



Western Suffolk BOCES Summer School Online Preregistration

To create a registration for approval, log into the WSB Summer School Registration site at https://www.schooltool.com/WSB-summer/onlinepreregistration/

Here you will be able to create a new user account or return to an already created account to edit the submission.



NOTE: You will need to perform the following steps for each one of your district students going to WSB summer school The home district counselor should follow all prompts and instructions on each screen until they complete all of the necessary and required information.

1. Number of students being registered:



2. Enter student information:

Previous Step	Pre-Register Children			Next S	tep	
< CANCEL					CONTAC	CTS >
Use this screen to enter information about your children. • Fields with * are required. • When complete, click on the "Contacts >" button to continue. Click Here to Add Another Child						
Child 1						
First Name:		*	Is Hispanic:			
Middle Name:			Race:	Select One	~	*
Last Name:]•	Race 2:	Select One	~	
Child's Email Address:			Race 3:	Select One	~	
Child's Cell Phone #:			Race 4:	Select One	~	
Gender:	SELECT ONE V *		Race 5:	Select One	~	
Date of Birth:	*		Primary Language:	Select One	~	*
Click Here to Remove this Child						

3. Number of contacts to be added:

Previous Step	Pre-Register Contacts			
< CHILDREN				
Use this screen to enter information about adults that will be on the contact lists of the previously entered children.				
How many contacts would you like	to register today? Select One 🗸			

4. Enter contact information:

Previous Step	Pre-Register Contacts			Next Step	
< CHILDREN					RELATIONSHIPS >
Use this screen to enter information about adults that will be on the contact lists of the previously entered children. Fields with * are required. When complete, click on the "Relationships >" button to continue. 					
		Click Her	re to Add Another Contact		
Contact 1					
Salutation:	Select One		Email Address:		
First Name:		*	Cell Phone #:		
Middle Name:			Work Phone #:		
Last Name:		*	Work Phone # Ext:		
Gender:	Not Specified 🗸		Work Phone # Is Listed:		
Click Here to Remove this Contact					

5. Choose primary contact of student and enter relationship of contact to student:

Previous Step	Relationships	Next Step
< CONTACTS		ADDRESSES >
Use this screen to enter information t • Children are assumed to live v • Contacts must have a relation • Fields with * are required. • When complete, click on the *	nat describes how each contact is related to each child. rith their primary contact. ship to the child if they are a primary contact, receive mail or have pickup rights. Addresses >" button to continue.	
primary contact is	Select One	Receives Mail Can Pickup Child

6. Enter address (including home phone number) information:

Previous Step	Residence Addresses	Next Step
< RELATIONSHIPS		ADDITIONAL INFO >
Use this screen to enter an addres • Every contact must have a • If multiple contacts live at • Fields with * are required. • When complete, click on t	es for each contact. n address and/or home phone number. the same address, use the "Same address as another contact" option. ne "Additional Info >" button to continue.	
Marge Simpson		
House #:	* Street:	* Unit #:
Line 2:		
City:	* State: NY v *	Zip Code:
Home Phone #:	Is Listed:	

7. Select and add the course(s) the student will be taking for summer school and enter all required additional student information:

Previous Step	Additio	nal Info	Next Step
< ADDRESS			CONTACT INFO >
Use this screen to enter additio • Fields with * are require • When complete, click o	nal information requested by the district. d. n the "Contact Info >" button to continue.		
Additional Information for			
Course Selections 💟 Or	line Preregistration		
Course Selections			
1) Select a School Level	2) Select a Course 3) Click on Add		
Select One	Select One V ADD		
Online Preregistration	ll items below must be co	mpleted by the home	e school
Homo District	district of registration	i will not be accepted	1.
Choose One	*		
Home District & BEDS #(If	DTHER)::		
	,		
Grade Level:			
School Attended:			
		*	
Schools BED Code:	*		
Home District Student ID #	(Max of 9 digits):		
Parent Email::		*	
Parent Phone #::			

On the last screen you will receive your session key, create a password and save the session. You can also enter any additional information you would like the WSB registrar to know.

Previous Step	Your Contact Info	Next Step			
< OTHER INFO		SAVE >			
* Required					
Your session key is 983748 . Please choose a password for your session (must be a minimum of 6 characters with no spaces). Write down both your session key and password. You will need them if you want to return and edit your session later.					
Password:	* Password is required.				
Re-Type Password:	*				
Please enter your first name, last name, and a phone number or email address that the registrar can use to contact you if there are any questions about the information you entered during this session.					
Your First Name:	*				
Your Last Name:	*				
Your Email Address:					
Your Phone Number:					
You may enter any additional information you would like the registrar to know in the space below.					
		1			
		110			



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