

## Home

### Pre-Registration 2014-2015 School Year

Gradebook

Attendance

Student Info

Food Service

Schedule

Fee  
Management

[REDACTED] Elementary School

Please go through each of the steps below to register your student for the 2014-2015 School Year.

When you have finished a step, please click the 'Step # has been completed' checkbox for that step. When you have finished all of the Steps, please click the 'Complete registration' button and Print the following page.

For additional help please [click here](#)

For additional help in other languages please click the appropriate language: [Spanish](#) [French](#)



2014-2015

## Registration Status Page:

## **Step 1a:**

Pre-Registration 2014-2015 School Year

School 2014-2015)

**Step 1a. Please Review Your Student Demographic Data:**  I have completed this step [Undo](#)

**Student Information**

**General Information**

First: [REDACTED]	Middle: [REDACTED]
Last: [REDACTED]	Suffix: [REDACTED]
Birthday: [REDACTED]	Gender: Male
Language: English	Race: White/Non Hispan
Home Phone: (309) [REDACTED] Ext: [REDACTED]	
Cell: (309) [REDACTED] Ext: [REDACTED]	
Home Email: [REDACTED]	
Birth County: Rock Island	
Birth State: IL - ILLINOIS	
Birth Country: USA	

**Allow Publication of Student's Name for:** [?](#)

Military Use: <a href="#">Yes</a>	Higher Ed Use: <a href="#">Yes</a>	Public Use: <a href="#">Yes</a>
District Use: <a href="#">Yes</a>	Local Use: <a href="#">Yes</a>	

**1. Please Review Your Student Demographic Data**

**a. Student Information**

**b. Family Information**

**c. Emergency Information**

**d. Emergency Contacts**

**2. Verify Ethnicity/Race**

**3. District Acceptable Use Policy**

**4. Google Applications AUP**

**5. Health Form**

**6. Asbestos and Integrated Pest Policies**

**7. Parent member of Armed Forces or DOD Civilian/Contractor**

**8. Verify Skylert Information**

**9. Final Registration Instructions**

**10. Complete Pre-Registration 2014-2015 School Year**

[Previous Step](#) [Next Step](#) [Close and Finish Later](#)

## Step 1b:

### Pre-Registration 2014-2015 School Year

Elementary School 2014-2015

**Step 1b. Please Review Your Student Demographic Data:**  I have completed this step

**Family Information**

**Family Options**

Receive a Paper Copy of Report Card

Guardian Number: 1  
Name: [REDACTED]  
Home Email: [REDACTED]

Primary Phone: (309) [REDACTED] Ext: [REDACTED]  
 Confidential  Long Distance  
Work: (309) [REDACTED] Ext: [REDACTED]  
Cell: (309) [REDACTED] Ext: [REDACTED]

Guardian Number: 2  
Name: [REDACTED]  
Home Email: [REDACTED]

Work: (309) [REDACTED] Ext: [REDACTED]  
Cell: (309) [REDACTED] Ext: [REDACTED]

**1. Please Review Your Student Demographic Data**

**a. Student Information**

**b. Family Information** **Emergency Information**

**c. Emergency Information**

**d. Emergency Contacts**

**2. Verify Ethnicity/Race**

**3. District Acceptable Use Policy**

**4. Google Applications AUP**

**5. Health Form**

**6. Asbestos and Integrated Pest Policies**

**7. Parent member of Armed Forces or DOD Civilian/Contractor**

**8. Verify Skyler Information**

**9. Final Registration Instructions**

**10. Complete Pre-Registration 2014-2015 School Year**

## Step 1c:

### Pre-Registration 2014-2015 School Year

Elementary School 2014-2015

**Step 1c. Please Review Your Student Demographic Data:**  I have completed this step

**Emergency Information**

Critical Alert Information

Physician: [REDACTED] Last Name, First  
Dentist: [REDACTED]  
Hospital: [REDACTED]  
Insurance: [REDACTED]  
Policy: [REDACTED]

**1. Please Review Your Student Demographic Data**

**a. Student Information**

**b. Family Information**

**c. Emergency Information** **Emergency Information**

**d. Emergency Contacts**

**2. Verify Ethnicity/Race**

**3. District Acceptable Use Policy**

**4. Google Applications AUP**

**5. Health Form**

**6. Asbestos and Integrated Pest Policies**

**7. Parent member of Armed Forces or DOD Civilian/Contractor**

**8. Verify Skyler Information**

**9. Final Registration Instructions**

**10. Complete Pre-Registration 2014-2015 School Year**

## Step 1d:

Pre-Registration 2014-2015 School Year  
[REDACTED] Elementary School 2014-2015)

**Step 1d. Please Review Your Student Demographic Data:**  I have completed this step

**Emergency Contacts**

Contact Number:

First: [REDACTED] Primary Phone: (309) [REDACTED] Ext: [REDACTED]  
Middle: [REDACTED] Cell: [REDACTED] (309) [REDACTED] Ext: [REDACTED]  
Last: [REDACTED] [REDACTED] Ext: [REDACTED]  
Relationship: [REDACTED] Pick Up: [REDACTED]

Comment: [REDACTED]

Contact Number:

First: [REDACTED] Primary Phone: (309) [REDACTED] Ext: [REDACTED]  
Middle: [REDACTED] Cell: [REDACTED] (309) [REDACTED] Ext: [REDACTED]  
Last: [REDACTED] [REDACTED] Ext: [REDACTED]  
Relationship: [REDACTED] Pick Up: [REDACTED]

Comment: [REDACTED]

**1. Please Review Your Student Demographic Data**

**a. Student Information**

**b. Family Information**

**c. Emergency Information**

**d. Emergency Contacts**

**2. Verify Ethnicity/Race**

**3. District Acceptable Use Policy**

**4. Google Applications AUP**

**5. Health Form**

**6. Asbestos and Integrated Pest Policies**

**7. Parent member of Armed Forces or DOD Civilian/Contractor**

**8. Verify Skyler Information**

**9. Final Registration Instructions**

**10. Complete Pre-Registration 2014-2015 School Year**

**Some of the fields are not editable during online registration. To make changes in these fields you must contact the main office of the school your child is attending.**

**Public Use:** On occasion, the local newspapers, other external media or our staff will take pictures or videos of students at school or school activities on our grounds. It is the District's policy to obtain permission from the parents/guardians in order to supply the media with the child's name and if applicable, the names of the parents/guardians. Please indicate yes if you will grant permission to the Moline School District to print and/or release your child's picture, name, and parents'/guardians' names to the media in any form.

**Military - Higher Education Release:** From time-to-time military recruiters and post secondary educational institutions request the names, telephone numbers, and addresses of our secondary students. The school must provide this information unless the parents'/guardians' request that it not be disclosed without their prior written consent. Please mark accordingly which people should or should NOT receive this information.

**Local Use:** The law and policy designate certain information as "Directory Information". Directory Information consists of identifying information, including the student's names, address, gender, academic level, birth date, birthplace, and parents'/guardians' names, addresses and phone numbers, academic awards,

degrees and honors received, information relating to school – sponsored activities, organizations, and athletics, major field of study, period of attendance in the school, photographs and videos. This information will be released to the general public from time to time, including by way of school directory to be issued at the commencement of the school year, a student yearbook to be issued at or after the end of the school year and throughout the year, unless a parent/guardian informs the district within ten (10) days of this notice that the information concerning his or her child should not be released, of that the parent desires that some or all of this information not be designated as directory information.

**Directory information will not be released to any organization including those used for yearbooks.** I prohibit the School District from releasing the Directory Information which includes the following:

1. identifying information such as name, address, gender, grade, date and place of birth, name and address of parent;
2. academic awards, degrees, and honors;
3. information relating to school – sponsored organization and athletics;
4. weight and height of members of athletic teams;
5. period of attendance.

1. **Click the “I have completed this step” before moving on to the next step.**

## Step 2:

Pre-Registration 2014-2015 School Year  
[REDACTED] Elementary School 2014-2015

**Step 2. Verify Ethnicity/Race**  I have completed this step

Dear Parent or Guardian:

In the fall of 2007, the U.S. Department of Education issued new guidance on the collection and reporting of race and ethnicity data for public school students and staff. The guidance implements new federal race and ethnicity categories that were developed to obtain a more accurate picture of our nation's diversity. The new data collection process requires respondents to answer a two-part question, indicating ethnicity first and then one or more of five races. In the past, individuals were allowed to choose only one race or ethnicity category.

The new reporting categories will allow you to identify your child by ethnic group (i.e., Hispanic/Latino or Not Hispanic/Latino) and by one or more racial groups (American Indian/Alaska Native, Asian, Black/African-American, Native Hawaiian/Other Pacific Islander, White).

The Illinois State Board of Education will use the new categories starting with data reported for the 2010-11 school year. This requires our district to re-identify race and ethnicity for all students. This identification is to be done by parents or guardians. If a student's parents or guardians decline to indicate race and/or ethnicity, observer identification by school district staff is required.

The new race and ethnicity data will be used in the same manner as previously collected data, e.g., in reporting and analyzing test results by race and ethnicity. This information will not be used to check immigration status, and the confidentiality of individual student information will be protected.

Enclosed is a sheet that provides additional information about the data collection and reporting changes. Also enclosed is the form that parents or guardians need to complete to identify race and ethnicity for their children. Please complete one form per child, and be sure to answer both parts of the two-part question. Remember that school district staff is required to provide any missing information by observer identification. Return the completed form to your child's school.

Thank you for your cooperation in providing the needed data. Please direct any questions to your building principal.

Sincerely,

Superintendent of Schools

[Continue](#)

1. Please Review Your Student Demographic Data  
a. Student Information  
b. Family Information  
c. Emergency Information  
d. Emergency Contacts  
**2. Verify Ethnicity/Race**  
3. District Acceptable Use Policy  
4. Google Applications AUP  
5. Health Form  
6. Asbestos and Integrated Pest Policies  
7. Parent member of Armed Forces or DOD Civilian/Contractor  
8. Verify Skyler Information  
9. Final Registration Instructions  
10. Complete Pre-Registration 2014-2015 School Year

[Previous Step](#) [Next Step](#) [Close and Finish Later](#)

Once you have read and understand this letter press continue.  
**Step 2 continued:**

Validate Ethnicity and Race for Student [◀ Back](#)

Ethnicity/Race Validation  
Please answer **BOTH** questions 1 and 2.

1. Is [REDACTED] Hispanic or Latino?  
 No, My Child is not Hispanic or Latino  
 Yes, My Child is Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. What is [REDACTED] race? (Please mark all that apply)  
 American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment  
 Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam  
 Black or African American - A person having origins in any of the black racial groups of Africa.  
 Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands  
 White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

[Save](#) [Back](#)

Select the appropriate checkboxes that pertain to your child.

1. Click the "I have completed this step" before moving on to the next step.

## Step 3:

### Pre-Registration 2014-2015 School Year

Elementary School 2014-2015

I have completed this step

**Step 3. District Acceptable Use Policy**

District Acceptable Use Policy

**1. Please Review Your Student Demographic Data**

- a. Student Information
- b. Family Information
- c. Emergency Information
- d. Emergency Contacts

**2. Verify Ethnicity/Race**

**3. District Acceptable Use Policy**

**4. Google Applications AUP**

**5. Health Form**

**6. Asbestos and Integrated Pest Policies**

**7. Parent member of Armed Forces or DOD Civilian/Contractor**

**8. Verify Skylert Information**

**9. Final Registration Instructions**

**10. Complete Pre-Registration 2014-2015 School Year**

[Previous Step](#) [Next Step](#) [Close and Finish Later](#)

## Step 3 continued:

Name: [REDACTED] Gender: [REDACTED] Grad Yr/Grade: [REDACTED] Other ID: [REDACTED]

[Save](#)  
[Save and Print](#)  
[Back](#)

All use of the Internet shall be consistent with the District's goal of promoting educational excellence by facilitating resource sharing, innovation, and communication. The failure of any user to follow the terms of the Acceptable Use of Electronic Networks will result in the loss of privileges, disciplinary action, and/or appropriate legal action. The signatures at the end of this document are legally binding and indicate the parties who signed have read the terms and conditions carefully and understand their significance.

I have read this Authorization form. I understand that access is designed for educational purposes and that the District has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the District to restrict access to all controversial and inappropriate materials. I will hold harmless the District, its employees, agents, or Board members, for any harm caused by materials or software obtained via the network. I accept full responsibility for supervision if and when my child's use is not in a school setting. I have discussed the Acceptable Use of Electronic Networks with my child. I hereby request that my child be allowed access to the District's electronic network, including the Internet.

[REDACTED]  
Parent/Guardian Name

Parent/Guardian Signature  mm / dd / yyyy Date

#### Students must also read and agree to the following before being granted unsupervised access:

I understand and will abide by the above *Authorization for Electronic Network Access*. I understand that the District and/or its agents may access and monitor my use of the Internet, including my email and downloaded material, without prior notice to me. I further understand that should I commit any violation, my access privileges may be revoked, and school disciplinary action and/or legal action may be taken. In consideration for using the District's electronic network connection and having access to public networks, I hereby release the School District and its Board members, employees, and agents from any claims and damages arising from my use of, or inability to use the District's electronic network, including the Internet.

[REDACTED]  
Student Name

Student Signature  mm / dd / yyyy Date

**Read the information displayed and select yes or no and enter the current date.**

- 1. Click Save to finish making your changes.**
- 2. Click the "I have completed this step" before moving on to the next step.**

## **Step 4:**

Pre-Registration 2014-2015 School Year

Elementary School 2014-2015

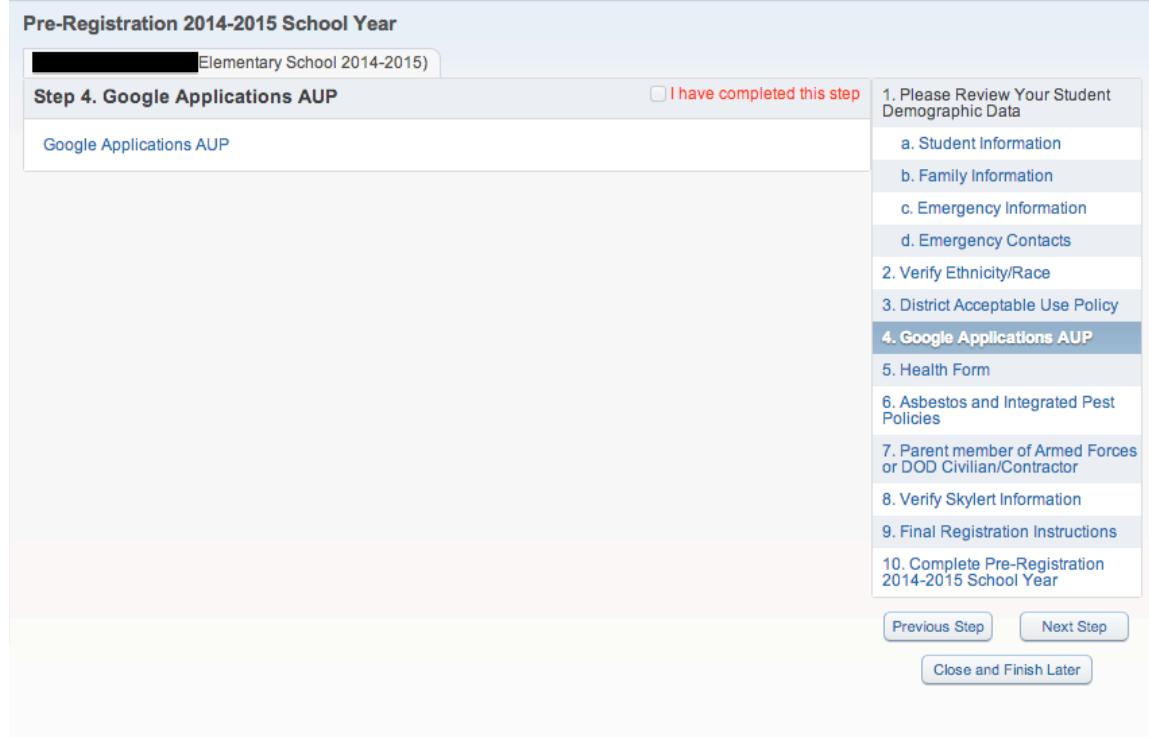
**Step 4. Google Applications AUP**  **I have completed this step**

Google Applications AUP

1. Please Review Your Student Demographic Data  
a. Student Information  
b. Family Information  
c. Emergency Information  
d. Emergency Contacts  
2. Verify Ethnicity/Race  
3. District Acceptable Use Policy  
**4. Google Applications AUP**  
5. Health Form  
6. Asbestos and Integrated Pest Policies  
7. Parent member of Armed Forces or DOD Civilian/Contractor  
8. Verify Skylert Information  
9. Final Registration Instructions  
10. Complete Pre-Registration 2014-2015 School Year

**Previous Step** **Next Step**

**Close and Finish Later**



## Step 4 continued:

Name: [REDACTED]	Gender: [REDACTED]	Grad Yr/Grade: [REDACTED]	Other ID: [REDACTED]	Save
				Save and Print
				Back

**5. Privacy.** The general right of privacy will be extended to the extent possible in the electronic environment. Moline School District and all electronic users should treat electronically stored information in individuals' files as confidential and private. However, users of student email are strictly prohibited from accessing files and information other than their own. The District reserves the right to access any student's Google account, including current and archival files of user accounts when there is reasonable suspicion that unacceptable use has occurred.

**Moline School District**  
*Google Apps for Education Permission Form for Student Email, Online Documents, Calendar, and Sites*

**By signing below, I confirm that I have read and understand the following:**

Under FERPA and corresponding Illinois law, a student's education records are protected from disclosure to third parties. I understand that my student's education records stored in Google Apps for Education may be accessible to someone other than my student and the Moline School District by virtue of this online environment. My signature below confirms my consent to allow my student's education record to be stored by Google.

I understand that by participating in Google Apps for Education, information about my child will be collected and stored electronically. I have read the privacy policies associated with use of Google Apps for Education (<http://www.google.com/a/help/intl/en/edu/privacy.html>). I understand that I may ask for my child's account to be removed at any time.

YES, I give permission for my child to be assigned a full Moline School District Google Apps for Education account. This means my child will receive an email account, access to Google Docs, Calendar, and Sites.

NO, I do not give permission for my child to be assigned a full Moline School District Google Apps for Education account. This means my child will NOT receive an email account or access to Docs, Calendar, and Sites.

Select

Student Name: [REDACTED]  
Student ID #: [REDACTED] Grade: [REDACTED]

Parent/Guardian Signature: [REDACTED] Date:

**Read the information displayed and select yes or no and enter the current date.**

- 1. Click Save to finish making your changes.**
- 2. Click the "I have completed this step" before moving on to the next step.**

## Step 5:

Pre-Registration 2014-2015 School Year  
[REDACTED] Elementary School 2014-2015

I have completed this step

**Step 5. Health Form**

[Health Form](#)

**1. Please Review Your Student Demographic Data**

- [a. Student Information](#)
- [b. Family Information](#)
- [c. Emergency Information](#)
- [d. Emergency Contacts](#)

**2. Verify Ethnicity/Race**

**3. District Acceptable Use Policy**

**4. Google Applications AUP**

**5. Health Form**

**6. Asbestos and Integrated Pest Policies**

**7. Parent member of Armed Forces or DOD Civilian/Contractor**

**8. Verify Skylert Information**

**9. Final Registration Instructions**

**10. Complete Pre-Registration 2014-2015 School Year**

[Previous Step](#) [Next Step](#) [Close and Finish Later](#)

## Step 5 continued:

**Health Information**

Name: [REDACTED] Gender: [REDACTED] Grad Yr/Grade: [REDACTED] Other ID: [REDACTED] [◀ Back](#)

Please answer the following questions to the best of your ability:

**Does your child have any of the following conditions?**

\* Seizure disorder:  No  Yes \* Environmental allergy:  Yes  No \* Heart disorder:  No  Yes \* Food allergy:  No  Yes \* Diabetes:  No  Yes \* Drug sensitivities:  No  Yes \* Asthma:  No  Yes \* Learning disorders:  No  Yes \* ADHD:  No  Yes \* Drug allergy:  No  Yes \* Migraines:  No  Yes

**Please explain any of the conditions you marked as yes:**

Explain Conditions: Seasonal Allergies.  
Maximum characters: 150, Remaining characters: 130

[Check Spelling](#) [Save](#) [Print](#) [Back](#)

**Does your child have any congenital birth disorders?**  Yes  
If yes please explain: [REDACTED]  
Maximum characters: 150, Remaining characters: 150

**Please list any medication your child is on and why:** Explain Medications: Children's Claritin for allergies.  
Maximum characters: 150, Remaining characters: 115

**Do you have medical insurance?** Insurance:  Yes  No  
\* Public Aid Medical Card?:  No  Yes  
Policy name and number: [REDACTED]

**Is there anything you would like to discuss with the nurse?** \* Nurse:  No  Yes

**Parental Consent Form for Emergency Treatment**

I, Guardian's Name: [REDACTED], parent/legal guardian of Student's Name: [REDACTED]  
Hereby authorize and consent to School District No. 40, its employees and agents, and \* Dr. [REDACTED] my child's physician or physician in his or her group of practice, in my behalf, to administer emergency medical assistance to my child during school hours or during a school sponsored activity.

I do hereby agree to release and waive any and all claims and hold harmless and indemnify the Moline School District, its employees and agents, either jointly or severally from, and against any and all liability claims, demands, damages, or causes of actions or injuries, costs and expenses, including attorney's fees, resulting from or arising out of the provision of emergency medical treatment by school personnel or by a physician and/or other medical personnel.

The information on this form as well as on the physical/immunization form may be shared with appropriate personnel for health and educational purposes.  
This will be in place of my actual signature. \* Signature:  Yes  No \* Signature Date: [REDACTED]

Asterisk (\*) denotes a required field

**Fill in the health information that is applicable to your child.**

1. Click Save to finish making your changes.
2. Click the “I have completed this step” before moving on to the next step.

## Step 6:

Pre-Registration 2014-2015 School Year

[REDACTED] Elementary School 2014-2015

**Step 6. Asbestos and Integrated Pest Policies**

I have completed this step

[Asbestos and Integrated Pest Policies](#)

1. Please Review Your Student Demographic Data

a. Student Information

b. Family Information

c. Emergency Information

d. Emergency Contacts

2. Verify Ethnicity/Race

3. District Acceptable Use Policy

4. Google Applications AUP

5. Health Form

**6. Asbestos and Integrated Pest Policies**

7. Parent member of Armed Forces or DOD Civilian/Contractor

8. Verify Skylert Information

9. Final Registration Instructions

10. Complete Pre-Registration 2014-2015 School Year

[Previous Step](#) [Next Step](#)

[Close and Finish Later](#)

## Step 6 continued:

**Asbestos and Integrated Pest Management Plan**

Name: [REDACTED] Gender: [REDACTED] Grad Yr/Grade: [REDACTED] Other ID: [REDACTED]

Student's Name: [REDACTED] Student's Home School: [REDACTED]

Other ID: [REDACTED]

**Asbestos Management Policy:**

Our school district is required to provide notice of Environmental Protection Agency requirements pertaining to 40CFR763 subpart E. Our management plan is available for review in the Moline School District No. 40 Administration Offices, Attn: Darryl Snyder, Director of Facilities, 1619 11th Ave., Moline, IL 61265, (309) 743-8128. Plans for each specific school are available in the office of the principal. All plans are available during regular business hours.

**Integrated Pest Management (IPM) Policy:**

Pesticides in almost every case, are not applied within the buildings when children are present. Only when necessary, pesticides least harmful to people and the environment are used and include combined preventive techniques and non-chemical pest control methods. If you want to be notified prior to your child's school having an application of pesticide, please send a written request to the address below. Please specify when you would like to be notified of applications during the school year, non-student attendance days, or summer vacation. Please include your child's name, school, grad level, your request, parent's name and mailing address. Dan Cimarrusti, District IPM Coordinator, Coolidge Maintenance Department, 3432 Avenue of the Cities, Moline, IL 61265

I have read and accept both of these policies. This will be in place of my actual signature.

Guardian's Name: [REDACTED] \* Parent Signature: Yes  \* Date Parent Signed: [REDACTED]

**After you have read and understood the information select yes and enter the current date, then click save.**

1. Click Save to finish making your changes.
2. Click the "I have completed this step" before moving on to the next step.

## Step 7:

Pre-Registration 2014-2015 School Year

Elementary School 2014-2015

Step 7. Parent member of Armed Forces or DOD Civilian/Contractor	<input type="checkbox"/> I have completed this step	1. Please Review Your Student Demographic Data
Parent member of Armed Forces or DOD Civilian/Contractor		a. Student Information
		b. Family Information
		c. Emergency Information
		d. Emergency Contacts
		2. Verify Ethnicity/Race
		3. District Acceptable Use Policy
		4. Google Applications AUP
		5. Health Form
		6. Asbestos and Integrated Pest Policies
		7. Parent member of Armed Forces or DOD Civilian/Contractor
		8. Verify Skylert Information
		9. Final Registration Instructions
		10. Complete Pre-Registration 2014-2015 School Year

[Previous Step](#) [Next Step](#) [Close and Finish Later](#)

## Step 7 continued:

Parents of the Armed Forces or a DoD Civilian

Name: [REDACTED] Gender: [REDACTED] Grad Yr/Grade: [REDACTED] Other ID: [REDACTED]

Student's Name: [REDACTED] Student's Home School: [REDACTED]

Is a parent a DoD Civilian or Contractor on Rock Island Arsenal or other Federally connected land? \* Civilian/Contractor:  No

Is a parent a member of the Armed Forces? \* Armed Forces:  No

If yes, which branch/component are they a member of: Component: [REDACTED]

Name of the parent who is a member of the Armed Forces or a DoD Civilian or Contractor: Parent Name: [REDACTED]

Is the parent currently deployed? Deployed Overseas:  No

[Check Spelling](#) [Save](#) [Print](#) [Back](#)

Verify and enter any applicable information and then click save.

1. Click Save to finish making your changes.

2. Click the "I have completed this step" before moving on to the next step.

## Step 8:

**Athletics Participation Permission Form**

Name: [REDACTED] Gender: [REDACTED] Grad Yr/Grade: [REDACTED] Other ID: [REDACTED]

We are pleased to have your student as a candidate for our athletic program. Participation in sports can have many positive effects on a student's development. Please read the information provided here carefully.

**Part I Student Information**

Student's Name: [REDACTED] Student's DOB: [REDACTED] Student's Grade: [REDACTED]  
Student's Address: [REDACTED] Guardian's Phone: (309) [REDACTED] Student's Gender: [REDACTED]

**Part II Physical Exam, Athletic Fee and Equipment Agreement**

Every student must have on record with the school a recent physical exam by a medical doctor. Exams are good for one year from the date of the physical.

A \$10 athletic fee is assessed each year the student participates in the program (Only applicable to 7th and 8th graders).

Equipment is properly fitted and issued to each student athlete. Students are responsible for such equipment until it is returned at the end of the season, or such time as they leave the squad. A replacement charge will be required if the equipment is lost, stolen, or damaged.

**Part III Insurance**

The student athlete must have accident insurance before participating in any athletics. Please indicate which form of coverage your student has:

My child is covered by our family insurance policy. \* Family Insurance: [REDACTED] The issuing company is: [REDACTED]

We have purchased insurance coverage offered by the school. \* School offered Insurance: [REDACTED]

**Part IV Statement of Consent**

I hereby give my consent as the parent/guardian of the above student to participate in any athletic activity under the direction of the athletic management of the Middle School. These activities may include, but are not limited to: football, basketball, track and field, cheerleading, wrestling, tennis, volleyball, swimming, and cross country. I have indicated that my student is covered by insurance in the event of an injury, and I understand that my student will be responsible for the return of equipment upon exiting the program.

I accept this policy. This will be in place of my actual signature. \* Parent/Guardian Signature: [REDACTED] \* Date Signed: [REDACTED]

**Check Spelling**  
**Save**  
**Print**  
**Back**

If your child wishes to participate in school athletics enter the appropriate information. (This step only is available for students attending one of the middle schools.)

1. Click Save to finish making your changes.
2. Click the "I have completed this step" before moving on to the next step.

## Step 9:

Pre-Registration 2014-2015 School Year  
[REDACTED] Elementary School 2014-2015

**Step 8. Verify Skylert Information**  I have completed this (optional) step

Skylert enables you to receive notifications concerning your child(ren). You have control over which notifications to receive and how you would like to receive them.

**My Skyward Contact Info**

Contact Info	Emergency	Attendance	General	Non-school Hours Emergency	Food Service	Survey
* Primary Phone: (309) [REDACTED]	<input checked="" type="checkbox"/>					
Family With [REDACTED]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work: (309) [REDACTED]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family With [REDACTED]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cellular: (309) [REDACTED]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family With [REDACTED]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Email: [REDACTED]	<input checked="" type="checkbox"/>					
Family With [REDACTED]	<input checked="" type="checkbox"/>					

\*\*Primary Guardians are not allowed to update their Skyward Contact Info\*\*

Additional Contact Info for Family With [REDACTED]

Phone Numbers	Emergency	Attendance	General	Non-school Hours Emergency	Food Service	Survey
Additional Phone 1: [REDACTED] [REDACTED]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**1. Please Review Your Student Demographic Data**

a. Student Information

b. Family Information

c. Emergency Information

d. Emergency Contacts

**2. Verify Ethnicity/Race**

**3. District Acceptable Use Policy**

**4. Google Applications AUP**

**5. Health Form**

**6. Asbestos and Integrated Pest Policies**

**7. Parent member of Armed Forces or DOD Civilian/Contractor**

**8. Verify Skylert Information**

**9. Final Registration Instructions**

**10. Complete Pre-Registration 2014-2015 School Year**

[Previous Step](#) [Next Step](#) [Close and Finish Later](#)

**Select which notifications you would like to receive through the automated phone system and add any additional numbers you would like**

**1. Click the "I have completed this step" before moving on to the next step.**

## Step 10:

Pre-Registration 2014-2015 School Year

Elementary School 2014-2015

**Step 9. Final Registration Instructions**  I have completed this step

Final Registration Instructions

1. Please Review Your Student Demographic Data  
a. Student Information  
b. Family Information  
c. Emergency Information  
d. Emergency Contacts  
2. Verify Ethnicity/Race  
3. District Acceptable Use Policy  
4. Google Applications AUP  
5. Health Form  
6. Asbestos and Integrated Pest Policies  
7. Parent member of Armed Forces or DOD Civilian/Contractor  
8. Verify Skyalert Information  
**9. Final Registration Instructions**  
10. Complete Pre-Registration 2014-2015 School Year

[Previous Step](#) [Next Step](#) [Close and Finish Later](#)

## Step 10 continued:

Final Online Registration Step [◀ Back](#)

Name: [REDACTED] Gender: [REDACTED] Grad Yr/Grade: [REDACTED] Other ID: [REDACTED]

This is an informational screen only. Once you click "Save" on the right, you will be directed back to the registration page. Click the checkbox to complete this step, then click the "Complete Registration" button. This will bring up a summary of your registration. Click "Print" on the right to print this page and bring it with you to registration. This page serves as proof of your registration. After the page has printed click "Complete Online Registration".

Remember you will still need to pay fees and verify residency during the week of July 22nd - July 25th to complete the registration process.

Online payments will open on July 1st. At that time you may login to your family access account and click "Fee Management" on the left-hand side of the screen and click "Make Online Payment".

[Save](#) [Print](#) [Back](#)

**This is informational screen describing what needs to be brought to registration and if you would like to pay any fees online or add money to your student's food service account.**

1. Click Save to finish making your changes.
2. Click the "I have completed this step" before moving on to the next step.

# Screen with everything completed:

Pre-Registration 2014-2015 School Year

School 2014-2015) [Print](#) | [Mark as not completed and make changes](#)

**Step 11. Complete Pre-Registration 2014-2015 School Year**  
By completing Pre-Registration 2014-2015 School Year, you are confirming that the Steps below have been finished.  
Are you sure you want to complete Pre-Registration 2014-2015 School Year for [REDACTED]?

**Review Pre-Registration 2014-2015 School Year Steps**

Step 1) Please Review Your Student Demographic Data	Completed on 05/02/2014 at 3:45 PM
No Requested Changes exist for Step 1.	
Step 2) Verify Ethnicity/Race	Completed on 05/02/2014 at 3:45 PM
No Requested Changes exist for Step 2.	
Step 3) District Acceptable Use Policy	Completed on 05/02/2014 at 3:46 PM
Step 4) Google Applications AUP	Completed on 05/02/2014 at 3:47 PM
Step 5) Health Form	Completed on 05/02/2014 at 3:47 PM
Step 6) Asbestos and Integrated Pest Policies	Completed on 05/02/2014 at 3:47 PM
Step 7) Parent member of Armed Forces or DOD Civilian/Contractor	Completed on 05/02/2014 at 3:47 PM
Step 8) Athletic Participation Permission Form	Completed on 05/02/2014 at 3:47 PM
Step 9) Verify Skylert Information	Completed on 05/02/2014 at 3:48 PM
Step 10) Final Registration Instructions	Completed on 05/02/2014 at 3:48 PM

Guardian Name: [REDACTED] Guardian Address: [REDACTED]

1. Please Review Your Student Demographic Data  
✓ Completed 05/02/14 3:45 PM

a. Student Information

b. Family Information

c. Emergency Information

d. Emergency Contacts

2. Verify Ethnicity/Race  
✓ Completed 05/02/14 3:45 PM

3. District Acceptable Use Policy  
✓ Completed 05/02/14 3:46 PM

4. Google Applications AUP  
✓ Completed 05/02/14 3:47 PM

5. Health Form  
✓ Completed 05/02/14 3:47 PM

6. Asbestos and Integrated Pest Policies  
✓ Completed 05/02/14 3:47 PM

7. Parent member of Armed Forces or DOD Civilian/Contractor  
✓ Completed 05/02/14 3:47 PM

8. Athletic Participation Permission Form  
✓ Completed 05/02/14 3:47 PM

9. Verify Skylert Information  
✓ Completed 05/02/14 3:48 PM

10. Final Registration Instructions  
✓ Completed 05/02/14 3:48 PM

11. Complete Pre-Registration 2014-2015 School Year

[Previous Step](#) [Next Step](#)

Click the Print link at the top of this page and bring with during the proof of residency check.

## **Final Step:**

**Click Fee management on the left to pay Registration Fees, Course fees, Activity card fees, etc.**