# SIS: Online Registration Stepper for Parents <u>Table of Contents</u>

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## Before You Begin: Is OLR Right for You?

Parents or Legal Guardians can register K-12 students for the current and upcoming school year by submitting applications and documentation using the Online Registration tool.

Whether you are new to the School District of Philadelphia (**SDP**) and registering your child for the first time or your child for kindergarten, you'll need to start the process here.

Let's review a few clarifying questions to see if Online Registration is the appropriate pathway for you to register your child.

Is your child . . .

| moving from pre-kindergarten to kindergarten?                            | applying outside of a neighborhood school? <sup>1</sup>   |
|--|---|
| a new or returning K-12 student NOT currently enrolled in an SDP school? | applying to a charter school? <sup>2</sup><br>currently enrolled in an SDP school? <sup>3</sup> |
| <b>Yes!</b> Continue to Online Registration.                             | <b>No</b> . Check out the notes below for further information.                                  |

If Online Registration does not work for you:

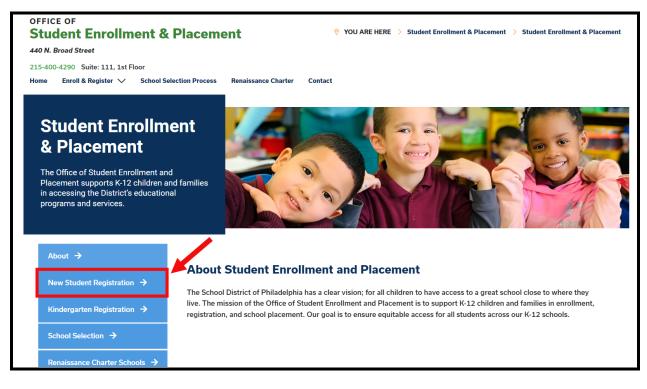
<sup>1</sup> Visit <u>Student Enrollment & Placement</u> website for more information on or information on applying outside of a neighborhood school.

<sup>2</sup> Visit the <u>Charter School Office</u> homepage for more information on charter school applications. <sup>3</sup> Contact your neighborhood school to update your demographic and household information.

Registering your child online involves four unique sections and takes an average of 45 minutes to complete. This process requires uploading documentation.

#### **Navigation**

1. Parents and guardians can access the Online Registration tool by visiting the Office of Student Enrollment and Placement's website (<u>philasd.org/studentplacement</u>). Click the blue button labeled *New Student Registration*.



2. The New Student Registration page includes multiple resources for parents and guardians who are preparing to register their student for the upcoming school year, including descriptions of required documents and instructional guidance on how to register your child online. Review these materials. To begin the Online Registration process for your child, click the green Online Registration (OLR) link:

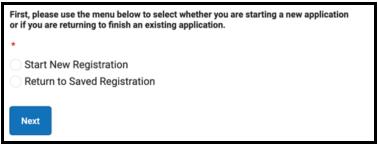
| About 🗲                                | New Student Registration  |
|--|---|
| New Student Registration $\rightarrow$ | Registration is for students of all grades (K-12) entering the District for the first time and/or are coming to the District from   |
| Kindergarten Registration →            | a different school district.  |
|  | The School District of Philadelphia offer two ways to register their children in school:  |
| School Selection $\rightarrow$         | • Option 1:   |
| Renaissance Charter Schools →          | Register using the Online Registration (OLR). The OLR allows families to complete the enrollment process <b>online</b> , from wherever they have <b>access to the internet</b> . Before starting this process, we encourage families to follow all instructions (see below!) carefully and have all of the proper documents in electronic format. |
| Resources & FAQs →                     | • Option 2:<br>Register using the paper application at the school connecting to the home address (their "catchment" school). Families   |
| Contact Us 🔶                           | are encouraged to first, contact their catchment school to see if an appointment is necessary. You must bring the<br>required enrollment documents when registering your child in-person (see Step 2 below: proof of child's age,<br>immunization record, and two proofs of address).   |

#### Creating a New Online Registration

1. The *Online Registration Welcome Screen* will load. At the top of the screen, click on your preferred language to access translated versions of the application. The default language is English.



2. To begin a new application, click the button to the left of the statement that reads *Start New Registration* to select that option. Then, click *Next*. (For guidance on editing an existing application, see <u>Returning to an Application</u>).



3. Select the school year you wish to register for. Then, click Next.

| <ul> <li>Please indicate below the school year you would like to register for:</li> <li>Current School Year: September 2023 to June 2024 ("23-24")</li> <li>Next School Year: August 2024 to June 2025 ("24-25")</li> </ul> |
|---|
| *   |
| O 23-24   |
| O 24-25   |
| Next  |

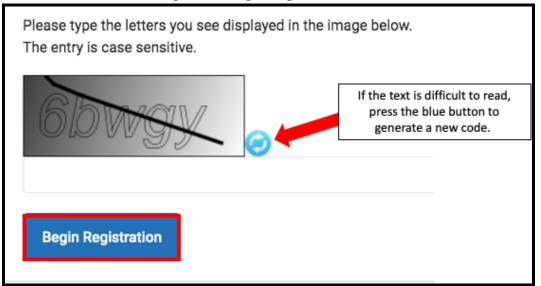
4. Review the guidance included on this page regarding required documents, and saving your credentials to access your application at a later time. Ensure you will have the ability to attach the required documents to your Online Registration application. Then, scroll down to begin entering Parent or Legal Guardian information to start your application.

| Please be advised that the Online Registration system requires that you have the ability to upload the following items. You can begin the online registration process and save a partial application.   |
|---|
| However, you will not be able to complete the application if you do not have the ability to upload all of the required documents:   |
| <ul> <li>Proof of your child's age</li> <li>Two (2) documents showing proof of your address.</li> <li>Immunization records ("shots")</li> </ul>   |
| If you cannot complete the entire application at this time, the following information will be required to re-access this application:   |
| <ul> <li>Parent or Legal Guardian First and Last Name</li> <li>Parent or Legal Guardian Date of Birth</li> <li>Application Number (provided after you clock the 'Begin Registration' button)</li> </ul> |

5. Enter your first and last name, your date of birth, and your email address. Enter your email address to receive critical updates on the status of your application. Use the drop down menu to indicate whether or not there are any students in your household who are currently enrolled in District school by selecting either Yes or No.

| Please enter your information below to begin your registration or complete an existing registration:  |  |
|---|--|
| Note: The below information should be filled out by the parent or legal guardian.   |  |
| 23-24   |  |
| Parent or Legal Guardian First Name *   |  |
|   |  |
| Parent or Legal Guardian Last Name *  |  |
| Parent or Legal Guardian Date of Birth (MM/DD/YYYY) *   |  |
| month/day/year  |  |
| Parent or Legal Guardian Email Address  |  |
| user@example.com  |  |
| Does your child have siblings currently enrolled at SDP?<br>Please select 'Yes' in the dropdown if there are any students in your household who are currently enrolled<br>in a Philadelphia District school. They will need to be listed in the 'School-Age Sibling' section of the<br>application.<br>If there are no siblings, please select 'No'.<br>* |  |

6. Find the CAPTCHA at the bottom of the page, enter the sequence of letters and numbers in the field beneath the image. Click *Begin Registration*.



 Your application number will display. Please write this down as you will need it to get back into the Online Registration System if for any reason you need to exit the process. Click *Confirm*.

| Your application number is:  |
|--|
| 73068  |
|  |
| Please write this number down!   |
| This number is required to log back in to the Online Registration process. |
| Confirm  |

**NOTE:** The application number is used to track online registrations across the District, and does not reflect the number of online registrations at a specific school. You will need this number in order to access your application in the future.

8. A new window will open asking you to confirm that you are either the parent/guardian entered on the previous screen, or an authorized user of this account, and that the data you are providing is accurate and true to the best of your knowledge. Provide your e-signature. Enter your name in the text entry field, and then use your mouse to create an electronic signature by signing on the line below. Then, click *Submit*.

| Welcome Sample Parent! Please type in your first and last name in the box below.   |
|--|
| By typing your name into the box above you attest that you are the person<br>authenticated in this application or an authorized user of this account, and the data you<br>are entering/verifying is accurate and true to the best of your knowledge. |
| Sample Parent *  |
| Please sign on the line below.   |
| Sample Parent  |
| Submit   |

9. The application will open, starting with the *Student(s) Primary Household* tab.

6

### Adding Primary Household Information

The term "Primary Household" refers to where your child lives most of the time. If your child also spends time living in another household, you will have the opportunity to provide that information in the Parent/Guardian section of the application.

 Enter the phone number you wish to assign to your child's primary household. Students can only have one primary household, but can have multiple secondary households. You will enter secondary household information later, if needed. After entering the number, set your contact preferences for this number to customize how you will receive messages from the District. Check the boxes for Text(SMS) if you wish to receive text messages. Do not check the Private check box. Click Next.

|                                 |                              |                       | 9                       | Contact Preferences  |                  |                  |               |             |
|---------------------------------|------------------------------|-----------------------|-------------------------|----------------------|------------------|------------------|---------------|-------------|
| rimary Home Phone               |                              | Emergency             | High Priority           | Attendance           | Behavior         | General          | Teacher       | Private     |
| 111 ) 111 - 1111 *              | Voice                        | <ul><li>✓</li></ul>   | <                       | <ul><li>✓</li></ul>  | ✓                | <b>~</b>         | ✓             |             |
|                                 | Text(SMS)                    |                       |                         |                      |                  |                  |               |             |
| ontact Preferences              |                              |                       |                         |                      |                  |                  |               |             |
| mergency: Check this box to r   | eceive emergency message     | es at this contact.   |                         |                      |                  |                  |               |             |
| igh Priority: Check this box to | receive High Priority Notifi | cations at this conta | ct.                     |                      |                  |                  |               |             |
| ttendance: Check this box to    | receive attendance messag    | es at this contact.   |                         |                      |                  |                  |               |             |
| ehavior: Check this box to rec  | eive behavior messages at    | this contact.         |                         |                      |                  |                  |               |             |
| eneral: Check this box to rece  | ive general school message   | s (from the district) | at this contact.        |                      |                  |                  |               |             |
| eacher: Check this box to rece  | ive grade and assignment r   | nessages from teach   | ners at this contact.   |                      |                  |                  |               |             |
| rivate: Check this box to mark  | this number as private.WA    | RNING: Checking t     | his box will prevent yo | u from receiving any | messages at this | s contact, inclu | ding emergenc | y messages. |
| Treate. Check this box to mark  |                              |                       |                         |                      |                  |                  |               |             |
| Trate. Check this box to mark   |                              |                       |                         |                      |                  |                  |               |             |

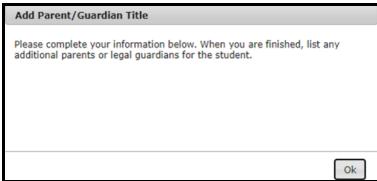
 Enter your home address by entering the *House Number*. Select the *Direction* (North, Northwest, South, Southwest, etc.) from the drop-down menu, if applicable. Enter the *Street*. If your address exists in the system, it will appear in the green box. Click your address, and the rest of the fields will be automatically populated. Click *Save/Continue*.

| ▼ Home Address  |
|---|
| Please enter the student's home address below.  |
| As you fill in the address, the system will automatically populate a list of valid addresses. Please select the correct address from this list.   |
| If the address does not appear in the list, email the Office of Student Enrollment and Placement at <u>osep@philasd.org</u> .<br>Please title the email "OLR: Missing Address" and include the primary home address and application number.<br>In three (3) business days, we will notify you when the address is added to our system. You may then continue the registration<br>process. |
| For example, 440 N Broad St, Philadelphia, PA 19130 would be entered as:<br><u>House Number</u> : 440<br><u>Direction</u> : N<br><u>Street</u> : Broad<br><u>Tag</u> : St<br>etc.   |
| House Number     Direction     Street     Tag (st., Blvd., etc.)     Apartment       440     *     N     >     Broad     *  |
| City State Zip Ext. County  |
| Clear Address Fields  |
| Click on your address if it appears in the box.   |
| 440 N Broad St, Philadelphia, PA 19130 4015 Philadelphia  |
| 4401 N Broad St, Philadelphia, PA 19140 1932 Philadelphia   |
| 440A N Broad St Apt. A, Clayton, NJ 08312 1102 Gloucester   |
| You must select an address from the list above.   |
| Your address as entered above:  |
| 440 N Broad   |
| Previous  |

### Adding Parents and Guardians

Here you will provide demographic and contact information for parents/guardians of this student. Multiple parents/guardians can be included on the application, but each must be added individually. You will first be prompted to provide information about the parent/guardian used to create the application account before adding additional parents/guardians.

1. A popup will appear to inform you that you are about to enter Parent/Guardian information. Click **OK**.



2. Enter the appropriate information for each of your child's parents/guardians. If the parent/guardian lives in the address listed as the student's Primary Household, ensure the checkbox above the address is checked. Click *Next*.

**NOTE:** If a parent/guardian is entered who does not live at the address listed, uncheck the box. You will then have the chance to add an address for this parent/guardian, which is designated as a Secondary Household.

| ographics   |  |  |
|---|--|--|
| Enter the parent/legal guardian information below.            |  |  |
| First Name:   | mple *   |  |
| Middle Name:  |  |  |
| Last Name:  | rent *   |  |
| Suffix:   | ~  |  |
| Date of Birth:  |  |  |
| Gender:   | male 🗸 *   |  |
| Parent/Legal Guardian's<br>Military Status ( <i>if any</i> ): | ~  |  |
|   | iancipated or unaccompanied minor.<br>son lives at the address listed below.<br>440 N Broad St<br>Philadelphia, PA 19130 |  |

3. Enter contact information for the parent/guardian. Indicate your Contact Preferences by checking the appropriate boxes on the right side of the screen. Read the descriptions of each preference. DO NOT check the box under the Private checkbox. Please note that at least one phone number is required to be entered on this screen. Check the boxes for Text(SMS) if you wish to receive text messages. Enter the parent/guardian's Preferred Contact Language. Click Save/Continue.

| ▼ Parent/Legal Guardian Contact Information   |             |           |                  |              |            |         |          |         |
|---|-------------|-----------|------------------|--------------|------------|---------|----------|---------|
| Note: At least <b>one</b> phone number is required.*  |             |           |                  |              |            |         |          |         |
| Enter the <u>parent/legal guardian's</u> contact information and check the boxes for your preferred type(s) of communication from the District.   |             |           |                  |              |            |         |          |         |
|   |             |           | Con              | tact Prefere | ences      |         |          |         |
|   |             | Emergency | High<br>Priority | Attendance   | e Behavior | General | Teacher  | Private |
| Primary Phone: * (111 ) 111 - 1111  | Voice       |           |                  |              | ✓          | <       | <b>~</b> |         |
|   | Text        |           |                  |              |            |         |          |         |
| Work Phone: ( ) - x   | (SMS)       |           |                  |              |            |         |          |         |
| Other Phone: ( ) x  |             |           |                  |              |            |         |          |         |
| Email: * parent@email.com   |             |           | ✓                | <            | ✓          | ✓       | ✓        |         |
| or  |             |           |                  |              |            |         |          |         |
| Has No Email:   |             |           |                  |              |            |         |          |         |
| Secondary Email:  |             |           |                  |              |            |         |          |         |
| Preferred Contact Language: 🗸 👻 *   |             |           |                  |              |            |         |          |         |
| Description of Contact Preferences<br>Emergency: Check this box to receive emergency notifications at this contact.<br>High Priority: Check this box to receive high priority notifications at this contact.<br>Attendance: Check this box to receive attendance notifications at this contact.<br>Behavior: Check this box to receive behavior messages at this contact.<br>General: Check this box to receive general school notifications from the District at this contact.<br>Teacher: Check this box to receive grade and assignment notifications from teachers at this contact. |             |           |                  |              |            |         |          |         |
| Private: Check this box to mark this number as private.   |             |           |                  |              |            |         |          |         |
| WARNING: Checking this box will prevent you from receiving any notifications at this contact, including emergency n    Previous   | notificatio | ons.      |                  |              |            |         |          |         |
| Cancel Save/Continue  |             |           |                  |              |            |         |          |         |

4. If all required information has been entered, there will be a green check in the *Completed* column next to the parent/guardian's name. If the row appears highlighted in yellow, that means some required information is missing. Click on the name to edit. To add another parent or guardian in the system, click *Add New Parent/Guardian*, and repeat the preceding steps. When all the parents/guardians included in your application appear with a green check, click *Save/Continue*.

| ✓ Student(s) Pr | imary Household                                      | ▼ Parent/Le  | gal Guardian            | Student Contact       |
|-----------------|--|--------------|-------------------------|-----------------------|
| Parent/Lega     | al Guardian—   |              |                         |                       |
| Estimated C     | ompletion Tim  | e: 5 Minutes | 5                       |                       |
| First Name      | Last Name  | Gender       | Completed               |                       |
| Sample          | Parent   | F            | 1                       | Edit/Review           |
|                 |  |              |                         |                       |
| · · · ·         | ary parents or legal gua<br>s that person is missing |              | n. Select the hiahliaht | nted row to continue. |
|                 | t person is completed.                               |              | 5 5                     |                       |
|                 |  |              |                         |                       |
| Add New Parent, | /Legal Guardian                                      |              |                         |                       |
| Back Sav        | ve/Continue  |              |                         |                       |

## Adding Emergency Contacts

An emergency contact is a person who should be contacted in case of an emergency if the parents/guardians cannot be reached. When completing this section, you do not need to re-enter any parents or guardians who were entered in the previous screens. These entries are in addition to parents/guardians in terms of emergency contact priority. At least one emergency contact must be identified, and applications can include up to four emergency contacts.

1. The *Emergency Contact* screen will load. *Click Add New Emergency Contact*. A popup will inform you that you are about to enter Emergency Contact information. Click *OK*.

| - In an Emergency, if a parent or legal guardian cannot be contacted, one of the emergency contacts listed here will be called.                                   | irst Name              | Last Name       | Gender                               | Completed |
|---|------------------------|-----------------|--------------------------------------|-----------|
| - In an Emergency, if a parent or legal guardian cannot be contacted, one of the emergency contacts listed here will be called.                                   | in st manne            | Last Hame       | Gender                               | completed |
| oper identification will be required before a student is released to emergency contacts.  |                        |                 | to emergency contacts.               |           |
|   |                        |                 | alast the highlighted saw to conti   |           |
| t least one (1) emergency contact is required.  |                        |                 | select the highlighted row to contin | nue.      |
| At least one (1) emergency contact is required.<br><b>rellow</b> - Indicates that person is missing required information. Select the highlighted row to continue. | - Indicates that perso | n is completed. |                                      |           |
| t least one (1) emergency contact is required.  |                        |                 |                                      |           |

2. Enter the Demographic information for your child's emergency contact.

| Student(s) Primary Househo<br>Contact Name: Sample Cont   |  | al Guardian | ▼Emergency Contact | Student | Completed |  |  |  |  |  |
|---|--|-------------|--------------------|---------|-----------|--|--|--|--|--|
| Demographics  | Contact Name: Sample Contact  P Demographics |             |                    |         |           |  |  |  |  |  |
| Please complete the following i<br>Persons listed as Emergency C<br>if the Parent or Legal Guardian | ontacts will be contacted in                 |             |                    |         |           |  |  |  |  |  |
| First Name:   | Sample                                       | *           |                    |         |           |  |  |  |  |  |
| Middle Name:<br>Last Name:  | Contact                                      | *           |                    |         |           |  |  |  |  |  |
| Suffix:   | ~  |             |                    |         |           |  |  |  |  |  |
| Gender:   | Male 🗸 *                                     |             |                    |         |           |  |  |  |  |  |
|   |  |             |                    |         |           |  |  |  |  |  |
| Next ►  |  |             |                    |         |           |  |  |  |  |  |

3. Enter the person's contact information. At least one phone number is required. Click *Save/Continue.* 

| Student(s) Primary Household     Parent/Legal Guardian     Emergency Contact     Student     Completed              |  |
|---|--|
| Contact Name: Sample Contact  |  |
| Demographics  |  |
| ▼ Emergency Contact Information   |  |
| Enter the following information for this emergency contact.<br>Note: At least <b>one</b> phone number is required.* |  |
| Home Phone: (444) 444 - 4444<br>Cell Phone: () - X<br>Work Phone: () - X<br>Email: scontact@email.com               |  |
| Previous  Cancel Save/Continue  |  |

- 4. The *Emergency Contact* screen will refresh.
  - a. If all required information has been entered, there will be a green check in the *Completed* column next to the emergency contact's name.
  - b. If the row appears highlighted in yellow, that means some required information is missing. Click on the name to edit the contact.
  - c. To add another emergency contact, click *Add New Emergency Contact*, and repeat the preceding steps. When all the Emergency Contacts included in your application appear with a green check box, click *Save/Continue*.

| Student(s) Prim                        | ary Household             | 🗸 Parent/Lega       | al Guardian              | Emergency Contact            | Studer    | t Completed |
|--|---------------------------|---------------------|--------------------------|------------------------------|-----------|-------------|
| _ Emergency C                          | ontact                    |                     |                          |                              |           |             |
| Estimated Con                          | npletion Time:            | 5 Minutes           |                          |                              |           |             |
| First Name                             | Last Name                 | Gender              | Completed                |                              |           |             |
| Sample                                 | Contact                   | М                   | 1                        | Edit/Review                  |           |             |
|  |                           |                     |                          |                              |           |             |
| l - In an Emergency notified.          | , if a parent or legal gu | ardian cannot be co | ontacted, one of the em  | ergency contacts listed here | e will be |             |
| Proper identification v                | vill be required before a | student is released | d to emergency contact   | 5.                           |           |             |
| At least one (1) emer                  | gency contact is require  | ed.                 |                          |                              |           |             |
| Yellow - Indicates th                  | at person is missing rea  | quired information. | Select the highlighted r | ow to continue.              |           |             |
| <ul> <li>Indicates that per</li> </ul> | rson is completed.        |                     |                          |                              |           |             |
| The maximum numbe                      | er of emergency contact   | is is 4             |                          |                              |           |             |
|  |                           |                     |                          |                              |           |             |
| Add New Emergence                      | y Contact                 |                     |                          |                              |           |             |
| Back Save/C                            | Continue                  |                     |                          |                              |           |             |

## Adding Student Information

In this section, you will enter important information for the student you are registering. **Remember, only one student can be included per application.** When completing this section you will be asked to upload supporting documentation for your student in order to complete the registration process. Additional information regarding required documents for registration can be found by visiting the Office of Student Enrollment and Placement's website (https://www.philasd.org/studentplacement/registration/).

 Read the warning and note that the District's policy for online registration is **one student** per application. Separate applications must be submitted for each school-aged child you wish to register. Applications with more than one child will be denied and must be resubmitted correctly. Click Add New Student to proceed.

| ✓ Student(s) P                        | rimary Household  | ✓ Parent/Gua          | ardian V Em              | ergency Contact  | ▼ Student | Completed                          |  |  |  |  |
|---------------------------------------|---|-----------------------|--------------------------|------------------|-----------|------------------------------------|--|--|--|--|
| Student                               |   |                       |                          |                  |           |                                    |  |  |  |  |
| Estimated Completion Time: 30 Minutes |   |                       |                          |                  |           |                                    |  |  |  |  |
| First Name                            | Last Name   | Gender S              | chool                    | Co               | mpleted   |                                    |  |  |  |  |
|                                       |   |                       |                          |                  |           |                                    |  |  |  |  |
| WARNING                               |   |                       |                          |                  |           |                                    |  |  |  |  |
|                                       | stration application can o<br>Iditional students, pleas |                       |                          |                  |           | 1) student will be <b>DENIED</b> . |  |  |  |  |
| - /                                   | ent has school-aged sibl                                |                       |                          |                  |           |                                    |  |  |  |  |
|                                       | -   |                       | -                        |                  |           | complete the application.          |  |  |  |  |
| Yellow - Indicate                     | es that person is missing                               | required information. | . Select the highlighted | row to continue. |           |                                    |  |  |  |  |
| <ul> <li>Indicates that</li> </ul>    | t person is completed.                                  |                       |                          |                  |           |                                    |  |  |  |  |
| Add New Studer                        | nt  |                       |                          |                  |           |                                    |  |  |  |  |
| Back                                  |   |                       |                          |                  |           |                                    |  |  |  |  |

2. The *Demographics* section will appear, which contains important policy information pertaining to name and gender identification. Review this information carefully.

| Student Name: Tracy Ross   |  |
|--|--|
| * Demographics   |  |
| Please enter your student's information below. The student's name should be entered exactly as it appears on the birth certificate. If your student has two last names, please enter both in the Last Name field.  |  |
| Preferred Identifiers (Policy 252): Students who wish to identify using a different preferred name and/or gender can communicate their preference to the Office of Student Rights and Responsibilities after registering with their legal information. Click here to fill out the preferred name/gender update form. |  |
| For further resources and support, visit the Office of Student Rights and Responsibilities website.  |  |

- 3. Enter all required student demographic information in the following fields, as well as any other information that may be relevant for the student. The system will list the neighborhood school where your application will be submitted on this screen, based on the address you provided earlier and the grade level indicated in this section. Click *Next*.
  - **a.** If no neighborhood school is displayed, please continue with the online registration. The Office of Student Enrollment and Placement will contact you about your child's school assignment.

| Legal First Name:  | Tracy | * Gender:                  | Female 🗸 *    |                     |     | Enrollment Grade: 01            | × * |  |  |
|--|-------|----------------------------|---------------|---------------------|-----|---------------------------------|-----|--|--|
| Legal Middle Name:   |       | Date of Birth:             | 05/26/2017    | <b>ت</b> *          |     |                                 | -   |  |  |
| Legal Last Name:   | Ross  | * Date Entered U.S.:       |               | ā                   |     |                                 |     |  |  |
| Suffix:  | ~     | Country of Birth:          | United States |                     | × * |                                 |     |  |  |
| Assigned school is: Jenks Academy A & S ES School Assignment Information The student's neighborhood school will be automatically assigned based on the listed primary home address. If <u>no neighborhood school is found</u> , please continue this registration. The Office of Student Enrollment and Placement will contact you about your student's school assignment. |       |                            |               |                     |     |                                 |     |  |  |
| Next >   |       | ter songes with be conduct |               | a abcuss un plucent |     | in the Kensington High Schools. |     |  |  |

4. Enter your child's Race/Ethnicity information. Select *Yes* or *No* from the drop-down menu to indicate whether or not your student is Hispanic/Latino. Then, check any and all of the checkboxes which apply. Click *Next*.

| ▼ Race/Ethnicity  |
|---|
| Hispanic/Latino? No 🗸 *   |
| *Please check all that apply.   |
| Note: If the <u>Hispanic/Latino</u> section was marked No, at least one (1) of the below options is required. |
| American Indian or Alaska Native  |
| Asian   |
| ✓ Black or African American   |
| Native Hawaiian or Other Pacific Islander   |
| ✓ White   |
|   |
| Previous     Next   |

**NOTE:** If you selected *No* from the Hispanic/Latino drop down menu, you are required to check at least one option from the list.

5. Indicate your housing status by clicking the appropriate checkbox. Click *Next*.

| ▼ Ho | ousing   |
|------|--|
| I    | n this next section, please share information about your current housing.  |
| e    | n some instances, you may be entitled to supports and services under the federal McKinney-Vento Act which supports the enrollment and<br>ducation of students who may be experiencing housing challenges. The School District can help connect you to these services if you<br>ualify. |
| ^    | lote: This information is confidential and will not impact your registration application.  |
| (    | Rent   |
|      | ✓ Own  |
| (    | Living with family/others  |
| (    | Living with family/others due to hardship  |
| (    | Child in the custody of a child welfare agency   |
| (    | Living in hotel/motel due to hardship  |
| (    | Child NOT living with their parent/legal guardian (known as "unaccompanied youth")   |
| (    | Living in shelter or transitional housing  |
| (    | Other homeless situation   |
|      |  |
|      | Previous     Next  |

6. Identify the relationship each parent/guardian has to the student by selecting the appropriate option from the *Relationship* drop-down menu.

| ▼ Relationships - Parent/Guardians   |  |                         |  |  |  |  |  |  |  |
|--|--|-------------------------|--|--|--|--|--|--|--|
| Keeping you updated about your child throug supporting your child's success in school. |  |                         |  |  |  |  |  |  |  |
| For each person listed below, please indicate they prefer to receive communication.    |  |                         |  |  |  |  |  |  |  |
| Also indicate the o  | Also indicate the order that the school shoul        |                         |  |  |  |  |  |  |  |
| Note: At least one (1) person must be marke  |  |                         |  |  |  |  |  |  |  |
| Name   | Relationship*  | Gu                      |  |  |  |  |  |  |  |
| Sample Parent  | <b>∨</b><br>Mother                                   |                         |  |  |  |  |  |  |  |
| Description of Cc  | <u>it</u> Father                                     |                         |  |  |  |  |  |  |  |
| Guardian: Chec   | ir Mother  | his p                   |  |  |  |  |  |  |  |
| Mailing: Checkir   | g Aunt/Uncle   | war                     |  |  |  |  |  |  |  |
| Portal: Checking   | t Family Friend                                      | u to                    |  |  |  |  |  |  |  |
| If you are new to  | tl Foster Parent                                     | ase                     |  |  |  |  |  |  |  |
| Messenger: Che   | C <sup>I</sup> Grandparent <sup>16</sup><br>Guardian | you                     |  |  |  |  |  |  |  |
| Emergency Cor<br>Note: Parent  | d Other  | his r<br><i>Ild s</i> i |  |  |  |  |  |  |  |
| Note: Parent   | Sibling  | na si                   |  |  |  |  |  |  |  |
|  | Social Worker  |                         |  |  |  |  |  |  |  |
|  | Stepparent   |                         |  |  |  |  |  |  |  |

 Contact preferences are indicated by the *Guardian, Mailing, Portal* and *Messenger* checkboxes. These are all checked by default. Assign a number in the *Emergency Contact Order* drop-down menu to indicate the order in which school staff will contact people in the event of an emergency. Click *Next*.

| ▼ Relationships - Pa   | Relationships - Parent/Guardians   |   |  |   |  |   |                         |         |  |
|--|--|---|--|---|--|---|-------------------------|---------|--|
|  | Keeping you updated about your child throughout the school year and in the event of a school emergency is an important part of supporting your child's success in school.          |   |  |   |  |   |                         |         |  |
|  | For each person listed below, please indicate their relationship to the student, whether they are the student's legal guardian, and the ways they prefer to receive communication. |   |  |   |  |   |                         |         |  |
| Also indicate the o  | Also indicate the order that the school should contact each person listed in the event of an emergency.  |   |  |   |  |   |                         |         |  |
| Note: At least one   | Note: At least one (1) person must be marked as "Guardian".*   |   |  |   |  |   |                         |         |  |
| Name<br>Sample Parent  | Relationship*<br>Mother ✓  | Guardian  | Mailing<br>🔽                           | Portal                                  | Messenger  | Emerge  | ency Contact Order*     | or<br>I |  |
| Guardian: Check<br>Mailing: Checkir<br>Portal: Checking<br>If you are new to | ntact Preferences<br>king this box will flag t<br>g this box means you<br>this box will allow yo<br>the parent Portal, ple<br>cking this box means                                 | want to rece<br>u to directly<br>ase <u>create ar</u> | eive inform<br>view child<br>n account | nation v<br>'s inforn<br><b>after</b> y | ia the U.S. Po<br>nation online<br>our child is fu | ostal Service<br>via the pare<br>Illy enrolled. | ent Portal.             | em.     |  |
|  | tact Order: Setting t<br>s/legal guardians shou  |   |  |   | order in whic                                      | h emergenc                                      | cy contact(s) are notif | ied.    |  |
|  |  |   |  |   |  |   |                         |         |  |
|  |  |   |  |   |  |   |                         |         |  |
| Previous   | lext 🕨   |   |  |   |  |   |                         |         |  |

8. Indicate the relationship each emergency contact has to the student by selecting the appropriate option from the *Relationship* drop-down menu, then select a priority number from the *Emergency Contact Order* drop-down. Click **Next.** 

| <ul> <li>Relationships - Emergen</li> </ul> | cy Contacts   |  |           |  |  |
|---|---|--|-----------|--|--|
| Please enter the relations                  | Please enter the relationship to the student of each contact listed below as well as the emergency contact order. |  |           |  |  |
| In the event of an emerge                   | In the event of an emergency, the school will use this order to notify emergency contacts.                        |  |           |  |  |
| A minimum of 1 emergen                      | cy contact is required.*  |  |           |  |  |
| Name<br>Sample Contact                      | Relationship* Aunt/Uncle  | Emergency Contact Order*                                   | or<br>I 🗌 |  |  |
| Description of Contact Pr                   | eferences   |  |           |  |  |
|   | der: Setting this number will determine<br>guardians should start with a sequence o                               | the order in which emergency contact(s) are no <i>f 1.</i> | tified.   |  |  |
| Previous     Next                           |   |  |           |  |  |

9. Provide information regarding student services and educational history for your child by selecting *Yes* or *No* in all the required drop-downs in this section, then click *Next*.

| lease complete the section below so we can access your child's prior educational records as needed.   |                  |          |
|---|------------------|----------|
| lote: Enrollment is not contingent nor affected by providing special education documentation.   |                  |          |
| Did your student attend pre-kindergarten?   | No 🗸 *           |          |
| Did your student attend kindergarten?   | No 🗸 *           |          |
| Type of school last attended:   |                  | <b>v</b> |
| Name of school last attended:   |                  |          |
| City of school last attended:   |                  |          |
| If yes, what state did your student receive special education services in<br>Does your student have a current Individualized Education Plan ("IEP");<br>Does your student have a current evaluation report?<br>Current Evaluation Report Date:<br>Was your student ever enrolled in an Early Intervention Program ("EIP")<br><i>Click here for more information on EIPs</i> .<br>Does your student have a current 504 plan; | No v *<br>No v * | Č        |
| Has your student previously received gifted or talented services?   |                  |          |

10. Respond to the questions regarding your child's medical information. Complete all required fields. Continue by scrolling down to ensure you complete all sections.

| Each school in our District has an assigned nurse to help support your child's medical needs.<br>Please take a moment to provide the medical information requested below.<br>Tote: Enrollment is not contingent nor affected by providing medical information.<br>Name of Child's Doctor/Clinic:<br>Doctor/Clinic Phone Number:<br>Medical Insurance<br>Insurance Company Name:<br>Insurance Policy Number:<br>No *<br>Does your child ware a hearing aid?<br>No *<br>Does your child ware a thearing aid?<br>No *<br>Does your child have asthma?<br>No *<br>Does your child have any mellergies?<br>No *<br>Does your child have any allergies?<br>No *<br>Does your child have any mellergies?<br>No *  | ▼ Medical Information   |  |           |  |  |
|--|---|--|-----------|--|--|
| Note: Enrollment is not contingent nor affected by providing medical information.  | Each school in our District has an assigned nurse to help support your child's medical needs during the school day. The District may also be able to connect you with no/low cost City of Philadelphia resources to further support your child's medical needs. |  |           |  |  |
| Name of Child's Doctor/Clinic:<br>Doctor/Clinic Phone Number:<br>Medical Insurance Company Name:<br>Insurance Company Name:<br>Insurance Policy Number:<br>Does your child wear a hearing ald?<br>Does your child have saltures?<br>No ♥<br>Does your child have saltures?<br>No ♥<br>Does your child have asthma?<br>No ♥<br>Hatention-deficit/hyperactivity disorder ("ADHD")?<br>Does your child have any allergies?<br>No ♥<br>Do you give the school nurse permission<br>to give your child acetaminophen (Tylenol®)?<br>No ♥<br>No | Please take a moment to provide the medical information requested below.  |  |           |  |  |
| Name of Child's Doctor/Clinic:<br>Doctor/Clinic Phone Number:<br>Medical Insurance Company Name:<br>Insurance Company Name:<br>Insurance Policy Number:<br>Does your child wear a hearing ald?<br>Does your child have saltures?<br>No ♥<br>Does your child have saltures?<br>No ♥<br>Does your child have asthma?<br>No ♥<br>Hatention-deficit/hyperactivity disorder ("ADHD")?<br>Does your child have any allergies?<br>No ♥<br>Do you give the school nurse permission<br>to give your child acetaminophen (Tylenol®)?<br>No ♥<br>No |   |  |           |  |  |
| Doctor/Clinic Phone Number:         Medical Insurance:         Insurance Company Name:         Insurance Policy Number:         Does your child wear glasses?         No *         Does your child wear a hearing ald?         No *         Does your child have seizures?         No *         Does your child have alabetes?         No *         Does your child have astarma?         No *         Does your child have and allergies?         No *         Does your child have any allergies?         No *         Does your child acetaminophen (Tylenol®)?         No you give the school nurse permission         No *         Do you give the school nurse permission         No *         Do you give the school nurse permission         No *         Do you give the school nurse permission         No *         Do you give the school nurse permission         No *  | 5 5   |  |           |  |  |
| Doctor/Clinic Phone Number:       Imsurance Company Name:         Insurance Company Name:       Insurance Policy Number:         Does your child wear glasses?       No **         Does your child wear a hearing aid?       No **         Does your child have sizures?       No **         Does your child have albetes?       No **         Does your child have and allegreis?       No **         Does your child have any allegreis?       No **         Doe you give the school nurse permission       No **         Do you give the school nurse permission       No **         Do you give the school nurse permission       No **         Do you give the school nurse permission       No **         Do you give the school nurse permission       No **         To glve your child ibuprofe  |   | Name of Child's Doctor/Clinic:   |           |  |  |
| Medical Insurance:<br>Insurance Company Name:<br>Insurance Policy Number:<br>Does your child wear glasses?<br>No<br>Does your child wear glasses?<br>No<br>Does your child have seizures?<br>No<br>Does your child have diabetes?<br>No<br>Does your child have diabetes?<br>No<br>Does your child have asthma?<br>No<br>Does your child been diagnosed with<br>attention-deficit/hyperactivity disorder ("ADHD")<br>No<br>Does your child have any allergies?<br>No<br>Do you give the school nurse permission<br>to give your child acetaminophen (Tylenol®)?<br>No<br>Do you give the school nurse permission<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No   |   |  |           |  |  |
| Insurance Company Name:<br>Insurance Policy Number:<br>Does your child wear glasses? No v<br>Does your child wear a hearing aid? No v<br>Does your child have seizures? No v<br>Does your child have diabetes? No v<br>Does your child have diabetes? No v<br>Does your child have asthma? No v<br>Has your child been diagnosed with<br>attention-deficit/hyperactivity disorder ("ADHD")? No v<br>Does your child have any allergies? No v<br>Do you give the school nurse permission<br>to give your child ibuprofen (Advil®/Motrin®)?  |   |  |           |  |  |
| Insurance Policy Number:         Does your child wear glasses?       No v*         Does your child have a hearing aid?       No v*         Does your child have diabetes?       No v*         Does your child have diabetes?       No v*         Does your child have diabetes?       No v*         Does your child have astmar?       No v*         Does your child have astmar?       No v*         Does your child have astmar?       No v*         Does your child have any allergies?       No v*         Do you give the school nurse permission       No v*         Do you give the school nurse permission       No v*         Do you give the school nurse permission       No v*         No you give the school nurse permission       No v*   |   | Insurance Company Name:  |           |  |  |
| Does your child wear glasses?       No       *         Does your child wear a hearing aid?       No       *         Does your child have selzures?       No       *         Does your child have dlabetes?       No       *         Does your child have dlabetes?       No       *         Does your child have athma?       No       *         Does your child have athma?       No       *         Does your child have ashma?       No       *         Does your child have any allergies?       No       *         Do you give the school nurse permission to give your child acetaminophen (Tylenol®)?       No       *  |   |  |           |  |  |
| Does your child wear a hearing ald?       No       *         Does your child have seizures?       No       *         Does your child have diabetes?       No       *         Does your child have diabetes?       No       *         Does your child have asthma?       No       *         Has your child been diagnose with<br>attention-deficit/hyperactivity disorder ("ADHD")?       No       *         Does your child have any allergies?       No       *         Do you give the school nurse permission<br>to give your child acetaminophen (Tylenol®)?       No       *  |   |  |           |  |  |
| Does your child wear a hearing ald?       No       *         Does your child have seizures?       No       *         Does your child have dabetes?       No       *         Has your child been diagnosed with<br>attention-deficit/hyperactivity disorder ("ADHD")?       No       *         Does your child have any allergies?       No       *         Do you give the school nurse permission<br>to give your child acetaminophen (Tylenol®)?       No       *         Do you give the school nurse permission<br>to give your child ibuprofen (Advil®/Motrin®)?       No       *  |   |  |           |  |  |
| Does your child have seizures?       No       *         Does your child have dlabetes?       No       *         Does your child have ashma?       No       *         Does your child have any allergies?       No       *         Do you give the school nurse permission to give your child acetaminophen (Tylenol®)?       No       *         Do you give the school nurse permission to give your child ibuprofen (Advil®/Motrin®)?       No       *   |   | Does your child wear glasses?  | ? No 🗸 *  |  |  |
| Does your child have diabetes? No   Does your child have asthma? No   Has your child been diagnosed with<br>attention-deficit/hyperactivity disorder ("ADHD")? No   Does your child have any allergies? No   Do you give the school nurse permission<br>to give your child acetaminophen (Tylenol®)? No   Do you give the school nurse permission<br>to give your child ibuprofen (Advil®/Motrin®)? No   |   | Does your child wear a hearing aid?  | ? No 🗸 *  |  |  |
| Does your child have asthma? No   Has your child been diagnosed with<br>attention-deficit/hyperactivity disorder ("ADHD")? No   Does your child have any allergies? No   Do you give the school nurse permission<br>to give your child acetaminophen (Tylenol®)? No   Do you give the school nurse permission<br>to give your child ibuprofen (Advil®/Motrin®)? No   |   | Does your child have seizures?   | ? No 🗸 *  |  |  |
| Has your child been diagnosed with<br>attention-deficit/hyperactivity disorder ("ADHD")?<br>Does your child have any allergies?<br>No<br>Do you give the school nurse permission<br>to give your child acetaminophen (Tylenol®)?<br>Do you give the school nurse permission<br>to give your child ibuprofen (Advil®/Motrin®)?  |   |  |           |  |  |
| Does your child have any allergies?       No ∨ *         Do you give the school nurse permission<br>to give your child acetaminophen (Tylenol®)?       No ∨ *         Do you give the school nurse permission<br>to give your child ibuprofen (Advil®/Motrin®)?       No ∨ *   |   |  |           |  |  |
| Does your child have any allergies?       No ∨ *         Do you give the school nurse permission<br>to give your child acetaminophen (Tylenol®)?       No ∨ *         Do you give the school nurse permission<br>to give your child ibuprofen (Advil®/Motrin®)?       No ∨ *   |   | Has your child been diagnosed with<br>attention-deficit/hyperactivity disorder ("ADHD")? | h ? No ♥* |  |  |
| to give your child acetaminophen (Tylenol®)?<br>Do you give the school nurse permission<br>to give your child ibuprofen (Advil®/Motrin®)?  |   |  |           |  |  |
| to give your child acetaminophen (Tylenol®)?<br>Do you give the school nurse permission<br>to give your child ibuprofen (Advil®/Motrin®)?  |   |  |           |  |  |
| to give your child acetaminophen (Tylenol®)?<br>Do you give the school nurse permission<br>to give your child ibuprofen (Advil®/Motrin®)?  |   |  |           |  |  |
| Do you give the school nurse permission No V *<br>to give your child ibuprofen (Advil®/Motrin®)?   |   |  |           |  |  |
| to give your child ibuprofen (Advil®/Motrin®)?   |   | to give your child acetaminophen (Tylenor»)?   | 4         |  |  |
|  |   |  |           |  |  |
| Does your child take any medications? No 🗸 *   |   | to give your child ibuprofen (Advil®/Motrin®)?   | ?         |  |  |
| boos your child take any meanadons: NO V   |   | Does your child take any medications?  | 2 No x *  |  |  |
|  |   | Does your child take any medications?  |           |  |  |

11. Indicate whether or not your student takes medication. If you select *No* from the drop down menu, proceed to the next statement. If you select *Yes* from the drop down menu, fields will appear where you will be able to enter medications that your child takes.

| First Medication                      |                         |  |
|---------------------------------------|-------------------------|--|
| Medication Name:                      | Adderall                |  |
| Amount / Dosage:                      | 30 Mg                   |  |
| Frequency / Time:                     | Once Daily              |  |
| Medication Reason                     |                         |  |
| redication reason                     | ADHD                    |  |
| redication reason                     | . ADHD                  |  |
|                                       |                         |  |
| Second Medication<br>Medication Name: | on                      |  |
| Second Medicatio                      | on<br>Albuterol         |  |
| Second Medication<br>Medication Name: | on<br>Albuterol<br>2 Mg |  |

**NOTE**: You will only be able to enter three medications. If your student requires additional medications, contact the school nurse after your student has been enrolled to share additional medication information.

12. Review the statements which follow. The first statement discusses permission for the administration of emergency medical treatment, as well as medications by the school nurse. It also authorizes communication between the school nurse and your child's healthcare provider.

| <ol><li>administration of emergency treatment; a</li></ol> | y SDP school nurses during school hours, field trips, and after school activities;<br>Ind<br>as and your child's healthcare provider regarding your child's care on an "as needed" basis. |
|--|---|
| Emergency Treatment Authorization Signature                | Sample Parent *   |
|  |   |

13. The second statement discusses permission for the use of sunscreen. Type your name into the appropriate Authorization Signature boxes. Then, click **Next.** 

| Sunscreen Statement   |
|---|
| Parents/legal guardians may choose to supply their child with a non-aerosol topical sunscreen approved by the U.S. Food and Drug Administration.  |
| The school may cancel or restrict the possession, application, or use of a non-aerosol topical sunscreen product by a student if any of the following occurs:   |
| <ul> <li>The student fails to comply with school rules concerning the possession, application, or use of the non-aerosol topical sunscreen product.</li> <li>The student shows an unwillingness or inability to safeguard the non-aerosol topical sunscreen product from access by other students.</li> </ul> |
| In the event of a cancellation or restriction, the school shall provide written notice to the parent/legal guardian.  |
| In order for a student to apply sunscreen during school hours, at a school-sponsored activity, or while under the supervision of school personnel, the parent/guardian acknowledges via the Sunscreen Authorization Signature that:   |
| 1. the school is not responsible for ensuring sunscreen is applied by the student; and 2. the student has demonstrated that they are able to self-apply the sunscreen.  |
| Sunscreen Authorization Signature : Sample Parent   |
| Previous     Next   |

14. Indicate which language(s) your child speaks in each of the contexts listed by selecting *Yes* or *No* from the drop down menu. Depending on the responses provided, you may be asked to identify a different language using the drop down menu to document your response to the question. Click *Next*.

| ▼ Language Information  |            |
|---|------------|
| The School District of Philadelphia offers a wide range of language support services for students whose primary spoken langua<br>English.             | ge is not  |
| Completing the information below will help us determine if your child should receive English as a Second Language services to their academic success. | support    |
| Does the <b>family</b> communicate in English most of the time <u>while at home</u> ? No 💙*   |            |
| > What language does the <b>family</b> speak <u>at home</u> most of the time? Spanish <b>*</b> *  |            |
| Does the <b>parent(s)/guardian(s)</b> communicate in English most of the time to the child? No <b>v</b> *   |            |
| > What language does the <b>parent(s)</b> speak <u>to her/his child</u> most of the time? Spanish   | <b>v</b> * |
| Does the <b>child</b> communicate in English most of the time <u>to their parent(s)/guardian(s)</u> ?* No $\checkmark$ *                              |            |
| > What language does the child speak to her/his parents most of the time? Spanish   | ✓ *        |
| Does the <b>child</b> communicate in English most of the time <u>to their siblings</u> ?* Yes <b>&gt;</b> *   |            |
| Does the <b>child</b> communicate in English most of the time <u>to their friends</u> ?* Yes $\checkmark$ *   |            |
| Is English the child's most frequently used language?* Yes $\checkmark$ *   |            |
| Does the <b>child</b> communicate in any language(s) other than English? No $\checkmark$ *  |            |
| Has your child ever received English as a Second Language ("ESL") or English Language Learner ("ELL") services? No 🗸 *                                |            |
| A Previous     Next     ▶   |            |

15. Indicate whether any school-aged siblings live with your child in the Primary Household by selecting *Yes* or *No* from the drop-down menu. If *Yes* is selected, enter information regarding those students. You can identify up to six siblings on an application. Click *Next*.

| School Age Siblings in Same Ho  | isehold  |
|---|--|
| Does the Student have any scho  | I age siblings who are currently living at the address provided?   |
| Please enter information for all sc   | ool age children, ages five and above, who are currently living at the provided address.   |
| <b>Note</b> : This page is not used to re<br>If you need to register any addition | ister any additional students.<br>nal students, please submit this application first, and then complete a new application for each additional student. |
| First Sibling   |  |
| First Name:   | *  |
| Last Name:  | *  |
| First Sibling Date of Birth:  | Q*   |
| Current School:   |  |
| Current Grade:  |  |
| Student ID Number (if available):   |  |
| Second Sibling  |  |
| First Name:   |  |
| Last Name:  |  |
| Second Sibling Date of Birth:   | a  |
| Current School:   |  |
| Current Grade:  |  |
| Student ID Number (if available):   |  |
|   |  |
|   | Do you need to add any additional siblings?  |
|   |  |

16. The Parental Registration Statement section asks questions about your child's disciplinary history. Responses to these questions are required. Then, enter your name to swear or affirm that the information you have provided is correct to the best of your knowledge. Click *Next*.

| ▼ Student Suspension/Expulsion Information (Parental Registration Statement)  |               |
|---|---------------|
| Parental Registration Statement   |               |
| Pennsylvania School Code 13-1304-A states in part:  |               |
| Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration<br>provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or<br>private school of this Commonwealth or any other state for an action of offense involving a weapon, alcohol or drugs, or for the willful infliction<br>of injury to another person or for any act of violence committed on school property. |               |
| Is your child currently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol of drugs, or for the willful infliction of injury to another person, or for any act of violence committed on school property?  | <b>▼</b> *    |
| Was your child previously suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol no drugs, or for the willful infliction of injury to another person, or for any act of violence committed on school property?  | · • *         |
| By typing your name into the box you hereby swear or affirm to the information provided and attest that you make this statement subject to the penalties of 24 P.S. 13-<br>1304-A (b) and 18 Pa. C.S.A 4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge,<br>information and belief.  | mple Parent * |
| Previous     Next   |               |

17. Review the Release of Directory Information statement, then indicate whether or not you want to allow the District to release your child's information by selecting Yes or No from the drop down menu. If you select Yes, more options appear for you to select from. Once your selections have been made, enter your name in the Signature Authorization box. Click Next.

| ▼ Release of Directory Information (FERPA)  |
|---|
| Protecting the confidentiality of your child's educational information is one of our most important responsibilities.   |
| Per the federal Family Educational Rights and Privacy Act (FERPA), the School District of Philadelphia cannot share personal information from your child's education records with others without your written approval, with one exception called "directory information." This information may be disclosed without written consent unless you advise the District otherwise.  |
| Directory information is a limited category of student information that is intended for general use in school publications such as yearbooks, playbills, school newsletters, honor roll or other recognition lists<br>and graduation programs. It may also be made available upon request to qualified outside organizations which include, but are not limited to: scholarship providers, trade/technical schools, and potential<br>employers.   |
| Click here to review the full list of directory information category as well as the District's FERPA Notice of Directory Information.   |
| Directory information will not be provided to commercial enterprises.   |
| If you want to restrict how your child's directory information is used or shared, please indicate so by checking the appropriate box below and typing your name in the signature box authorization your selection.  |
| Do you want to deny or restrict the release of directory information for your studen<br>If so, please select <b>Yes</b> here to indicate which information you would like to restrice<br>Conct of a fully student's directory information at any time.<br>> No information shall be provided for school publications, school activities, trade schools, scholarship providers, or employers.<br>Do <b>not</b> release my student's directory information at any time <u>except</u> for school publications, school activities and to qualified outside organizations.<br>Do <b>not</b> release my student's directory information at any time <u>except</u> for school publications, school activities. |
| Do <b>not</b> release my student's directory information to military recruiters (grades 11-12 only).  |
| PPRA Notice<br>The Protection of Pupil Rights Amendment (PPRA), 20 U.S.C 1232h, allows you to opt your child out of participating in certain school activities. <u>Click here</u> to view the District's PPRA notice.<br>Please type your name in the box authorizing your indicated Release of Directory Information options.  |
| Sample Parent   |

18. The next step is to upload documentation to validate the date of birth of your child, proof of address, and demonstrate up-to-date immunizations in line with District standards for your child's age group. Review the detailed instructions that display on this part of the application.

| Jpload Required Docum   |  | ou submit your student's registration   | without the following require   |
|---|--|---|---------------------------------|
|   | online registration system will not let y  | you submit your student's registration  | without the following requir    |
| 1. Proof of your stu  |  |   |                                 |
|   | nts showing your address<br>imunization) Records. Obtain these from yo   | ur child's physician if you do not have a co  | 201                             |
| 5. Current Shot (In   | indinization ( Records: Obtain these from yo   | or child's physician in you do not have a co  | <i></i>                         |
| Please be advised that t  | here is a file size limit of 10MB. The following spe   | ecial characters cannot be included in document   | names, or they will not upload: |
| .,[]{}()!;"*?   | < > : / \ Tab, LF, CR  |   |                                 |
| Click here for instruction  | s on how to upload documents with an Android   | device.   |                                 |
| Click here for instruction  | on how to upload documents with an iPhone.   |   |                                 |
| Click here for information  | on required Immunizations.   |   |                                 |
| Click here to view our Re   | gistration Guidelines  |   |                                 |
|   |  | and a share with the sector of  | Comments                        |
| If you have any notes   | or comments about the documents you uplo   | dued, please write them here.   | Commence                        |
| Acceptable Proof of   | <u>Age documents are:</u>  |   |                                 |
|   |  |   |                                 |
| <ul> <li>Birth Certificate</li> </ul>   |  |   |                                 |
| <ul> <li>Baptismal Certifi</li> </ul>   | cate   |   | 1                               |
|   | cate   |   |                                 |
| <ul> <li>Baptismal Certifi</li> <li>Valid Passport</li> </ul>   |  |   | 1                               |
| <ul> <li>Baptismal Certifi</li> <li>Valid Passport</li> </ul>   | cate<br>y Documentation includes:  |   | 1                               |
| Baptismal Certifi     Valid Passport  Acceptable Residence  Deed  | y Documentation includes:  |   | 1                               |
| Baptismal Certifi     Valid Passport  Acceptable Residence      Deed     Valid Departmen  | y Documentation includes:  | 1   |                                 |
| Baptismal Certifi     Valid Passport  Acceptable Residence      Deed     Valid Departmer     Valid Governmer  | y Documentation includes:<br>it of Transportation (DOT) identification card<br>it Issued ID with current address   | 1   |                                 |
| Baptismal Certifi     Valid Passport  Acceptable Residence      Deed     Valid Departmen  | y Documentation includes:<br>It of Transportation (DOT) identification card<br>It Issued ID with current address<br>nent sheet   | 1   |                                 |
| Baptismal Certifi     Valid Passport  Acceptable Residence      Deed     Valid Departmer     Valid Governmer     Mortgage settler     Current credit ca     Current utility bi  | y Documentation includes:<br>it of Transportation (DOT) identification card<br>it Issued ID with current address<br>nent sheet<br>ord bill<br>II (gas, electric, cable, telephone)   | 1   |                                 |
| Baptismal Certifi     Valid Passport  Acceptable Residence      Deed     Valid Departmer     Valid Governmer     Mortgage settler     Current credit cc     Current utility bi     Recent vehicle rr  | y Documentation includes:<br>it of Transportation (DOT) identification card<br>it Issued ID with current address<br>nent sheet<br>ard bill<br>II (gas, electric, cable, telephone)<br>gjistration  | 4   |                                 |
| Baptismal Certifi     Valid Passport  Acceptable Residence      Deed     Valid Departmer     Valid Governmer     Mortgage settler     Current credit ca     Current utility bi     Recent vehicle rn     Recent property  | y Documentation includes:<br>it of Transportation (DOT) identification card<br>it Issued ID with current address<br>nent sheet<br>ard bill<br>II (gas, electric, cable, telephone)<br>egistration<br>tax bill  |   |                                 |
| Baptismal Certifi     Valid Passport      Acceptable Residence      Deed     Valid Departmer     Valid Governmer     Mortgage settler     Current credit ca     Current utility bi     Recent vehicle r     Recent property     Voter Registratic   | y Documentation includes:<br>at of Transportation (DOT) identification card<br>to Issued ID with current address<br>nent sheet<br>ard bill<br>Il (gas, electric, cable, telephone)<br>egistration<br>tax bill<br>in Card showing current address   |   |                                 |
| Baptismal Certifi     Valid Passport      Acceptable Residence      Deed     Valid Departmer     Valid Governmer     Mortgage settler     Current utility bi     Recent vehicle rr     Recent vehicle rr     Voter Registratic     Valid driver's lice  | y Documentation includes:<br>it of Transportation (DOT) identification card<br>it Issued ID with current address<br>ment sheet<br>ard bill<br>II (gas, electric, cable, telephone)<br>egistration<br>tax bill<br>on Card showing current address<br>ense or change of address card with your cu  |   |                                 |
| Baptismal Certifi     Valid Passport  Acceptable Residence      Deed     Valid Departmer     Valid Departmer     Valid Governmer     Mortgage settler     Current credit ca     Current utility bi     Recent vehicle rn     Recent property     Voter Registratic     Valid driver's licd     Letter from Soci   | y Documentation includes:<br>at of Transportation (DOT) identification card<br>to Issued ID with current address<br>nent sheet<br>ard bill<br>Il (gas, electric, cable, telephone)<br>egistration<br>tax bill<br>in Card showing current address   | urrent address  |                                 |
| Baptismal Certifi     Valid Passport  Acceptable Residence      Deed     Valid Departmer     Valid Governmer     Mortgage settler     Current credit ca     Current utility bi     Recent vehicle r     Recent property     Voter Registratic     Valid driver's lica     Letter from Soci     IRS Statement c     Letter from Publ   | y Documentation includes:<br>at of Transportation (DOT) identification card<br>t Issued ID with current address<br>ment sheet<br>ard bill<br>II (gas, electric, cable, telephone)<br>egistration<br>tax bill<br>on Card showing current address<br>ense or change of address card with your cu<br>al Security Office with current address<br>or other wage and tax statements (e.g. W2,<br>Ic Assistance Office with current address   | urrent address  |                                 |
| Baptismal Certifi     Valid Passport  Acceptable Residence      Deed     Valid Departmer     Valid Departmer     Valid Governmer     Mortgage settler     Current credit ca     Current utility bi     Recent vehicle m     Recent property     Voter Registratic     Valid driver's licd     Letter from Soci     IRS Statement c     Letter from Publ     Recent Employe  | y Documentation includes:<br>It of Transportation (DOT) identification cards<br>that Issued ID with current address<br>ment sheet<br>and bill<br>II (gas, electric, cable, telephone)<br>gistration<br>tax bill<br>in Card showing current address<br>ense or change of address card with your cu<br>al Security Office with current address<br>ir other wage and tax statements (e.g. W2,<br>Ic Assistance Office with current address<br>r Pay Stub showing current address  | urrent address<br>1040, 1099)   |                                 |
| Baptismal Certifi     Valid Passport      Acceptable Residence      Deed     Valid Departmer     Valid Governmer     Mortgage settler     Current credit ca     Current utility bi     Recent vehicle rr     Recent property     Voter Registratic     Valid driver's licc     Letter from Soci     Letter from Publ     Recent Employee     Original lease wi  | y Documentation includes:<br>at of Transportation (DOT) identification cards<br>that Issued ID with current address<br>nent sheet<br>ird bill<br>II (gas, electric, cable, telephone)<br>egistration<br>tax bill<br>in Card showing current address<br>ense or change of address card with your cu-<br>al Security Office with current address<br>r other wage and tax statements (e.g. W2,<br>ic Assistance Office with current address<br>r Pay Stub showing current address<br>r Pay Stub showing current address<br>th names(s) of parents/legal guardians and       | urrent address<br>1040, 1099)<br>I children   | ave of settlement               |
| Baptismal Certifi     Valid Passport      Acceptable Residence      Deed     Valid Departmer     Valid Governmer     Valid Governmer     Current credit ca     Current credit ca     Current utility bi     Recent vehicle ri     Recent property     Voter Registratic     Valid driver's lica     Letter from Soci     IRS Statement ca     Letter from Publ     Recent Employee     Original lease wi     Signed property                | y Documentation includes:<br>at of Transportation (DOT) identification card<br>t Issued ID with current address<br>nent sheet<br>ard bill<br>II (gas, electric, cable, telephone)<br>egistration<br>tax bill<br>in Card showing current address<br>ense or change of address card with your cu<br>al Security Office with current address<br>ense or change of at as statements (e.g. W2,<br>ic Assistance Office with current address<br>r Pay Stub showing current address<br>th names(s) of parents/legal guardians and<br>sales agreement, followed by original copy | irrent address<br>1040, 1099)<br>I children<br>of settlement papers within 45 calendar d  |                                 |
| Baptismal Certifi     Valid Passport  Acceptable Residence      Deed     Valid Departmer     Valid Departmer     Valid Governmer     Mortgage settler     Current credit ca     Current utility bi     Recent vehicle rn     Recent property     Voter Registratic     Valid driver's licd     Letter from Soci     IRS Statement c     Letter from Publ     Recent Employe     Original lease wi     Signed property     Foster care/child | y Documentation includes:<br>at of Transportation (DOT) identification cards<br>that Issued ID with current address<br>nent sheet<br>ird bill<br>II (gas, electric, cable, telephone)<br>egistration<br>tax bill<br>in Card showing current address<br>ense or change of address card with your cu-<br>al Security Office with current address<br>r other wage and tax statements (e.g. W2,<br>ic Assistance Office with current address<br>r Pay Stub showing current address<br>r Pay Stub showing current address<br>th names(s) of parents/legal guardians and       | urrent address<br>1040, 1099)<br>I children<br>of settlement papers within 45 calendar d<br>jistration when a student is in the care of a |                                 |

school-based staff. This is important when a child is experiencing homelessness or is in foster care, and in other unique circumstances.

If you have any notes or comments about the documents you uploaded, please write them here:

Comments

19. Click the appropriate blue button to upload documents.

- <u>Click here for a video on how to upload using an iPhone.</u>
- Click here for a video on how to upload using an Android phone.

| *   |
|---|
| Upload Proof of Your Student's Age              |
| *   |
| Upload First Proof of Residency Document        |
|   |
| *   |
| Upload Second Proof of Residency Document       |
| *   |
| Upload Student Immunization Records             |
| *Optional                                       |
| Upload Second Immunization Records Document     |
| *Optional                                       |
| Upload Transcript or Report Card                |
| *Ontional                                       |
| *Optional<br>Upload Photo ID of Parent/Guardian |
|   |
| *Optional                                       |
| Upload Student Special Ed / IEP Documentation   |
|   |
| Previous  |
| Delete Cancel Save/Continue                     |

20. If any information is missing, your child's name will appear highlighted in yellow. You can go back and enter the missing information by clicking *Edit/Review*.

| irst Name                              | Last Name              | Gender              | School  | Completed   |
|--|------------------------|---------------------|---|-------------|
| Tracy                                  | Ross                   | F                   | Jenks Academy A & S ES                        | Edit/Review |
| -                                      |                        |                     | application and then create a new ap          |             |
| To register any a<br>Note: If the stud | ent has school-aged si | iblings, please add | t sibling information in the <u>School-Ag</u> |             |

21. Once all information is entered, a green check will indicate the application is complete, and you can click *Save/Continue*.

| First<br>Name                     | Last<br>Name     | Gender                | School   | Completed         | Record<br>Type     |                     | Linked to Campus<br>Name    |
|-----------------------------------|------------------|-----------------------|--|-------------------|--------------------|---------------------|-----------------------------|
| Тгасу                             | Ross             | F                     | Jenks Academy A & S<br>ES  | 1                 | New                | Edit/Review         |                             |
|                                   |                  |                       |  |                   |                    |                     |                             |
| To register                       | any additional s | tudents, pleas        | e complete this application a  |                   |                    |                     |                             |
| Note: If th                       |                  | -                     | lings, please add sibling info   |                   |                    |                     | a complete the application  |
| <b>Note:</b> If th<br>After you h | ave completed    | the <u>Upload Rec</u> | lings, please add sibling info<br>uired Documents section, yo<br>required information. Selec | ou will return to | this screen. Click | Save and Continue t | o complete the application. |

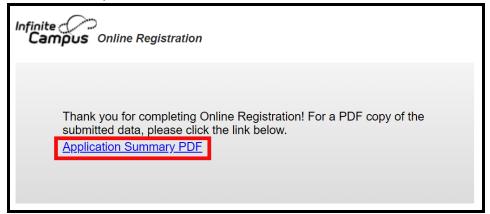
**<u>NOTE</u>**: Registering more than one student per application is not allowed. <u>DO NOT</u> click the **Add New Student** button. Applications for more than one student will be rejected. 22. Your application is not submitted until you click the red *Submit* button. Review the statement prior to clicking *Submit*.

| Student(s) Primary Household   | Guardian | Student |  |
|--|----------|---------|--|
|  |          |         |  |
| PLEASE NOTE: Prior to submitting your<br>you have entered by going back to the a<br>below.                                 |          |         |  |
| Your information is not submitted until yor<br>receive an email notification that your ap<br>submit button.                |          |         |  |
| Please download a PDF Summary of yo<br>your records. If you experience any diffic<br>process, you will need this document. |          |         |  |
| Submit   |          |         |  |
| Back   |          |         |  |
| Application Summary PDE  |          |         |  |
|  |          |         |  |

23. A warning popup will appear informing you that you will not be able to modify your application once you submit. Click *Confirm* if you are ready to submit. If you need to change something or want to review your application, click *Cancel*.

| Warning  |      |
|--|------|
| Are you sure that you are ready to submit this registration? You will not<br>able to enter and/or modify this information after submitting, unless a s<br>staff member unsubmits it for you. |      |
|  |      |
|  |      |
| Confirm Ca   | ncel |
|  |      |

24. When your application is submitted, you can view it in PDF form, which can be saved to your hard drive or printed.



#### **Returning to an Application**

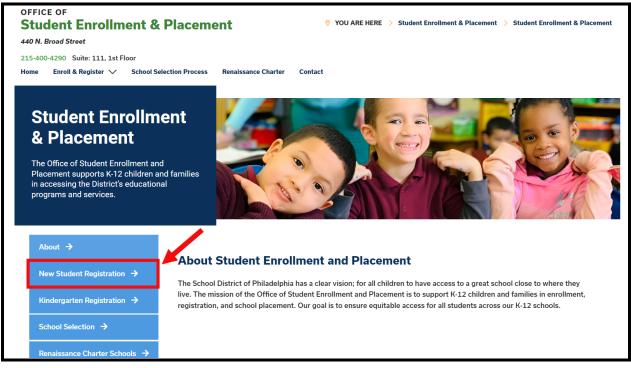
If you are working on an application and need to stop, you can return to it later and pick up where you left off in the application. You can then complete and submit the application. After you have submitted your application, it will be carefully reviewed by staff at the school to ensure completion and accuracy. If any part of your application is found to be incomplete, you will be notified through email. As a part of the process, the entire application will be "unsubmitted." An unsubmitted application will still contain all of the information you originally entered. You will not need to start the process from a "blank" application.

When an application is unsubmitted, you will receive an email from the school informing you that either:

- Your uploaded residency documents are not acceptable
- Your uploaded Proof of Age document is not acceptable
- Your child will not be five years of age on or before 9/1 for the school year identified on your application (kindergarten only)
- Your child's immunizations are incomplete

You will have the opportunity to resubmit with proper documents attached. Contact the Office of Student Enrollment and Placement with any questions at osep@philasd.org.

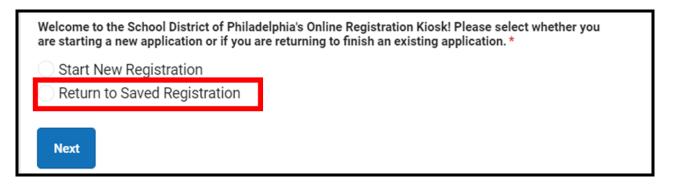
1. To return to your application, access the Online Registration tool by visiting the Office of Student Enrollment and Placement's website (<u>philasd.org/studentplacement</u>). Click on the blue button labeled *New Student Registration*.



2. The *New Student Registration* page includes multiple resources for parents and guardians who are preparing to register their student for the upcoming school year, including descriptions of required documents and instructional guidance on how to register your child online. Review these materials. To begin the Online Registration process for your child, click the green *Online Registration (OLR)* link:

| About                                  | New Student Registration  |
|--|---|
| New Student Registration $\rightarrow$ | Registration is for students of all grades (K-12) entering the District for the first time and/or are coming to the District from   |
| Kindergarten Registration 🗦            | a different school district.<br>The School District of Philadelphia offert two ways to register their children in school:   |
| School Selection $\rightarrow$         | Option 1:     Register using the Online Registration (OLR). The OLR allows families to complete the enrollment process online, from   |
| Renaissance Charter Schools →          | wherever they have access to the internet. Before starting this process, we encourage families to follow all instructions (see below!) carefully and have all of the proper documents in electronic format.   |
| Resources & FAQs →                     | Option 2:     Register using the paper application at the school connecting to the home address (their "catchment" school). Families     or a negative data first acatematic is a chool to see if an application at the school connecting to the home address (their "catchment" school). |
| Contact Us 🔸                           | are encouraged to first, contact their catchment school to see if an appointment is necessary. You must bring the<br>required enrollment documents when registering your child in-person (see Step 2 below: proof of child's age,<br>immunization record, and two proofs of address).     |

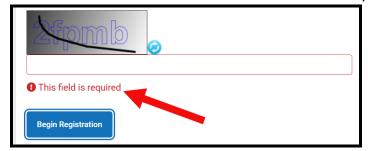
3. The *Online Registration Welcome Screen* will display. Click the button before the statement that reads *Return to Saved Registration*. Then, click *Next*.



- 4. To access your saved registration, enter the following information for the person who originally submitted the application exactly as it was originally entered:
  - First and last name
  - Birth Date
  - Email Address
  - Sibling Response Question (Yes/No)
  - Application Number

| Sample                          |  |  |
|---------------------------------|--|--|
| Parent or Legal Guardia         | n Last Name *  |  |
| Guardian                        |  |  |
| Parent or Legal Guardia         | n Date of Birth (MM/DD/YYYY) *   |  |
| 12/07/1985                      | **<br>•  |  |
| Email Address *                 |  |  |
| user@example.com                | 1  |  |
| Please check this box if        | there are any students in your household who are currently enrol<br>ool and list them in the 'school-age sibling' section of the applic: |  |
| Philadelphia District sch<br>No | •  |  |
| · ·                             | •  |  |
| No                              | •  |  |

**NOTE:** If any of the above information is not entered exactly as it was originally, an error message will appear at the bottom of the screen. Review each field carefully to ensure accuracy.



5. Complete the *Captcha* and click *Begin Registration*. Review your application, making sure to enter accurate information and upload documents that are clear to read, in the correct places. Resubmit when all required information/documents has been successfully included.

| Please type the letters you see displayed in the im<br>The entry is case sensitive. | age below.  |
|---|---|
| 6 DWGK  | If the text is difficult to read,<br>press the blue button to<br>generate a new code. |
|   |   |
| Begin Registration  |   |