NEW STUDENT ONLINE ENROLLMENT
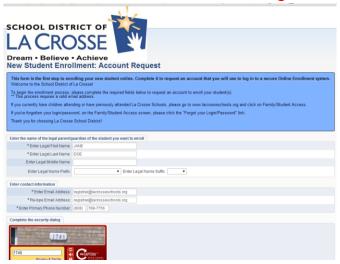
SCHOOL DISTRICT OF
LA CROSSE
Dream • Believe • Achieve

Begin enrollment by visiting www.lacrosseschools.org.

STEP ONE:

- ➢ **If you currently have children attending or have previously attended La Crosse Schools, click on "FAMILY/STUDENT ACCESS" on the right side menu.**
- ➢ **If you are a new family to our district, click on "ENROLL TODAY" on the right side menu.**
- ➢ **Then complete NEW STUDENT ENROLLMENT: ACCOUNT REQUEST**

   *****You must have a valid email address in order to use the**
   New Student Online Enrollment option**

STEP TWO:

- ➢ **Log into FAMILY/STUDENT ACCESS with your login ID and password.**
   - ✓ **If you requested a new account, check your email for login instructions and temporary password.**
   - ✓ **If you forgot your password, click "Forgot Login/Password?" to request a new one.**

STEP THREE:

➢ **Complete Steps 1-5 in the online enrollment program (*see screenshots below*)**
   1. **Student information**
   2. **Family/Guardian information**
   3. **Medical/Dental information**
   4. **Emergency Contact information**
   5. **Additional District Forms**
      ✓ **Click "<u>SAVE AND PRINT</u>" for each form once complete**

Step 2: Family/Guardian Information   [Edit] [View Only] [Save] [Save and Collapse Step]

2

Instructions for completing Family/Guardian Information
When entering your address, please enter a mailing address only when it is different than your Home Address.

If you wish to not share your Employer, please enter Not Applicable.

Enter Information for the Primary Guardian and the Family this Student lives with

Enter Information for the Family this Student lives with

* Primary Phone: (608) 789-7756 ☐ Should the District keep this number confidential?

* Family Home Language: ENGLISH

* Home Address: House #: 807 Direction: S Street Name: EAST AVE Apartment:
P.O. Box: Address 2: City: LA CROSSE State: WI Zip Code: 54601
☐ Should the District keep this address confidential?

Mailing Address: House #: Direction: Street Name: Apartment:
(if different than home address) P.O. Box: Address 2: City: State: Zip Code:

Enter Information for the Primary Guardian of the Family this Student lives with

* Last Name: DOE * First Name: JANE Middle Name:
Name Suffix: Name Prefix: Date of Birth: Gender:
* Relationship to Child: MOTHER
Cell Phone: (608) 789-7900 Work Phone: (608) 789-8300 * Contact Email Address: registrar@lacrosseschools.org
* Language: ENGLISH Occupation:
* Employer: SCHOOL DISTRICT OF LA CROSSE

Are there other Legal Guardians who live at this address?

[Yes, I want to Add another Legal Guardian who lives at this address] [No other Legal Guardians live at this Address]

SELECT ONE

Are there other Legal Guardians who live at a different address?

[Yes, I want to Add a Legal Guardian who lives at a Different Address] [No, Complete Step 2 and move to Step 3: Medical/Dental Information] [No, Complete Step 2 Only]

SELECT ONE
NOTE: ALL parents/legal guardians must be listed unless there is court paperwork terminating their parental rights (TPR). Copies of any court paperwork outlining custody arrangements, TPR's, etc. must be provided in order to be enforced.

Step 3: Medical/Dental Information   [Edit] [View Only] [Save] [Save and Collapse Step]

3

Physician Last Name: SMITH Physician First Name: JAMES Physician Middle Name:
Name Suffix: Name Prefix: Physician Phone:
Dentist Last Name: ANDERSON Dentist First Name: TOM Dentist Middle Name:
Name Suffix: Name Prefix: Dentist Phone:
* Hospital: MAYO Hospital Phone:

[Complete Step 3 and move to Step 4: Emergency Contact Information] [Complete Step 3 Only]

4

Step 4: Emergency Contact Information [Edit] [View Only] [Save] [Save and Collapse Step]

Instructions for completing Emergency Contact Information

Enter up to 3 Emergency Contacts, who will assume temporary care of your child if you cannot be reached. Do not include yourself or other guardians; we will always contact you first.

If you are enrolling more than one student and the emergency contacts will be the same, please enter them for the first student and we will copy them to the others as part of the final enrollment process.

Enter the Information for Emergency Contact #1 [Remove this Emergency Contact]

* Last Name: JONES   * First Name: DAVID   Middle Name:
Name Suffix: [ ]   ☑ Is this contact allowed to pick up the student from school?
Gender:
Contact Email Address: * Primary Phone: (608) 555-1244   ☐ Should the District keep this number confidential?
Cell Phone: Work Phone:
* Relationship to Child: UNCLE
Employer:

Do you have other Emergency Contacts to add for this student?

[Yes, I want to Add another Emergency Contact Record]   [No, Complete Step 4 and move to Step 5: Additional District Forms]   [No, Complete Step 4 Only]

SELECT ONE

5

Step 5: Requested Documents [Edit] [View Only]   [Collapse Step]

Instructions for completing the Requested Documents

If you choose to submit the necessary documents this way you will not need to come into the Registrar's Office once it is open to the public again. Please note we will not keep the birth certificate in any capacity- instead we will just verify that the information matches that of the enrollment paperwork, and then the birth certificate will be either deleted from email or shredded if faxed.

By submitting the required enrollment documents this way we will be able to enroll your child in the appropriate school. The fax number you can use if you wish to fax the documents is (608) 789-8423. If you wish to email the documents please email them to this address- registrar@lacrossesd.org. If this is a preschool registration, you may email the documents to preschool@lacrossesd.org.

Attachments: [Choose File] No file chosen

[Complete Step 5 and move to Step 6: Additional District Forms]   [Complete Step 5 Only]

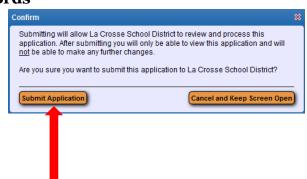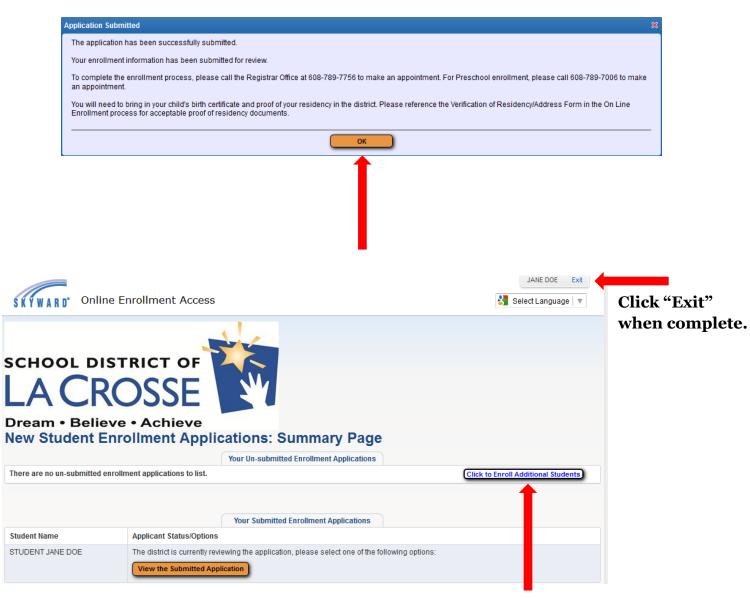**ATTACHING DOCUMENTS**
NOTE: This step is optional and allows parents to complete the enrollment process without having to come to the Hogan Administrative Center. If you do not wish to upload the birth certificate and proof of address into the enrollment application itself, you can always email or fax them. The email address is registrar@lacrossesd.org and the fax number is (608) 789-8423.

6

Step 6: Additional District Forms   [Edit] [View Only] [Save] [Save and Collapse Step]

Instructions for completing the Additional District Forms

Please click on each of the buttons below to access additional required forms that must be completed for student enrollment.

** After you complete each form, click the "SAVE" button and then click "BACK TO ADDITIONAL DISTRICT FORMS".

REMINDER: Once you've completed Step 5: Additional District Forms, please click the **"Submit Application to the District"** button to submit your information and forms to the district.

Asterisk (*) denotes a required form

* Required Form:	Birth Certificate Verification Form	☐ This form has not been completed
* Required Form:	Verification of Residency/Address Change Form	☐ This form has not been completed
* Required Form:	Preschool request form	☐ This form has not been completed
* Required Form:	Records Request Form	☐ This form has not been completed
* Required Form:	Parent Screening Form (Rev. 2018)	☐ This form has not been completed
* Required Form:	Student/ Family Residence Questionnaire	☐ This form has not been completed
* Required Form:	2020 Field Trip Consent to Treat	☐ This form has not been completed
* Required Form:	Home Language Survey	☐ This form has not been completed
* Required Form:	2021 Parent Email Release-LPEF-Promise	☐ This form has not been completed
* Required Form:	2021 New Student Health Info Form	☐ This form has not been completed
* Required Form:	2021 Field Trip Consent to Treat	☐ This form has not been completed
* Required Form:	2021 Student Accident Insurance Letter	☐ This form has not been completed
* Required Form:	2021 Signature page	☐ This form has not been completed

[Complete Step 6]

Please click the "SAVE AND PRINT" button as you complete each form.

Name: **STUDENT JANE DOE**   Gender: **Female**   [Save] [Save and Print] [Back]

**Must click here before submitting application

[Submit Application to the District]
* All steps must be Completed before an Application can be Submitted *

[Save and Continue to Fill Out Application] [Save and go to Summary Page] [Print Application] [Leave WITHOUT Saving]

STEP FOUR:
  ➢ **Submit application and bring the following in to the Registrar's Office:**
    ✓ **Birth certificate**
    ✓ **Proof of residency (i.e. utility bill, lease, mortgage statement)**
    ✓ **Immunization records**

Confirm

Submitting will allow La Crosse School District to review and process this application. After submitting you will only be able to view this application and will not be able to make any further changes.

Are you sure you want to submit this application to La Crosse School District?

[Submit Application]   [Cancel and Keep Screen Open]

Application Submitted

The application has been successfully submitted.

Your enrollment information has been submitted for review.

To complete the enrollment process, please call the Registrar Office at 608-789-7756 to make an appointment. For Preschool enrollment, please call 608-789-7006 to make an appointment.

You will need to bring in your child's birth certificate and proof of your residency in the district. Please reference the Verification of Residency/Address Form in the On Line Enrollment process for acceptable proof of residency documents.

OK

Click "Exit" when complete.

JANE DOE   Exit

SKYWARD® Online Enrollment Access

Select Language | ▼

SCHOOL DISTRICT OF LA CROSSE

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New Student Enrollment Applications: Summary Page

Your Un-submitted Enrollment Applications

There are no un-submitted enrollment applications to list.

Click to Enroll Additional Students

Your Submitted Enrollment Applications

Student Name	Applicant Status/Options
STUDENT JANE DOE	The district is currently reviewing the application, please select one of the following options:
	View the Submitted Application

If applicable

Click "Exit" in the upper right corner when complete.