

## 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

The screenshot shows the Aspen system interface for Joliet Public Schools District 86. The user is logged in as 'Tester, Mom'. The 'General' tab is selected in the preferences menu, and the 'Default locale' is set to 'Spanish'. The 'Workflow' widget shows two options: 'Start a RETURNING STUDENT REGISTRATION' and 'Start a NEW STUDENT REGISTRATION'. Red arrows point to the 'Initiate...' button under the 'Start a NEW STUDENT REGISTRATION' option, with the text 'NEW STUDENTS REGISTER HERE' below it. Another red arrow points to the 'Initiate...' button under the 'Start a RETURNING STUDENT REGISTRATION' option, with the text 'Current students re-register here' above it.

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.

The screenshot shows the Aspen system interface with a completed student registration. The 'Workflow' widget shows a table with the following data:

| Name        | Grade | School > Serving School    | Workflow Phase | Actions  |
|-------------|-------|----------------------------|----------------|--|
| Tester, Son | K     | Pershing Elementary School | Not submitted  | <input checked="" type="checkbox"/> <input type="checkbox"/> |

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 \*.

|              |         |        |                 |                 |         |          |        |          |           |        |
|--------------|---------|--------|-----------------|-----------------|---------|----------|--------|----------|-----------|--------|
| <b>Start</b> | Student | School | Family/Contacts | Additional Info | Consent | Language | Health | Services | Documents | Submit |
|--------------|---------|--------|-----------------|-----------------|---------|----------|--------|----------|-----------|--------|

### Instructions

Please complete each of the tabs and then click "Submit" when finished. If you need to stop and come back later, select "Save & Close". All required fields are indicated with a red \*.

**Personal Information Notice**

The personal information collected will be used for education, administration, and statistical purposes of the District and/or Department of Education. Questions about this collection of personal information should be directed to the Department of Equity and Student Services.

420 N. Raynor Ave.  
Joliet, IL 60435  
815-740-3196

### Acknowledgement

I understand that if a student is determined to be a nonresident of the District for whom tuition must be charged, the persons enrolling the student are liable for non-resident tuition from the date the student began attending a District school as a non-resident. A person who knowingly enrolls or attempts to enroll in this School District on tuition-free basis a student known by that person to be a non-resident of the District is guilty of a Class C misdemeanor, except in very limited situations as defined in State law (105 ILCS 5/10-2.12b(e)). A person who knowingly or willfully presents to the School District any false information regarding the residency of a student for the purpose of enabling that student to attend any school in that district without the payment of a non-resident tuition charge is guilty of a Class C misdemeanor (105 ILCS 5/10-20.12b(f)). \*

### School Year Selection

To begin registration, select a school year below:

2021-2022

2022-2023

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.

## 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 | <b>Student</b> | 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

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 America 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 *  | <input type="text"/> |
| Phone 2    | <input type="text"/> |
| Cell phone | <input type="text"/> |

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      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

Mailing address same as physical \*

### 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.

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

## 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  |
|--------------------------|------------|-----------|---|--------------|---------------|--------------|---------|--|
| <input type="checkbox"/> | Mom        | Tester    | 1 |              | Yes           | 815-815-8155 |         | <a href="mailto:parent3@joliet86.org">parent3@joliet86.org</a> |

### 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 |           |               |             |

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.

## 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 *           | <input type="text"/>          |
| Last name *            | <input type="text"/>          |
| Relationship *         | <input type="text" value=""/> |
| Allow portal access? * | <input type="text" value=""/> |

### Contact Order/Priority

Contact priority in case of an emergency

### Email Address

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

|                 |                      |
|-----------------|----------------------|
| Primary email   | <input type="text"/> |
| Alternate email | <input type="text"/> |

### 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 *  | <input type="text"/> | Phone numbers will be formatted according to the pattern:<br>'918-123-4567' |
| Phone 2    | <input type="text"/> |   |
| Cell phone | <input type="text"/> |   |

### Contact Questions

|  |                           |                          |
|--|---------------------------|--------------------------|
| Does this contact live with this student? *                          | <input type="radio"/> Yes | <input type="radio"/> No |
| Is this contact a parent/guardian for this student? *                | <input type="radio"/> Yes | <input type="radio"/> No |
| Does this contact have custody of this student? *                    | <input type="radio"/> Yes | <input type="radio"/> No |
| Should this contact receive email for this student? *                | <input type="radio"/> Yes | <input type="radio"/> No |
| Should this contact receive mail from the school for this student? * | <input type="radio"/> Yes | <input type="radio"/> No |
| Should this contact be allowed to leave with this student? *         | <input type="radio"/> Yes | <input type="radio"/> 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 | <b>Additional Info</b> | 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 <input type="checkbox"/>   | Previous school city <input type="text"/>    |
| Date last attended <input type="text"/>       | Previous school state <input type="text"/>   |
| Reason for leaving <input type="text"/>       | Previous school country <input type="text"/> |
| Previous school grade <input type="text"/>    | Comment <input type="text"/>                 |
| Previous school district <input type="text"/> |  |
| Previous school name <input type="text"/>     |  |

#### 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 \*

#### Morning pick-up address

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.

#### Afternoon drop-off address

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.

## 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 | <b>Consent</b> | 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.

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[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.

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[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.



## 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 | <b>Language</b> | 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 | <b>Health</b> | 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 | <b>Services</b> | 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.

## 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 today's 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.

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

### Documentation

Required Documentation for New Students to this district:

- 1. Proof of age** - one of the following:
  - Original birth record (with official raised seal)
  - Baptismal or church certificate (notarized/certified and showing date of birth)
  - Hospital certificate
  - Parents affidavit
  - Valid passport
  - Physician certificate
  - Previously verified school records
  - Driver's license
  - Life insurance policy
- 2. Immunization status** - one of the following:
  - Official state immunization form
  - Written statement by a physician stating that the physical condition of the child warrants medical exemption from inoculations
  - Written statement signed by a parent/guardian that the child's religious denomination opposes tests and inoculations
- 3. Proof of residency** - must submit one document from Category A and two documents from Category B (for a total of three documents):
  - Category A**
    - Deed showing ownership of property within the school district
    - Mortgage statement that provides property description
    - Settlement sheet that provides property description, and/or a property tax bill listing building and land containing the name(s) of the mortgagee(s)/property owner(s)
    - Lease or a notarized Landlord Affidavit that includes the property PIN number. The lease shall be current and must indicate the term of the lease, the address of the lease property, the name of the property owner, the name of the lessee, and a listing of tenants
  - Category B**
    - Valid driver's license showing physical address of residence
    - Valid state photo identification card showing physical address of residence
    - Public assistance or social security issued within the past thirty (30) days showing physical address of residence
    - Any other documentation within the past thirty (30) days deemed relevant by the school district indicating the physical address of residence (e.g. current utility bill, current credit card or current vehicle registration)

**Other Documents**

School staff may ask for any of the following when appropriate:

- Completion of the school district's Student Registration Form
- Picture identification
- Health or physical examination records
- Academic records
- Attendance records
- Individualized Education Program (IEP)/Evaluation Report (ER)
- Special education records
- Completed physical examination
- Custody papers

A copy of the court order or custody agreement is required to be provided if the parents are separated or divorced and the enrolling parent is relying on the order of agreement as the basis for enrolling the child.

| Name                | Doc. type OLR | Filename | Document |
|---------------------|---------------|----------|----------|
| No matching records |               |          |          |

Upload Delete

All of your changes are saved when you click the Next or Previous buttons. You r

← Previous Save & Close Next → Cancel

**Please enter Student Name and Today's Date in the Name field**

Name \*  
Type \*  
Document \*  
Filename

Save Cancel

## 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 | <b>Submit</b> |
|-------|---------|--------|-----------------|-----------------|---------|----------|--------|----------|-----------|---------------|

**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.

← PreviousSave & CloseNext →**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 |             | <input checked="" type="checkbox"/> |