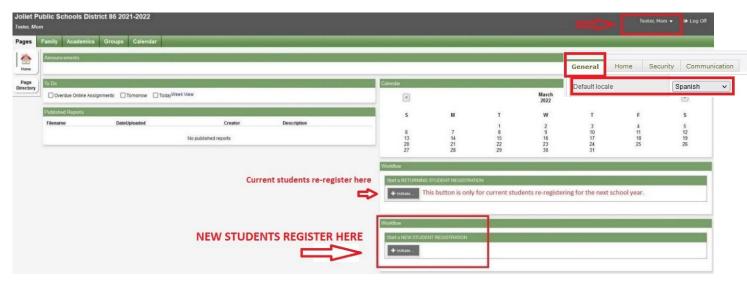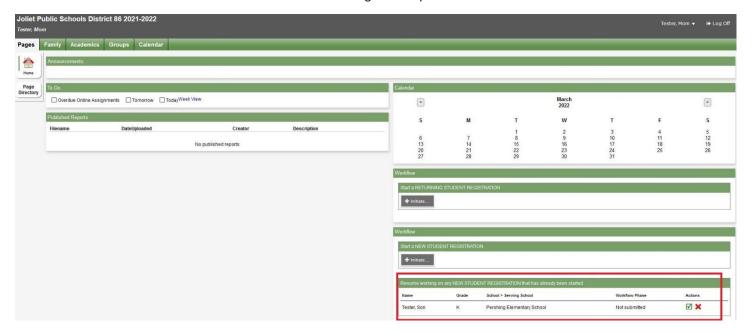# How to Register NEW Students with District 86

Once logged into Aspen:

- Click on the arrow next to your name > Set Preferences > General tab > Default locale - to change your preferred language to Spanish
- Click on the Initiate button under the Workflow widget - Start a NEW STUDENT REGISTRATION

Once you begin the process and complete some demographic information for a student, you can save and continue later. The registration will remain on the NEW STUDENT REGISTRATION widget with a status of "Not Submitted". Click on the checkmark to continue the registration process.

You can register all new students online. Each registration will show individually on the widget. When the registration is processed and completed, the status will show "Accepted" and the child is registered for school.

Start Tab:

Read the instructions, agree to the acknowledgement, and select the school year you are registering for.
All required items throughout the registration are indicated with a red asterisk *.

Student Tab:

The Student Tab contain the demographics of the student, including student name, birth and citizenship, age and grade level, ethnicity and race, phone, address, and housing needs.
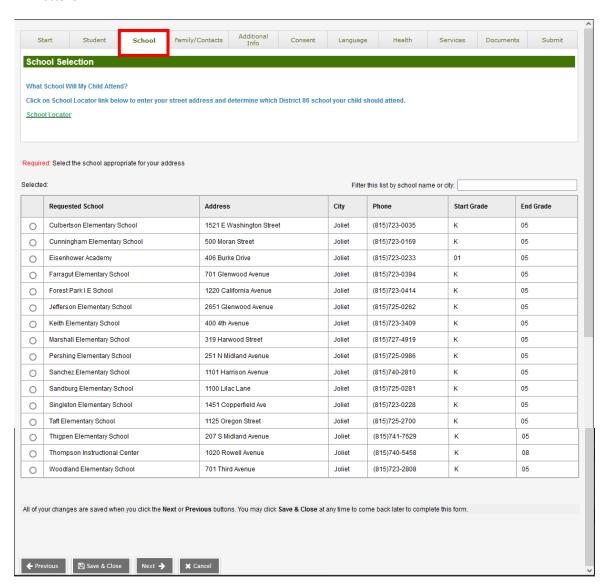
| Start | Student | School | Family/Contacts | Additional Info | Consent | Language | Health | Services | Documents | Submit |

Student Information

Legal Name

First *

Middle

Last *

Suffix

Gender *

Gender Pronoun

Birth and Citizenship

Place of birth

City

State

Country *

Mother's maiden name

Age and Grade Level

Enter the student's date of birth, which will determine the grade for the school year you are registering for.

Date of birth *   Age

Age as of Sept 1   0

Current Grade level *

Ethnicity and Race

We collect and record ethnic identity of students in accordance with federal categories and definitions. The information is confidential in accordance with all state and federal student privacy laws and regulations and will be used to:

- Plan educational programs and make sure they are readily available to all students
- Analyze differences in academic performance, attendance and completion of school
- Report information to the state and federal education departments

Ethnicity - Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race

Hispanic or Latino *
- No
- Yes

Race - General racial category with which the student most identifies

American Indian or Alaska Native - A person having origins in any of the original people of North American and who maintains cultural identification through tribal affiliation or community recognition. e.g. Cherokee, Mohawk, Inuit.

Asian - A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine islands, Thailand, and Vietnam

Native Hawaiian or other Pacific Islander - A person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands

Black or African American - A person having origins in any of the black racial groups of Africa White - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East

Select all that apply: *
- [ ] American Indian [ ] Asian [ ] Black [ ] Hispanic/Latino [ ] Multi-racial [ ] Native Hawaiian [ ] White

Phone Information

Enter the primary phone number. Phone 1 will be used for all school communication and must match Contact Priority #1 phone number. Additional Contact numbers will be entered on the Family/Contacts tab.

| Priority # | Number |

Phone 1 *

Phone 2

Cell phone

Phone numbers will be formatted according to the pattern:
'918-123-4567'

Address Information

The physical address of the student must be entered. A mailing address should be entered **only if different** from the physical address.

Physical Address   **Mailing Address**

[Edit] [Delete]   Mailing address same as physical * Yes

Housing / Residence

Does this family qualify for McKinney-Vento?

All of your changes are saved when you click the **Next** or **Previous** buttons. You may click **Save & Close** at any time to come back later to complete this form.

[Previous] [Save & Close] [Next] [Cancel]

School Tab:

The School Tab is where you select the appropriate school based on the home address.

- Click on the School Locator link and enter your address to determine the correct school your child should attend.

| | Start | Student | **School** | Family/Contacts | Additional Info | Consent | Language | Health | Services | Documents | Submit |

School Selection

What School Will My Child Attend?

Click on School Locator link below to enter your street address and determine which District 86 school your child should attend.

School Locator

Required: Select the school appropriate for your address

Selected: Filter this list by school name or city: [_____]

	Requested School	Address	City	Phone	Start Grade	End Grade
○	Culbertson Elementary School	1521 E Washington Street	Joliet	(815)723-0035	K	05
○	Cunningham Elementary School	500 Moran Street	Joliet	(815)723-0169	K	05
○	Eisenhower Academy	406 Burke Drive	Joliet	(815)723-0233	01	05
○	Farragut Elementary School	701 Glenwood Avenue	Joliet	(815)723-0394	K	05
○	Forest Park I E School	1220 California Avenue	Joliet	(815)723-0414	K	05
○	Jefferson Elementary School	2651 Glenwood Avenue	Joliet	(815)725-0262	K	05
○	Keith Elementary School	400 4th Avenue	Joliet	(815)723-3409	K	05
○	Marshall Elementary School	319 Harwood Street	Joliet	(815)727-4919	K	05
○	Pershing Elementary School	251 N Midland Avenue	Joliet	(815)725-0986	K	05
○	Sanchez Elementary School	1101 Harrison Avenue	Joliet	(815)740-2810	K	05
○	Sandburg Elementary School	1100 Lilac Lane	Joliet	(815)725-0281	K	05
○	Singleton Elementary School	1451 Copperfield Ave	Joliet	(815)723-0228	K	05
○	Taft Elementary School	1125 Oregon Street	Joliet	(815)725-2700	K	05
○	Thigpen Elementary School	207 S Midland Avenue	Joliet	(815)741-7629	K	05
○	Thompson Instructional Center	1020 Rowell Avenue	Joliet	(815)740-5458	K	08
○	Woodland Elementary School	701 Third Avenue	Joliet	(815)723-2808	K	05

All of your changes are saved when you click the **Next** or **Previous** buttons. You may click **Save & Close** at any time to come back later to complete this form.

| ← Previous | 💾 Save & Close | Next → | ✖ Cancel |

Family/Contacts Tab:

The Family/Contacts tab collects information for parents/guardians, other contacts, and siblings.

- Click on each contact name to enter or update all required information. You may also add additional contacts. **See screenshot on next page.**
- Indicate if there is a court order in place. If yes, you will need to bring documents to your child's school.
- Add any additional siblings that already attend District 86.

Start	Student	School	Family/Contacts	Additional Info	Consent	Language	Health	Services	Documents	Submit

Parent/Guardian/Other Contact

Click on your name to complete your own record, then select **Add** to add any additional contacts for the student.

	First Name	Last Name	#	Relationship	Portal Access	Phone 1	Phone 2	Email
☐	Mom	Tester	1		Yes	815-815-8155		parent3@joliet86.org

➕ Add   🗑 Delete

Legal Information

[⌄] Is there any individual not permitted to have contact with this student due to a court order?

If you answered Yes to the question above, you are required to submit copies of these documents to the school. Provide a brief summary:

Siblings

Siblings ALREADY attending a school in this district

First Name	Last Name	Sibling Grade	School Name
		No matching records	

➕ Add   🗑 Delete

All of your changes are saved when you click the **Next** or **Previous** buttons. You may click **Save & Close** at any time to come back later to complete this form.

← Previous   💾 Save & Close   Next →   ✖ Cancel

Family/Contacts Tab continued:

- Enter information for each contact.
- Contact priority 1 should be the primary guardian.
- Contacts cannot have the same priority number.
- An email account is required for custodial parents/guardians only.
- Update the contact address if it is not the same as the student.
- Only contact priority 1 address is required.

Complete this form for at least one parent/guardian

First name *	
Last name *	
Relationship *	⌄
Allow portal access? *	⌄

Contact Order/Priority

Contact priority in case of an **emergency** [1 ⌄]

Email Address

For custodial parents/guardians, a primary email is required.

Primary email	
Alternate email	

Phone Information

Enter at least one phone number. Phone 1 will be used for all school communication for Contact Priority 1.

Priority #	Number	
Phone 1 *		Phone numbers will be formatted according to the pattern:
Phone 2		'918-123-4567'
Cell phone		

Contact Questions

Does this contact live with this student? *	○ Yes	○ No
Is this contact a parent/guardian for this student? *	○ Yes	○ No
Does this contact have custody of this student? *	○ Yes	○ No
Should this contact receive email for this student? *	○ Yes	○ No
Should this contact receive mail from the school for this student? *	○ Yes	○ No
Should this contact be allowed to leave with this student? *	○ Yes	○ No

Address fields are optional for non-custodial contacts

Physical Address

Is the physical address the same as the student? [⌄]

Mailing Address

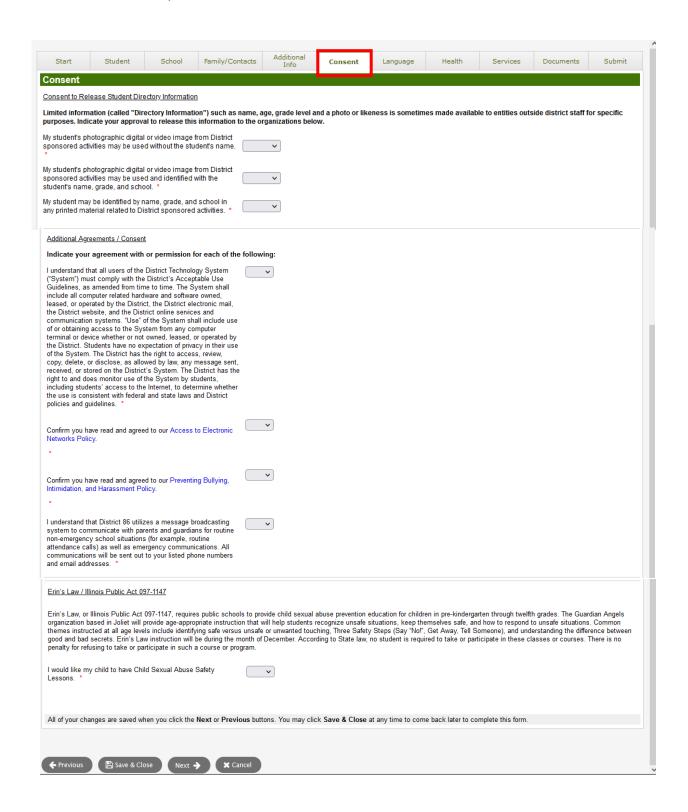Mailing address same as the physical address? [⌄]

☑ OK   ✖ Cancel

Additional Info Tab:

The Additional Info Tab collects student prior school history, transportation needs, and Military and Migrant Worker information.

| Start | Student | School | Family/Contacts | **Additional Info** | Consent | Language | Health | Services | Documents | Submit |

School History

The district may need to request records from your student's previous school district. Items that may need to be requested are as follows:

- Official cumulative records (e.g. name, address, birth date, grade level completed, grades, class standing, attendance records)
- Achievement / Aptitude scores
- Anecdotal information
- Discipline records
- Educational evaluation
- General health records
- Guidance evaluation check sheets
- Individual education plan / 504
- Individual education plan progress reports
- Planning and placement records
- Psychiatric evaluations and reports
- School grades (with all 4 quarters)
- Special education planning records
- Speech/Language evaluations and reports
- Standardized test results
- State assigned student ID # (SASID)

[▼] I grant permission for the district to request my student's prior school records. *

Previous attendance in this district

[▼] Has the student ever attended a school **in this district?** *

If yes, what is the name of the last school attended **in this district?**
[▼]

Provide information about the student's last school or program attended

No previous school	☐	Previous school city	[ ]
Date last attended	[ ] 🗓	Previous school state	[▼]
Reason for leaving	[ ]	Previous school country	[▼]
Previous school grade	[▼]		
Previous school district	[ ]	Comment	[ ]
Previous school name	[ ]		

Is the student currently under a suspension or expulsion from a previous school?

[▼] Under suspension from previous school? *
[▼] Expelled from previous school? *

Transportation

Transportation may be provided to and/or from home/sitter/joint custody locations if you live one and one half (1.5) miles or more from the student's school. The district requires that Kindergarten and 1st grade students be released to an adult present at the bus drop off.

[▼] Transportation requested? *

<u>Morning pick-up address</u>

[▼] Is the morning pick-up address the same as the student's physical address?

If you selected NO to the question above, enter the morning pick-up address. The address must be within the school boundaries.
[ ]

<u>Afternoon drop-off address</u>

[▼] Is the afternoon drop-off address the same as the student's physical address?

If you selected NO to the question above, enter the afternoon drop-off address. The address must be within the school boundaries.
[ ]

Additional Student Information

Is this student a military dependent? *   [▼]

"The Migrant Education Program (MEP) is authorized by Title I Part C of the Elementary and Secondary Education Act of 1965 (ESEA). The MEP provides formula grants to local education agencies to establish or improve education programs for students who may qualify for the program. Your students may be eligible for additional educational help through this program."

Should student be considered for services as a member of a migrant worker family? *   [▼]

All of your changes are saved when you click the **Next** or **Previous** buttons. You may click **Save & Close** at any time to come back later to complete this form.

[← Previous] [💾 Save & Close] [Next →] [✖ Cancel]

Consent Tab:

The Consent Tab collects Media Release information for each student. Consent is required for District Policies. Read each item carefully, click on the included links for more information.

Start	Student	School	Family/Contacts	Additional Info	**Consent**	Language	Health	Services	Documents	Submit

Consent

Consent to Release Student Directory Information

Limited information (called "Directory Information") such as name, age, grade level and a photo or likeness is sometimes made available to entities outside district staff for specific purposes. Indicate your approval to release this information to the organizations below.

My student's photographic digital or video image from District sponsored activities may be used without the student's name. *

My student's photographic digital or video image from District sponsored activities may be used and identified with the student's name, grade, and school. *

My student may be identified by name, grade, and school in any printed material related to District sponsored activities. *

Additional Agreements / Consent

Indicate your agreement with or permission for each of the following:

I understand that all users of the District Technology System ("System") must comply with the District's Acceptable Use Guidelines, as amended from time to time. The System shall include all computer related hardware and software owned, leased, or operated by the District, the District electronic mail, the District website, and the District online services and communication systems. "Use" of the System shall include use of or obtaining access to the System from any computer terminal or device whether or not owned, leased, or operated by the District. Students have no expectation of privacy in their use of the System. The District has the right to access, review, copy, delete, or disclose, as allowed by law, any message sent, received, or stored on the District's System. The District has the right to and does monitor use of the System by students, including students' access to the Internet, to determine whether the use is consistent with federal and state laws and District policies and guidelines. *

Confirm you have read and agreed to our Access to Electronic Networks Policy.
*

Confirm you have read and agreed to our Preventing Bullying, Intimidation, and Harassment Policy.
*

I understand that District 86 utilizes a message broadcasting system to communicate with parents and guardians for routine non-emergency school situations (for example, routine attendance calls) as well as emergency communications. All communications will be sent out to your listed phone numbers and email addresses. *

Erin's Law / Illinois Public Act 097-1147

Erin's Law, or Illinois Public Act 097-1147, requires public schools to provide child sexual abuse prevention education for children in pre-kindergarten through twelfth grades. The Guardian Angels organization based in Joliet will provide age-appropriate instruction that will help students recognize unsafe situations, keep themselves safe, and how to respond to unsafe situations. Common themes instructed at all age levels include identifying safe versus unsafe or unwanted touching, Three Safety Steps (Say "No!", Get Away, Tell Someone), and understanding the difference between good and bad secrets. Erin's Law instruction will be during the month of December. According to State law, no student is required to take or participate in these classes or courses. There is no penalty for refusing to take or participate in such a course or program.

I would like my child to have Child Sexual Abuse Safety Lessons. *

All of your changes are saved when you click the **Next** or **Previous** buttons. You may click **Save & Close** at any time to come back later to complete this form.

← Previous	💾 Save & Close	Next →	✖ Cancel

Language Tab:

The Language Tab collects languages spoken at home and by the student. You can also determine which language (English or Spanish) you would like to receive school related information.

Start	Student	School	Family/Contacts	Additional Info	Consent	**Language**	Health	Services	Documents	Submit

Language Information

If the answer to questions 1 or 2 is yes, the law requires the school to assess your child's English language proficiency.

1) Is a language other than English spoken in your home? *

Which language?

2) Does your child speak a language other than English? *

Which language?

In which language do you prefer to receive school related information? *

All of your changes are saved when you click the **Next** or **Previous** buttons. You may click **Save & Close** at any time to come back later to complete this form.

← Previous   Save & Close   Next →   ✖ Cancel

Health Tab:

The Health Tab collects any medical information you want the school to be aware of, including medical conditions, medications, and allergy information.

| Start | Student | School | Family/Contacts | Additional Info | Consent | Language | **Health** | Services | Documents | Submit |

Medical Conditions

Does this student have any medical conditions, medications, or allergy information that you want to enter? *

Please click the link to view the *State of Illinois School Health Issues*

Medical Information

Please provide the following medical information

Has the student had any hospitalizations? If yes, explain below. **If no, enter "N/A".**

Does the student require a daily medical procedure performed by a school nurse? If yes, explain below. **If no, enter "N/A".**

Describe any additional medical conditions for this student. **If none, enter "N/A".**

Medications and Allergies

What medications does the student take? **If none, enter "N/A".**

Please select all allergies that apply for this student:

☐ Bee stings ☐ Food ☐ Latex ☐ Medication ☐ Requires Epi-pen ☐ Other allergies not listed

If you selected Other Allergies, please explain.

Please describe reaction to allergens.

Vision, Hearing and Speech

Does the student appear to have any vision, hearing or speech problems?

If you selected Yes, please explain.

All of your changes are saved when you click the **Next** or **Previous** buttons. You may click **Save & Close** at any time to come back later to complete this form.
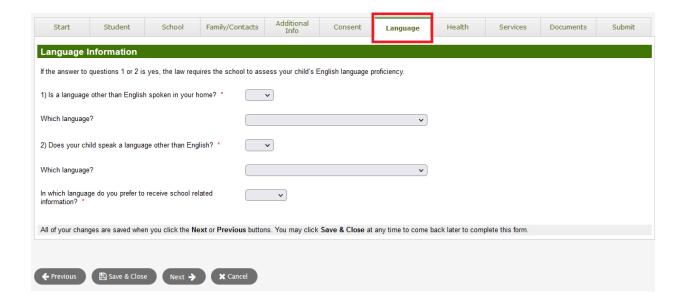
← Previous   💾 Save & Close   Next →   ✖ Cancel

Services Tab:

The Services Tab collects Special Education information and Social Emotional needs.

| Start | Student | School | Family/Contacts | Additional Info | Consent | Language | Health | **Services** | Documents | Submit |

Special Education Support

⌄ Confirm you understand that the Special Education Parent Rights are linked here and posted on the District 86 website. *

⌄ Has the student **previously** received Special Education support?

Type of program (if known)

⌄ Is the student **currently** receiving Special Education support?

Type of program (if known)

504 Services

⌄ Has this student **previously** received services for a 504 plan?

⌄ Is this student **currently** receiving services for a 504 plan?

What services/accommodations are included in the 504 plan?

Social Emotional Health Services

Do you want to answer questions about your child's social emotional needs? ⌄

District 86 is committed to supporting the social and emotional learning needs of our students. In an effort to provide support and appropriate resources, please identify any factors that apply to your student.

☐ Parental divorce/separation ☐ Homelessness ☐ Foster care ☐ Death of close family ☐ Incarcerated parent ☐ Other trauma

If you selected Other Trauma, please explain.

All of your changes are saved when you click the **Next** or **Previous** buttons. You may click **Save & Close** at any time to come back later to complete this form.

← Previous | 🖫 Save & Close | Next → | ✖ Cancel

Documents Tab:

The Documents Tab is where you will upload all required documents, including Birth Certificate, Immunization forms, 3 Proofs of Residency, and any other required documents.

- Click on the Upload button to add your documents.
- Enter the student's name and todays date in the Name field.
- Select the type of document in the Type dropdown.
- Click the Up Arrow to upload the document.
- Click Save. Repeat to add additional documents.

Submit Tab:

When you are done entering and reviewing all information, click on the Submit tab.
You will receive an email notification once the registration is reviewed and accepted.
Once accepted, your student is registered with District 86.

Start	Student	School	Family/Contacts	Additional Info	Consent	Language	Health	Services	Documents	**Submit**

Done!

Congratulations! You have reached the end of the Registration form.

We look forward to meeting you and your student!

Enter any final notes or comments for the registrar (optional)

Click each tab and review the information. When all information is accurate and complete, click **Submit.**

Note: Once you click **Submit**, you will not be able to edit this form.

← Previous   💾 Save & Close   Next →   ⏏ Submit   ✖ Cancel

Thank you for completing this online registration.

The next step is for the school to review and accept the registration. **You will receive an email notification when your registration has been accepted.**

* This email is auto generated, please do not reply.

Name	Description	Print
Online Registration Summary		☑

🖨 Print   ✖ Close