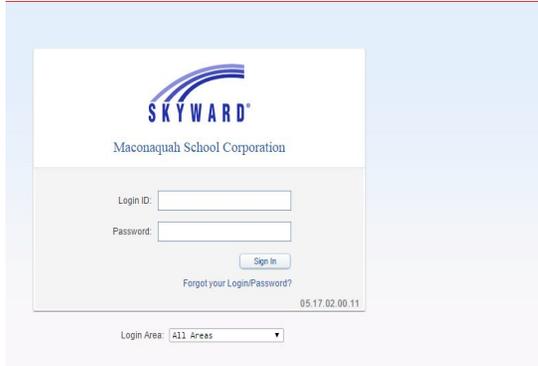
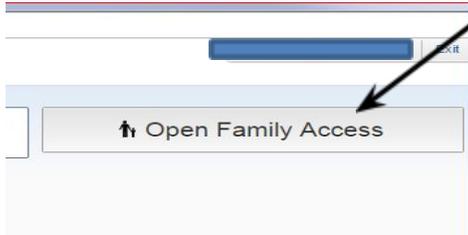


Online Registration Instructions

1. Login to [Skyward](#). (Username is first.last name) If you do not remember your password, click "forgot password." You will receive an email with a password reset.



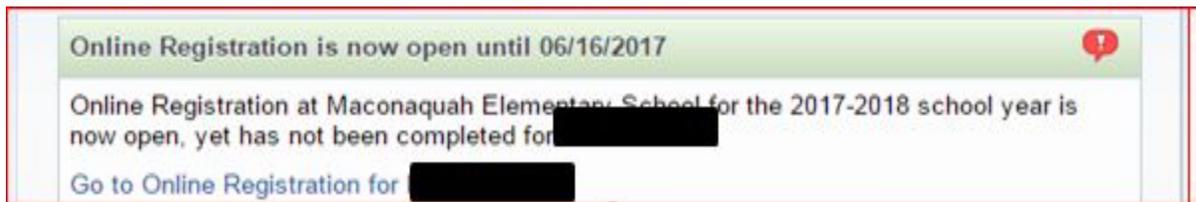
2. Click Open Family Access located on the right hand side of the screen.



3. If you have multiple students in the school system, make sure you click all students and select one student at a time.

Family Access
All Students ▾

4. Click on the *go to online registration* for (student name)



5. You should now see a list of steps to complete for registration. You can complete all of these steps at one time, OR, you can complete a few, save them, and come back later to finish.

1. Verify Student Information

a. Student Information

b. Family Address

c. Family Information

d. Emergency Contacts

e. Health Information

2. Verify Skylert Information

3. Health Form

4. Military Children in Education

5. Residency Information Form

6. Maconaquah Elementary Handbook

7. Laptop Insurance

8. Transportation Form

9. Parent Right to Know

10. Food Service Application

11. Complete Online Registration

Previous Step Next Step

Close and Finish Later

6. Step 1a -- Basic Student Information. In this step, you can change a phone number if needed. When finished with those changes, click *Complete step 1a only*.

Maconaquah Elementary School 2017-2018)

Step 1a. Verify Student Information: Student Information (Required) Undo

General Information

First: [Redacted] Middle: [Redacted]

Last: [Redacted] Suffix: [Redacted]

Birthday: [Redacted] Gender: Male

Other Name: [Redacted] Race: WHITE/NON-HISPA

Language: ENGLISH

Native Language: ENGLISH

Home Phone: [Redacted] Ext: [Redacted]

[Redacted] Ext: [Redacted]

[Redacted] Ext: [Redacted]

School Email: [Redacted]

Birth County: [Redacted]

Birth State: IN - INDIANA

Birth Country: US

Complete Step 1a Only

7. Step 2 -- Family Address Information. You may change any address information on this screen.

Maonaquah Elementary School 2017-2018

Step 1b. Verify Student Information: Family Address (Required) Undo

Address [Preview Address](#)

Street Number: Street Dir: Street Name:

SUD: #: P.O. Box:

Address 2:

Zip Code: Plus 4: City/State: PERU, IN

County:

Mailing Address Same as Address

Street Number: Street Dir: Street Name:

SUD: #: P.O. Box:

Address 2:

Zip Code: Plus 4: City/State:

[Complete Step 1b Only](#)

Please note: PO box numbers will be entered in the mailing address portion.

8. Family Information -- (Complete relationship, employer, and phone numbers.)
NOTE: The second number needs to always be the work phone number.

Please enter your personal email address. All buildings will be communicating through email for most of the needed information.

(Maconaquah Elementary School 2017-2018)

Step 1c. Verify Student Information: Family Information (Required) Undo

Guardian Number: 1
 Name: [Redacted]
 Relationship: [Redacted]
 Employer: [Redacted]
 Home Email: [Redacted]

Primary Phone: [Redacted] Ext: [Redacted]
 Confidential Long Distance
 Work [Redacted]
 Cell [Redacted] Ext: [Redacted]

Guardian Number: 2
 Name: [Redacted]
 Relationship: [Redacted]
 Employer: [Redacted]
 Home Email: [Redacted]

Work [Redacted]
 Cell [Redacted] Ext: [Redacted]

Complete Step 1c Only

9. Emergency Contacts

(Maconaquah Elementary School 2017-2018)

Step 1d. Verify Student Information: Emergency Contacts (Required) Undo

Add Emergency Contact Change Emergency Contact Order

Contact Number: 1 Delete this Emergency Contact

First: [Redacted]
 Middle: [Redacted]
 Last: [Redacted]
 Relationship: [Redacted]

Primary Phone: [Redacted] Ext: [Redacted]
 [Redacted] Ext: [Redacted]
 [Redacted] Ext: [Redacted]
 Pick Up: Yes

Comment: [Redacted]

Contact Number: 2 Delete this Emergency Contact

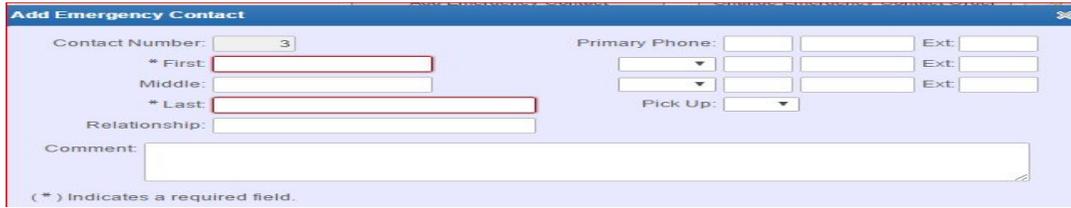
First: [Redacted]
 Middle: [Redacted]
 Last: [Redacted]
 Relationship: [Redacted]

Primary Phone: [Redacted] Ext: [Redacted]
 [Redacted] Ext: [Redacted]
 [Redacted] Ext: [Redacted]
 Pick Up: Yes

Comment: [Redacted]

Complete Step 1d Only

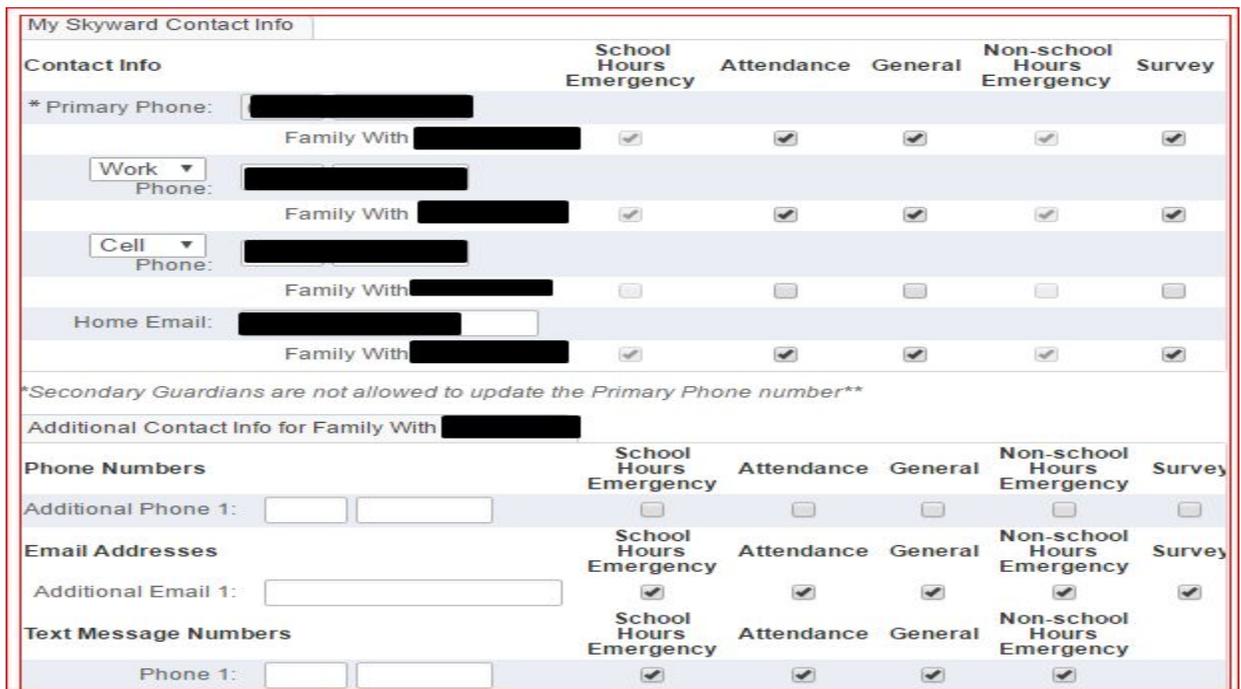
10. If you need to add an emergency contact, click *add emergency contact*.



Form titled "Add Emergency Contact" with fields for Contact Number (3), First, Middle, Last, Relationship, Primary Phone, and a Comment box. A note at the bottom states "(*) Indicates a required field."

You need to have at least one contact to complete this step.

11. Skylert information (School Messenger)



Contact Info	School Hours Emergency	Attendance	General	Non-school Hours Emergency	Survey
* Primary Phone: [Redacted]	<input checked="" type="checkbox"/>				
Family With [Redacted]	<input checked="" type="checkbox"/>				
Work Phone: [Redacted]	<input checked="" type="checkbox"/>				
Cell Phone: [Redacted]	<input type="checkbox"/>				
Home Email: [Redacted]	<input checked="" type="checkbox"/>				

*Secondary Guardians are not allowed to update the Primary Phone number**

Additional Contact Info for Family With [Redacted]	School Hours Emergency	Attendance	General	Non-school Hours Emergency	Survey
Additional Phone 1: [Redacted]	<input type="checkbox"/>				
Additional Email 1: [Redacted]	<input checked="" type="checkbox"/>				
Text Message Numbers Phone 1: [Redacted]	<input checked="" type="checkbox"/>				

You can select the phone numbers to be called for school information. You also can add additional phone numbers if needed.

12. All forms have a button *View Full Screen*. Click on that to see the full form.



13. Health Form -- On this form, a yes answer to any of the health questions requires you to contact the school nurse by phone.

a. You must complete the signature and date line before you can proceed to the next step.

Student Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Grade:	<input type="text"/>	Gender:	<input type="text"/>
Use the drop down menus to answer each question.			
Diabetes	Is your student an insulin-dependent diabetic?	No	▼
Seizures	Does your student have emergency medications for seizures?	No	▼
Asthma	Does your student have asthma that would require an inhaler at school?	No	▼
Heart Condition	Does your student have a heart condition?	No	▼
Allergies	Does your student have allergies that would require Benadryl?	No	▼
Allergies	Does your student require an EpiPen in the school setting for any significant allergies?	N/A	▼
Hearing Aids	Does your student have Hearing Aids.	No	▼
Physical Education	Does your student have any physical education restrictions?	No	▼
Medications	Does your student have any current medications needed during school?	No	▼
Additional Info	<input type="text"/>		

Parent Signature: <input type="text"/>
Please type your full name serving as your signature for this form.
Date: <input type="text"/>
Date format mm/dd/yyyy

14. Military Children in Education form

~~Confidential~~

Military Children in Education 2017-2018 School Year

Purpose: This questionnaire is the result of a Department of Defense (DOD) program supported by Indiana statute 20-19-3-9.4. Confidentially identifying military children and providing data on their attendance and educational outcomes, states can assist schools and districts by providing access to data to help inform policy and program decisions for this unique student population. In addition, DOD will benefit from this data in developing policy for military child education initiatives.

School Name:

Student Grade

Student Name

Please complete the questions that best describe your student's situation. It is possible to answer "yes" to both.

Is the above named student connected to an Active Duty military family:

Meaning a school-aged child, enrolled or in the process of enrolling in KG-12th grade, is claimed as a dependent by an Active Duty member of the Armed Forces of the United States; or the student and an Active Duty member(s) are of the same household whether or not the active duty member(s) claims the student as a dependent.

Active Duty" means: full-time duty status in the active uniformed service of the United States.

Is the above named student connected to a Guard or Reserve military family:

Meaning a school-aged child, enrolled or in the process of enrolling in KG-12th grade, who is claimed as a dependent by a member of the National Guard or Reserve; or the student and National Guard or Reserve member(s) are of the same household whether or not the National Guard or Reserve member(s) claims the student as a dependent.

National Guard or Reserve" means: members of the Reserve Component as defined in 10 U.S.C. Section 10101. Includes Army National Guard of US, Army Reserve, Navy Reserve, Marine Corps Reserve, Air National Guard of US, Air Force Reserve or Coast Guard Reserve.

Parent Signature:

Please type your full name serving as your signature for this form.

Date:

Date format mm/dd/yyyy

15. Residency Information form

RESIDENCY INFORMATION FORM

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 11432(a). Your answers will help the administrator determine residency documents necessary for enrollment of your students(s).

Student Name	<input type="text" value=""/>
Parent/Guardian	<input type="text" value=""/>
School	<input type="text" value=""/>
Phone	<input type="text" value=""/>
Age	<input type="text" value=""/>
Grade	<input type="text" value=""/>
DOB	<input type="text" value=""/>

Address:

Do you currently live outside the Maconaquah School District?

Required to Answer
Is this address Temporary or Permanent?

Please choose the following situations where the student currently resides. (You can choose more than one):

If you are living in shared housing, please check all of the following reasons that apply. Choose option 1 (Does Not Apply), if you are NOT living in shared housing.

<input type="text" value="Does Not Apply"/>
<input type="text" value=""/>
<input type="text" value=""/>

If you chose "Other" please explain:

Are you a student under the age of 18 and living without your parents or guardians?

Residency and Educational Rights

Students who are in temporary, inadequate, and homeless living situations have the following rights:
Immediate enrollment in the school they last attended or the school in whose attendance area they are currently staying even if they do not have all of the documents normally required at the

16. Student Handbook form

Student Name: [redacted] Grade: 02

The Student Handbook is online and can be accessed from the Maconaquah Elementary School web site (<https://maconaquah.k12.in.us/>). I acknowledge it is my responsibility to read and understand the contents of the Handbook. As a parent and a student attending Maconaquah Elementary School, we agree to adhere to the policies stated in the Handbook Corporation Acceptable User Policy, and Parent Compact during the entire school year. We understand that a student laptop will not be issued until this agreement is signed by the Student AND Parent/Guardian.

Student Signature:
test

Please type your full name serving as your signature for this form.

Parent Signature:
test

Please type your full name serving as your signature for this form.

Date:
06/14/2017
Date format mm/dd/yyyy

17. Laptop Insurance information

**Maconaquah School Corporation
Device Insurance Program**

An insurance program has been established to help defer costs of damaged screens, keyboards, and laptop/iPad parts. The Maconaquah School Corporation funded insurance program will cost \$25 per student with a deductible.

Each student device will be repaired and appropriate charges billed to the student and/or family. Physical damages, intentional vandalism, lost or stolen items will remain the responsibility of the student and his/her parent/guardian.

	Broken Screen	Power Cord	Keyboard	Display Bezel	Mouse Pad	Laptop Base	Laptop Hinges	Device Power Button	Headphone Jack	Total Device Replacement
W/O Insurance	\$80	\$50	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$400
With Insurance	\$40	\$25	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$300

NOTE: By purchasing device insurance, I understand that my repair charges will be half priced. I agree to pay full price for any repairs if I elect to NOT purchase this insurance. Over 50% of students typically incur repair charges during a school year.

I would like to purchase device insurance for my student. Yes No

If you would like to take advantage of this insurance opportunity, please send a cash/check (made out to Maconaquah School Corporation) to your student's teacher or the front office. You can also pay online through E-Funds.

Student Signature:
test

Please type your full name serving as your signature for this form.

Parent Signature:
test

Please type your full name serving as your signature for this form.

18. Other forms will be individualized for each building.

19. The last form will be Free and Reduced Lunch Application.

If you need to apply for assistance, click Food Service Application. If you do not need assistance, click the box and say I do not qualify for benefits. Then click to complete the step.

[redacted] (Maconaquah Middle School 2017-2018) Print

Step 9. Complete Online Registration (Required)

By completing Online Registration, you are confirming that the Steps below have been finished. Are you sure you want to complete Online Registration for [redacted]?

Review Online Registration Steps		
Step 1)	Verify Student Information	Completed 05/15/2017 9:20am
<i>No Requested Changes exist for Step 1.</i>		
Step 2)	Verify Skylert Information	Completed 05/15/2017 9:08am
Step 3)	Health Form	Completed 05/15/2017 9:11am
Step 4)	Military Children in Education	Completed 05/15/2017 9:12am
Step 5)	Residency Information Form	Completed 05/15/2017 9:15am
Step 6)	Middle School Handbook	Completed 05/15/2017 9:16am
Step 7)	Laptop Insurance Form	Completed 05/15/2017 9:17am
Step 8)	Field Trip Form	Completed 05/15/2017 9:19am

Guardian Name: [redacted] Guardian Address: [redacted]

Submit Online Registration

Once all forms are completed, click *Submit Online Registration*.