3 has been completed
- * Form 4) Parent screening form Form 4 has been completed
- * Form 5) New Student Health Info form Form 5 has been completed
- * Form 6) Parent Authorization Form Form 6 has been completed
- Form 7) Preschool request form Form 7 has not been completed
- * Form 8) Signature page Form 8 has been completed

**Must click here before submitting application



Complete Step 5

Please click the "SAVE AND PRINT" button as you complete each form.

Name: STUDENT JANE DOE Gender: Female

Save
Save and Print
Back



Submit Application to the District

* All steps must be Completed before an Application can be Submitted *

Save and Continue to Fill Out Application

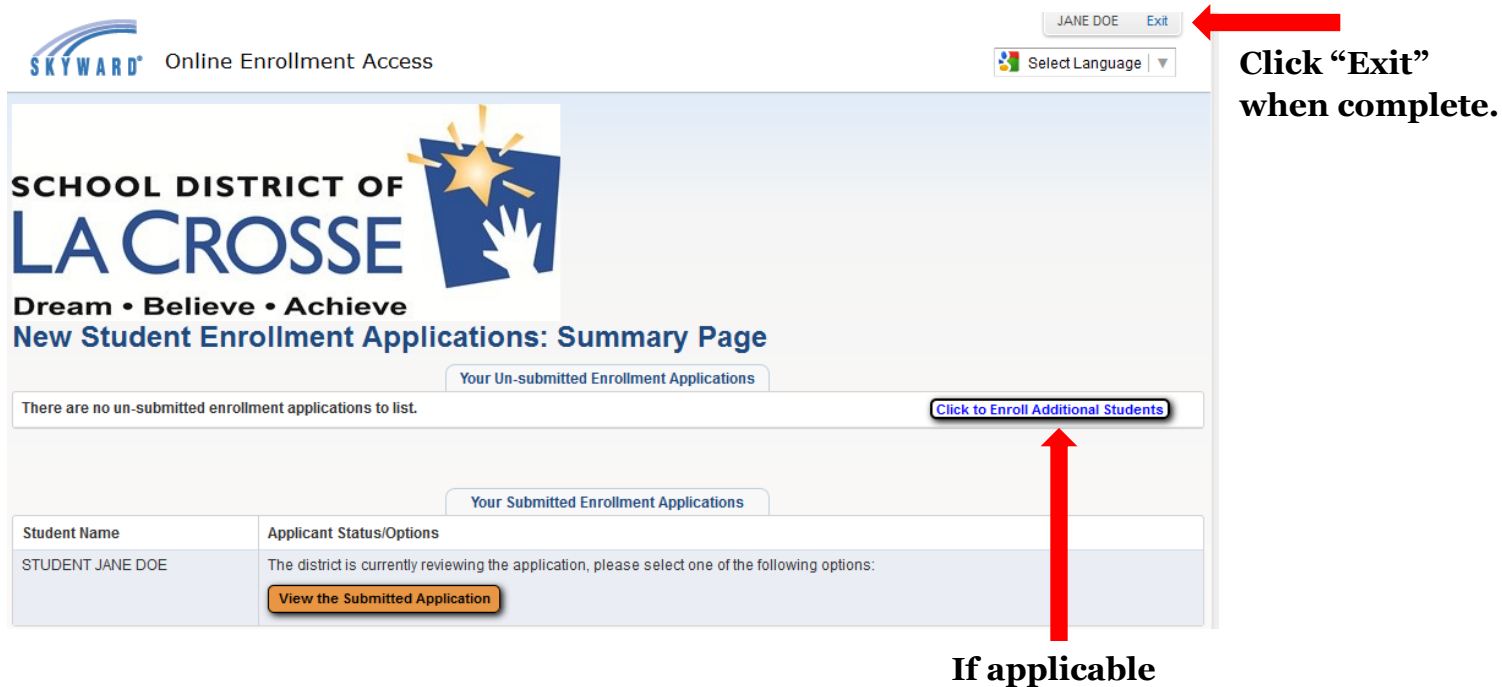
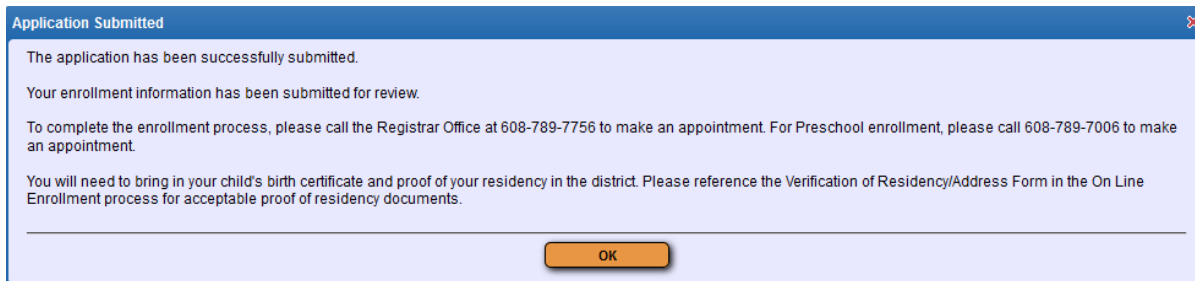
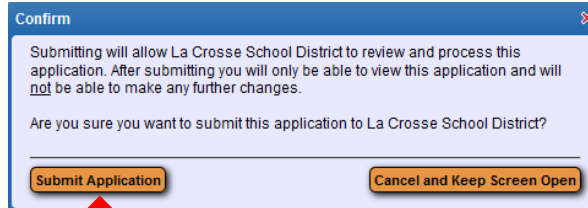
Save and go to Summary Page

Print Application

Leave WITHOUT Saving

STEP FOUR:

- **Submit application and bring the following in to the Registrar's Office:**
 - ✓ **Birth certificate**
 - ✓ **Proof of residency (i.e. utility bill, lease, mortgage statement)**
 - ✓ **Immunization records**



The main application page for the School District of La Crosse. At the top left is the "SKYWARD Online Enrollment Access" logo. At the top right, there is a user profile for "JANE DOE" with an "Exit" button and a "Select Language" dropdown menu. A red arrow points to the "Exit" button with the text "Click 'Exit' when complete." The page title is "New Student Enrollment Applications: Summary Page". Below the title, there are two tabs: "Your Un-submitted Enrollment Applications" and "Your Submitted Enrollment Applications". The "Un-submitted" tab shows "There are no un-submitted enrollment applications to list." and a "Click to Enroll Additional Students" button. A red arrow points to this button with the text "If applicable". The "Submitted" tab shows a table with one entry for "STUDENT JANE DOE". The "Applicant Status/Options" column for this entry says "The district is currently reviewing the application, please select one of the following options:" and includes a "View the Submitted Application" button.

Click "Exit" in the upper right corner when complete.