

التسجيل عبر الإنترنت - العائلات الجديدة في المنطقة

Enter the name of the legal parent/guardian of the student you want to enroll

* Guardian Legal First Name:	Jenny
* Guardian Legal Last Name:	Jones
Guardian Legal Middle Name:	
Guardian Legal Name Prefix:	Guardian Legal Name Suffix:

Guardian contact information

I don't have an email

* Guardian Email Address:	jjones@gmail.com
* Re-type Email Address:	jjones@gmail.com
* Guardian Primary Phone Number:	(708) 123-3456

Asterisk (*) denotes a required field

[Click here to submit Account Request](#)

1. أدخل المعلومات في الشاشة أعلاه ثم في الجزء السفلي ، حدد "انقر هنا لتقديم طلب الحساب". سيؤدي هذا إلى إنشاء النافذة المنبثقة أدناه.

Account Request Confirmation ✕

Submitting this request initiates an email to the account entered with directions on how to access the New Student Registration TDB process for Alsip-Hazlgrn-Oaklwn SD 126. The email will be sent to: jjones@gmail.com

Click OK to continue or Back to correct any information or cancel this request.

2. سيحتوي البريد الإلكتروني على رابط ومعرف تسجيل Skyward. ينشئ الطلب حساباً مؤقتاً مرتبطاً فقط بوصول تسجيل الطلاب الجدد في الدخول وكلمة مرور للوصول إلى بوابة تسجيل الطلاب الجديدة.

Dear Jenny Jones,

Thank you for the request to enroll your student. You must now log into the system to complete the enrollment.

Please note - you must complete this last step to complete the enrollment.

To complete the enrollment, please visit this url: <https://skyward.iscorp.com/scripts/wsisd.dll/WService=wseualsiphgreenil/sfemnu01.w>

Your login is



Your password is:



3. انقر **New Student Online Registration** اتبع الرابط في البريد الإلكتروني وأدخل تسجيل الدخول وكلمة المرور للوصول إلى فوق تسجيل الدخول بمجرد إدخال المعلومات.



Alsip-Hazlgrn-Oaklwn SD 126

Login ID:

Password:

[Forgot your Login/Password?](#)

05.2

Login Area: ▼

4. املأ بيانات الطالب. الحقول التي تحتوي على * هي حقول مطلوبة ويجب ملؤها وإلا فلن تتمكن من المتابعة إلى الخطوة التالية. انقر فوق إكمال الخطوة 1 وانتقل إلى الخطوة 2: معلومات العائلة / الوصي عند الانتهاء.

Step 1: Student Information Edit View Only Save Save and Collapse Step

* Last Name: Jones * First Name: Lucy Middle Name:

Name Suffix: Name Prefix: * Gender: Female

* Date of Birth: 10/22/2015 Age: 5 * Birth City: Oak Lawn * Birth State: IL - ILLINOIS

* Birth Country: United States Birth County:

Second Phone: Home Email:

* Mom's Maiden Name: Smith

* Is Student Hispanic/Latino? No

* Federal Race (select all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

* Language Spoken Most: English * Native Language: English

* Language Spoken at Home: English

Has student attended this district previously?

Previous School District: School in the District Student Previously Attended:

You are enrolling your student into the **Current School Year (2020 - 2021)**

* Expected Enrollment Date: 08/24/2021 (The first day of school is 08/24/2020)

* Expected Grade Level: KD * Expected School to Enroll into: Stony Creek Elementary School

Additional Information:
(on the Student for the District)

Maximum characters: 5000, Remaining characters: 5000

Complete Step 1 and move to Step 2: Family/Guardian Information Complete Step 1 Only

5. املأ معلومات **العائلة / الوصي** . الحقول التي تحتوي على * هي حقول مطلوبة ويجب ملؤها وإلا فلن تتمكن من المتابعة إلى الخطوة التالية. انقر فوق "نعم أريد إضافة وصي قانوني آخر يعيش في نفس العنوان" لإضافة أفراد عائلة إضافيين أو "لا يوجد أوصياء قانونيون آخرون يعيشون في هذا العنوان".

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

Enter Information for the Family this Student lives with

* Primary Phone: (708) 123-3456 Should the District keep this number confidential?
 Print Hard Copy Report Cards

House #: 12345 Street Name: S Street Apartment:
 * Home Address P.O. Box: Address 2: City: Alsip State: IL Zip Code: 60803
 Should the District keep this address confidential?

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

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

* Last Name: Jones * First Name: Jenny Middle Name:
 Name Suffix: Name Prefix: Date of Birth: Gender:
 * Relationship to Child: Mother Marital Status:
 * Does this guardian have custody of the child? Yes * Is this guardian allowed to pick up the student from school? Yes
 Should this guardian also be considered an Emergency Contact?
 Cell Phone: (708) 555-5555 Work Phone: (708) 666-6678 Fax:
 Contact Email Address: jjones@dist126.org
 Language: English Employer:

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**

6. هل يوجد أوصياء قانونيون آخرون يعيشون في عنوان مختلف؟ اختر "نعم" ، أريد إضافة وصي قانوني يعيش في عنوان مختلف" أو "لا" ، أكمل الخطوة 2 وانتقل إلى الخطوة 3: المعلومات الطبية / طب الأسنان "المعلومات

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**

7. املأ **الطبية / الخاصة بالأسنان**. الحقول التي تحتوي على * هي حقول مطلوبة ويجب ملؤها وإلا فلن تتمكن من المتابعة إلى الخطوة التالية. انقر فوق "أكمل الخطوة 3 وانتقل إلى الخطوة 4: معلومات الاتصال في حالات الطوارئ" عند الانتهاء

* Allergy/Medical Condition: Tree Pollen Is this condition critical info that staff should be alerted to?

Physician Last Name: Physician First Name: Physician Middle Name:
 Name Suffix: Name Prefix: Physician Phone:
 Dentist Last Name: Dentist First Name: Dentist Middle Name:
 Name Suffix: Name Prefix: Dentist Phone:
 Hospital: Hospital Phone:

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

8. املأفي **معلومات الاتصال بالحالات الطوارئ**. الحقول التي تحتوي على * هي حقول مطلوبة ويجب ملؤها وإلا فلن تتمكن من المتابعة إلى الخطوة التالية. انقر فوق "نعم" ، أريد إضافة سجل آخر لجهات اتصال الطوارئ" أو "لا" ، أكمل الخطوة 4 وانتقل إلى الخطوة 5: "نماذج المنطقة الإضافية"

Enter the Information for Emergency Contact #1 **Remove this Emergency Contact**

* Last Name: Jones * First Name: Jenny * Is this contact allowed to pick up the student from school? Yes ▾

Gender: ▾ Language: English ▾

Contact Email Address: jjones@dist126.org * Primary Phone: (708) 123-3456 Cell Phone: (708) 555-5555

Work Phone: (708) 666-6678

* Relationship to Child: Mother ▾

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**

9. املأ نماذج المنطقة الإضافية. جميع النماذج مطلوبة ويجب ملؤها وإلا فلن تتمكن من تقديم طلب تسجيل طفلك إلى المنطقة. انقر فوق اسم كل نموذج لملئها

* Required Form:	Acceptable Use Policy	<input type="checkbox"/> This form has not been completed
* Required Form:	Google Apps For Education	<input type="checkbox"/> This form has not been completed
* Required Form:	Student Device Protection Plan	<input type="checkbox"/> This form has not been completed
* Required Form:	Student Health Information	<input type="checkbox"/> This form has not been completed
* Required Form:	Student Media Release Form	<input type="checkbox"/> This form has not been completed
* Required Form:	Take Home Tech Device and Acceptable Use Agreement	<input type="checkbox"/> This form has not been completed
* Required Form:	Take Home Tech Device Opt Out	<input type="checkbox"/> This form has not been completed
* Required Form:	Military Personal Form	<input type="checkbox"/> This form has not been completed

10. "عند إكمال كل نموذج ، ستري علامة اختيار بجوار "تم إكمال هذا النموذج"

* Required Form: **Acceptable Use Policy** This form **has been completed**

11. "بمجرد إكمال جميع النماذج جميع وتم وضع علامة على النماذج على أنها مكتملة ، انقر فوق "إكمال الخطوة 5"

* Required Form:	Acceptable Use Policy	<input checked="" type="checkbox"/> This form <i>has been completed</i>
* Required Form:	Google Apps For Education	<input checked="" type="checkbox"/> This form <i>has been completed</i>
* Required Form:	Student Device Protection Plan	<input checked="" type="checkbox"/> This form <i>has been completed</i>
* Required Form:	Student Health Information	<input checked="" type="checkbox"/> This form <i>has been completed</i>
* Required Form:	Student Media Release Form	<input checked="" type="checkbox"/> This form <i>has been completed</i>
* Required Form:	Take Home Tech Device and Acceptable Use Agreement	<input checked="" type="checkbox"/> This form <i>has been completed</i>
* Required Form:	Take Home Tech Device Opt Out	<input checked="" type="checkbox"/> This form <i>has been completed</i>
* Required Form:	Military Personal Form	<input checked="" type="checkbox"/> This form <i>has been completed</i>

Complete Step 5

12. "بمجرد اكمال جميع الخطوات ، انقر فوق"إرسال الطلب إلى المنطقة"

Step 1: Student Information	Edit	View Only	✔ Date Completed: 05/07/2021
Step 2: Family/Guardian Information	Edit	View Only	✔ Date Completed: 05/07/2021
Step 3: Medical/Dental Information	Edit	View Only	✔ Date Completed: 05/07/2021
Step 4: Emergency Contact Information	Edit	View Only	✔ Date Completed: 05/07/2021
Step 5: Additional District Forms	Edit	View Only	✔ Date Completed: 05/07/2021

Submit Application to the District

13. ستظهر النافذة المنبثقة التالية. انقر فوق "إرسال الطلب" لتأكيد رغبتك في تقديم الطلب.

Confirm ✕

Submitting will allow Alsip-Hazlgrn-Oaklwn SD 126 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 Alsip-Hazlgrn-Oaklwn SD 126?

Submit Application **Cancel and Keep Screen Open**

14. بمجرد تقديم طلب التسجيل الخاص بك ، سوف تتلقى النافذة المنبثقة التالية.

Application Submitted

The application has been successfully submitted.

Thank you for using our New Student Online Enrollment system! We welcome your family to D1261! Your child's application has been received and will be processed.

The building secretary will call to set up an appointment to bring in the child's birth certificate and the registration documents listed below. Final placement is determined by the students Building Principals. If you have any questions about this process, please contact the building principal.

Category A

Must provide one (1) document

Real Estate Tax Bill

Signed Lease

Mortgage Document or Payment Book

Residency Attestation and Most Current Real Estate Tax Bill or Mortgage Statement

Military Housing Letter

Section 8 Letter

Category B

Must provide any two (2) documents

Gas Bill

Electric Bill

Water / Sewer Bill

Phone Bill (No Cell Phone)

Cable Bill

Vehicle Registration

Summary Page

Your Un-submitted Applications

There are no un-submitted applications to list.

Your Submitted Applications

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

إذا كان لديك أي أطفال إضافيين لم يتم تسجيلهم في منطقتنا، فانقر فوق "انقر لتسجيل الطلاب الإضافيين" الموجود في الزاوية اليمنى ***
العليا من الشاشة.

[Click to Enroll Additional Students](#)