Make sure they choose "View Full Screen" on each form. They should "Complete Step and Move to Step" at the bottom of each form.



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🌈 Family Access - Google Chrome

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https://skyward.iscorp.com/scripts/wsisa.dll/WService=wseduwaneein/sfaccount001.w

Home		Accou	unt Setting	IS						Save
Online Registra	ation		Email: Phone: (57	4)	Ext:					Change Login
Calenda	ar	Ce	ell 🔻 (57	4)	Ext:		Family Access I	_ogin:		Change Password
Gradebo	ook	W	ork 🔻 (57	4)	Ext:		Password Last Cha	nged:		Undo
Attenda	nce		Show Googl	e™ Translator in F Screen Reader	Family Access					
Student	Info		Outline Links	When Focused						
Food Se	ervice	Str	reet Number	752 Stre	eet Dir:	Addre Street Name:	ess (Mailing Address)	Addres	s Droviow	
Disciplin	ne	01	SUD	T 752 0410	#:	P.O. Box:		Addres		
Test Sco	ores		Address 2							
Portfolio)		Zip Code:	46550	Plus 4:	City/State:	Nappanee, IN			
Skylert			County	Elkhart]
Login Hi	istory	Email	Notificati	ons						
		🗹 F	Receive Daily	Attendance Notif	ications for my	student(s) by				
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			lacguire N. l	ondon	Mason	D. London	🗌 Maya G. Lo	ondon		
	Y	Y	Y	06/20/2019	N	N	N	N	N	stunjack@media
	Y	Y	Y	06/20/2019	N	N	N	Ν	N	stunjack@media

/sfhome01.w			My Account Contact Lis Exit
	Family Access		
SKTWAKU	All Students Guardian must complete an		District Links
Home	Brelynn M. Wise Brody P. Wise forms for each student.	346 v	Dpcoming Events Calendar
Online	Leg roord message		
Calendar			
Attendance	Online Registration is now open until 08/27/2019	•	
Student Info	Online Registration at NorthWood High School for the 2019-2020 school year is now open, yet has not been completed for Brelynn.		
Food Service	Go to Online Registration for Brelynn		
Discipline	No messages were found.		
Test Scores			
Portfolio			
Skylert			
Login History			

	Family Access	Toby Mishler My Account Exit
KYWARD"		
	Online Registration	
lome		
Online Registration	District Message	District Message
alandar	Wa-Nee School District is happy to welcome you to Skyward Family Access portal for 2020-2021 Online	1. Verify Student Information
dictifudi	It helps if youare in full screen mode when you are completing the forms so you can see all of the steps and e	a. Student Information
ttendance	command to click on.	b. Family Address
tudent Info	Should you have any questions during this process, you may contact us at 574-773-7789.	c. Family Information
ood Service	We look forward to a Great School Yearl	d. Emergency Information
)iscipline		e. Emergency Contacts
		f. Health Information
est Scores		2. Verify Skylert Information
ee Aanagement		3. Add a Food Service Applicatio
and a second second	There will be a green check mark next	4. 2020-21 Remote Learning Survey
Portfolio	to each section guardian has	5. Permission to Share
skylert	successfully completed.	6. Food Service Information
ogin History		7. Military Questionaire
		8. Migrant Survey
		9. Medical Information
		10. Pesticide Information
		11. Device Acceptance Form
		12. McKinney-Vento Homeless Survey
		13. Parent Acknowledgements
		14. Complete Online Registration
		Ned
		Close and Finish Later

	Fa	mily Access		My Account Contact Us Exit
	S K Y W A R D°	e		District Links
	Home	Online Registration		
	Online	Brelynn (NorthWood High School 2019-2020)		
	Registration	Step 1a. Verify Student Information: Student Infor (Required)	mation	Undo District Message
	Calendar			1. Verify Student Information
	Attendance	General Information	Middle: Mie	a. Student Information
	Student Info		Puffix:	c. Family Address
	Student Inio	* Diate days	Conder Female T	d Emergency Information
	Food Service	" Birinday:	Gender. remaie *	e. Emergency Contacts
	Discipline		Page White Alexa Lie	f. Health Information
	Test Scores	Language. English	Race. White/Non-Hispa	2. Add a Food Service Application
	Portfolio	Hame Bhone: (574)		3. Permission to Share
	Skylert	Home Phone: (574)		4. Verify Skylert Information
	Login History	Cell (574) Ext:		5. Military Questionaire
	Login History			6. Migrant Survey
		Home Email: jwise@wanee.org		7. Chirp Consent
		Allow Publication of Student's Name for:		8. Medical Information
		Military: Yes V Higher Ed: Ye	es T Public: Yes	9. Pesticide Information
		District: Yes V	es 🔻	10. Food Service Information
				11. Parent Acknowledgements
		Complete Step 1a and mo	ove to Step 1b	12. Complete Online Registration
Explanation f	or the above section	on "Allow Publication of Student's	Name"	Previous Step Next Step
F				Close and Finish Later
The <u>'Military'</u> flag is normally used students (not relevant for grades K-	to exclude student i <u>8)</u> . If you do not w	information from being sent to militar ant student's name/address given to t	y recruiters for <u>high s</u> hem, please mark 'no ³	<u>school</u> '.
The <u>'Higher Ed'</u> flag is normally us (colleges & universities) for high sc	ed to exclude studer nool students. <u>(not</u>	nt information from being sent to inst <u>relevant for grades K-8)</u>	itutions of higher edu	acation
The <u>'Public'</u> flag is normally used to and other media.	exclude student in	formation from being sent outside the	e district such as news	spapers
The <u>Local</u> flag is normally used to sports information such as rosters a	excluded student ir nd programs or art	nformation from within the district like icles where students' directory inform	e yearbooks, photogra ation is identified.	aphs,

G Family Access Online Registration - Google Chrome			
https://skyward.iscorp.com/scripts/wsisa.dll/WService=wseduwaneein/sfor	nlinereg001.w		
		Family Access	My Account Contact Us Exit
	WWADD.		District Links
	A T W A N V		
		Online Registration	
H	ome	Brelynn (NorthWood High School 2019-2020)	
OR	nline egistration	Step 1b. Verify Student Information: Family Address Undo Undo Change Requests Undo Change Requests	District Message
C	alendar		1. Verify Student Information
	ttendance	Address Preview Address	a. Student Information
	ttertuarice	Street Number: 658 Street Dir: E Street Name: Centennial St	b. Family Address
S	tudent Info	SUD: #: P.O. Box:	c. Family Information
F	ood Service	Address 2:	d. Emergency Information
D	iscipline	Zip Code: 46550 Plus 4: City/State: Nappanee, IN	e. Emergency Contacts
Te	est Scores	County: Elkhart	f. Health Information
	000103		2. Add a Food Service Application
P	ortfolio	Mailing Address 🗹 Same as Address	3. Permission to Share
S	kylert	Street Number: Street Dir: Street Name:	4. Verify Skylert Information
L	ogin History	SUD: #: P.O. Box:	5. Military Questionaire
		Address 2:	6. Migrant Survey
		Zin Code: Plus 4: City/State:	7. Chirp Consent
			8. Medical Information
		Complete Stars 1b and move to Stars 1a	9. Pesticide Information
		All fields with bold text and borders are currently waiting for approval by the district	10. Food Service Information
			11. Parent Acknowledgements
			12. Complete Online Registration
			Previous Step Next Step
			Close and Finish Later

Inity Access on the Registration - dougle of other			
https://skyward.iscorp.com/scripts/wsisa.dll/WService=	wseduwaneein/sfonlinereg001.w		
	F	amily Access	My Account Contact Us Exit
	S K Y W A R D		🚹 District Link
	L		
	Home	Online Registration	
	Online	Brelynn (NorthWood High School 2019-2020)	
	Registration	Step 1c. Verify Student Information: Family Information	do District Message
	Calendar	(1. Verify Student Information
		Family Options	a. Student Information
	Attendance	Receive a Paper Copy of Report Card	b. Family Address
	Student Info	Guardian Number: 1	c. Family Information
	Food Service	Name: Jenn Wise	d. Emergency Information
	Discipline	Custodial	e. Emergency Contacts
		Relationship: Mother Cell V (574) Ext.	f. Health Information
	Test Scores	Employer: Wa-Nee Community Schools	2. Add a Food Service Application
	Portfolio	Home Email: iwise@wanee.org	3. Permission to Share
	Skylert	,	4. Verify Skylert Information
	Login History	Guardian Number: 2	5. Military Questionaire
	Login History	Name: Jeff Wise	6. Migrant Survey
			7. Chirp Consent
		Relationship: Father	8. Medical Information
		Employer:	9. Pesticide Information
		Home Email:	10. Food Service Information
			11. Parent Acknowledgements
		Complete Step 1c and move to Step 1d	12. Complete Online Registration
			Previous Step Next Sten

🚮 Family Access Online Registration - Google Chrome		
https://skyward.iscorp.com/scripts/wsisa.dll/WService=wseduwaneein/sfonlinereg001.w		
S K Y W A R D	mily Access	My Account Contact Us Exit
Home	Online Registration Brelynn (NorthWood High School 2019-2020)	
Online Registration	Step 1d. Verify Student Information: Emergency Information (Required)	Undo District Message
Calendar	Last Name, First	a. Student Information
Attendance	Physician: Goshert, Reba	b. Family Address
Student Info	Dentist: Topping, Brian	c. Family Information
Food Service	Complete Step 1d and move to Step 1e	e. Emergency Contacts
Test Scores		f. Health Information
Portfolio	Parent may type in the primary	2. Add a Food Service Application 3. Permission to Share
Skylert	physician name and dentist	4. Verify Skylert Information
Login History	name.	5. Military Questionaire
		7. Chirp Consent
		8. Medical Information
		9. Pesticide Information
		10. Food Service Information
		11. Parent Acknowledgements
		12. Complete Online Registration
		Previous Step Next Step
		Close and Finish Later

Image: Strain and Strain	nily Access	 All Guardians are automatically Emergency Contacts. Each student may have 5 Emergency including the guardians. All Emergency Contacts have permiss 	gency Contacts sion to
Home Online Registration	Online Registration Brelynn (NorthWood High Sch Step 1e. Verify Student I (Required)	pick up a student.	District Message 1. Verify Student Information
Calendar Attendance Student Info Food Service Discipline Test Scores Portfolio Skylert	Contact Number: 1 First: Jenn Middle: Last: Wise Relationship: Mother Contact Number: 2 First: Leff	Add Emergency Contact Change Emergency Contact Order Delete this Emergency Contact Primary Phone: (574) Cell (574) Pick Up: Yes ▼ Delete this Emergency Contact Primary Phone: (574) Ext: Delete this Emergency Contact Pick Up: Yes ▼ Delete this Emergency Contact Primary Phone: (574)	a. Student Information b. Family Address c. Family Information d. Emergency Information e. Emergency Contacts f. Health Information 2. Add a Food Service Application 3. Permission to Share 4. Verify Skylert Information
Login History	Aiddle: Last: Wise Relationship: Father	Cell ▼ (574) Pick Up: Yes ▼	5. Military Questionaire 6. Migrant Survey 7. Chirp Consent 8. Medical Information 9. Pesticide Information 10. Food Service Information 11. Parent Acknowledgements 12. Complete Online Registration Previous Step Next Step Close and Finish Later

I Family Access Online Registration - Google Chrome			Guardian to enter any		
https://skyward.iscorp.com/scripts/wsisa.dll/WService=wseduwaneein/stonlinereg001	.w		pertinent information.	b	My Account Contact Us Exit
	Family Access		This will be reviewed by		
S K Y W A R	0°		the school nurse for		District Links
	Online Reg	stration	approval and follow up.		
Home	Brelynn (Nort	Wood High School 201	9		
Online Registration	Step 1f. Ve	rify Student Inform	ation: Health Information	Undo	District Message
Calendar	(Required)				1. Verify Student Information
	Health Prob	ems:			a. Student Information
Attendance					b. Family Address
Student Info	Allergy N	otes:			c. Family Information
Food Service	e				d. Emergency Information
Discipline	Madianting N			//	e. Emergency Contacts
	Medication	oles:			f. Health Information
Test Scores				1/	2. Add a Food Service Application
Portfolio	Hospital N	otes:			3. Permission to Share
Skylert				//	4. Verify Skylert Information
Login Histor	v Vision N	otes:			5. Military Questionaire
	,				6. Migrant Survey
					7. Chirp Consent
	Hearing N	otes:			8. Medical Information
				11	9. Pesticide Information
	Other Cond	erns:			10. Food Service Information
				1	11. Parent Acknowledgements
					12. Complete Online Registration
		(Complete Step 1f and move to Step 2		Previous Step Next Step
					Close and Finish Later

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Family Access ARD

Home

Calendar

Discipline

Portfolio

Skylert

District Links **Online Registration** Brelynn (NorthWood High School 2019-2020) Online Registration District Message Step 2. Add a Food Service Application (Required) Your children may qualify for free or reduced price meals if your 1. Verify Student Information household income falls within the limits on this chart. a. Student Information FEDERAL INCOME CHART Attendance For School Year 2019-20 b. Family Address Household Twice Per Every Two Student Info Size Yearly Monthly Month Weeks Weekly c. Family Information 23,107 1,926 963 889 445 1 d. Emergency Information Food Service 2 31,284 2,607 1,304 1,204 602 3 39,461 3,289 1,645 1,518 759 e. Emergency Contacts 4 47,638 3,970 1,985 1,833 917 f. Health Information 5 55,815 4,652 2,326 2,147 1,074 Test Scores 6 63,992 5,333 2,667 2,462 1,231 2,776 1,388 7 72,169 6,015 3,008 8 80,346 6,696 3,348 3,091 1,546 3. Permission to Share Each Additional Person: 8.177 682 341 315 158 4. Verify Skylert Information Login History 5. Military Questionaire Choose one of the following options: 6. Migrant Survey Add a Food Service Application 7. Chirp Consent ----OR----8. Medical Information I do not qualify for benefits or do not wish to complete an application 9. Pesticide Information 10. Food Service Information Complete Step 2 and move to Step 3 11. Parent Acknowledgements 12. Complete Online Registration Guardian must click on the "Add a Food Service Application" Previous Step Next Step

OR

Guardian must check mark the "I do not qualify for benefits or do not wish to complete an application"

Close and Finish Later

My Account Contact Us Exit

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dower) Family Access My Accent Cented Us Exit dower) Family Access Important A state direct centified application (Required) District Message 1. Verity Student Information as the direct derified application exits for the current school year and no additional information is required. If the elipibility is in error you would like to adjust your benefits, please contact you school district 1. Verity Student Information as an off of a datebook Add a Food Service Application exits for the current school year and no additional information is required. If the elipibility is in error you would like to adjust your benefits, please contact you school district 1. Verity Student Information as the direct certified application exits for the current school year and no additional information is frequenced. If the elipibility is in error you would like to adjust your benefits, please contact you school district 1. Verity Student Information as the direct certified application exits for the current school year and no additional information is the equired. If the elipibility is in error you would like to adjust your benefits 1. Verity Student Information as the direct year of you would like to adjust your benefits 1. Student Information 2. Entry Information as the direct year of you would like to adjust your benefits 1. Methy Student Information 2. Add a Food Service as the direct year of you would like to adjust your benefits 1. Methy Food Service 1. Methy Food Service		Ê	https://skyward	l.iscorp	.com/scri	pts/wsisa.	dll/WService=w	seduwanee	ein/sfonlinereg0	01.w				
Online Registration Online Registration	(slower))	S K Y W A R D	Famil	y Acces	s						My Account	Contact Us	Exit
0 0	. •		Home	0	nline Re	gistratio	n							
Base King Calendar 1. Verify Student Information Base King Calendar 1. Verify Student Information Gradebook Attendance 1. Verify Student Information 3. Student Information Base frify Attendance 0. Family Address 0. Emergency Information Base frify Student Info 0. Emergency Information 0. Emergency Information Base frify Eased on the information above, I acknowledge that I am state certified to receive Food Service benefits 0. Emergency Information Base frify Eased on the information above, I acknowledge that I am state certified to receive Food Service benefits 0. Emergency Information Base frify Eased on the information above, I acknowledge that I am state certified to receive Food Service benefits 0. Emergency Information Base frify Eased on the information above, I acknowledge that I am state certified to receive Food Service benefits 1. Verify Stylet Information Base frify Essores Fortfolio 2. Verify Stylet Information Base portfolio Skylett 1. Distributing 1. Verify Stylet Information Base graf Skylett 1. Strute Strute </td <td>8000</td> <td>Log rfre</td> <td>Online Registration</td> <td>-</td> <td>Step 3. A</td> <td>dd a Foo</td> <td>d Service App</td> <td>lication (I</td> <td>Required)</td> <td></td> <td></td> <td>District Mess</td> <td>age</td> <td></td>	8000	Log rfre	Online Registration	-	Step 3. A	dd a Foo	d Service App	lication (I	Required)			District Mess	age	
aba afn aba Gradebook a. a. addet in indomiabon aba afn Attendance b. Family Address aba fin' Attendance b. Family Address student Info c. Emergency Information student Info c. Emergency Contacts f. Health Information c. Emergency Contacts f. Health Information c. Stores portfolio Skylert stores skylert Login History c. Stores stores s. Add a Food Service stores s. Add a Food Service stores s. Add a Food Service stores s. Skylert Login History s. Chip Consent stores s. Chip Consent stores s. Chip Consent	7000 300	kfrc rfry	Calendar		Important required.	! A state di f this eligibi	rect certified applic lity is in error or yo	ation exists www.udl.like	for the current sch to adjust your ber	ool year and no additior efits, please contact you	al information is Ir school district.	1. Verify Stu	dent Informat	ion
Attendance c. Family Information Based on the information above, I acknowledge that I am state certified to receive Food Service benefits c. Family Information Based on the information above, I acknowledge that I am state certified to receive Food Service benefits c. Family Information Based on the information above, I acknowledge that I am state certified to receive Food Service benefits c. Family Information Based on the information above, I acknowledge that I am state certified to receive Food Service benefits c. Family Information Based on the information above, I acknowledge that I am state certified to receive Food Service benefits c. Family Information Based on the information above, I acknowledge that I am state certified to receive Food Service benefits c. Family Information Based on the information above, I acknowledge that I am state certified to receive Food Service benefits c. Family Information Based on the information above, I acknowledge that I am state certified to receive Food Service benefits f. Heatth Information Based on the information above, I acknowledge that I am state certified to receive Food Service Food Service Food Service f. Heatth Information Based on the information above, I acknowledge that I am state certified to receive Food Service Food Service f. Heatth Information Based on the information Guardian will see the above statement if they have been directly corinformation f. Mittary Cuesti	00 000	sfry	Gradebook		Check the	box to cont	tinue					b. Family	Address	
Mail Mail Student Info d. Emergency Information Mail Food Service e. Emergency Contacts f. Health Information Discipline Discipline Guardian will see the above statement if they have been directly certified as free/reduced. Guardian must check the box to complete Step 3. 2. Verify Skylet Information Date Guardian will see the above statement if they have been directly certified as free/reduced. Guardian must check the box to complete Step 3. 4. Permission to Share Skylett Login History 5. Food Service Information 6. Military Questionaire Jageo Jageo Jageo Jageo Jageo Jageo Jageo Jageo Jageo Jageo Jageo Jageo Jageo Jageo Jag	000	jfry	Attendance		Bas	ed on the in	formation above, I	acknowledg	ge that I am state o	ertified to receive Food	Service benefits	c. Family	Information	
aeee fur Food Service 1. Health Information bee bfu Discipline Guardian will see the above statement if they have been directly certified as free/reduced. Guardian must check the box to complete Step 3. 2. Verify Skylert Information bee kga Skylert 1. Health Information 3. Add a Food Service Application bee kga Fortfolio 3. Add a Food Service Application bee kga Skylert 1. Guardian will see the above statement if they have been directly certified as free/reduced. Guardian must check the box to complete Step 3. 4. Permission to Share bee skylert 5. Food Service Information 6. Military Cuestionaire bee gaa gaa 6. Military Cuestionaire 7. Migrant Survey bee gaa gaa 8. Chirp Consent 9. Medical Information gaa gaa gaa 9. Medical Information 11. Parent Acknowledgements gaa gaa gaa gaa Next Step Next Step gaa gaa gaa gaa Guardian the step Stration Close and Finish Later	001 000	jfry kful	Student Info					Complete Ste	ep 3 and move to St	ep 4		d. Emerg	ency Informa	ition ts
000 001 Discipline Guardian will see the above statement if they have been directly certified as free/reduced. Guardian must check the box to complete Step 3. 2. Verify Skylert Information 000 640 Portfolio 3. Add a Food Service Application 4. Permission to Share 000 530 Skylert 5. Food Service Information 6. Military Questionaire 000 100 100 9. Medical Information 10. Pesticide Information 000 100 100 9. Medical Information 10. Pesticide Information 000 100 100 10. Pesticide Information 10. Pesticide Information 000 100 100 100 10. Pesticide Information 10. Pesticide Information 000 100 100 100 10. Pesticide Information 10. Pesticide Information 000 100 100 100 10. Pesticide Information 10. Pesticide Information 000 100 100 100 100 100 100 0010 100 100 100 100 100 100 0010 100 100 100 100	00	jfur bfur	Food Service	_			_				-	f. Health	Information	
00 dga Test scores Fedded as free/reduced. Guadanan must check the box to complete Step 3. Add a Food Service Application 00 sga Skylert 5. Food Service Information 6. Military Questionaire 00 sga Login History 8. Chirp Consent 9. Medical Information 00 gaa 10. Pesticide Information 10. Pesticide Information 11 gaa 12. Complete Online Registration 12 Igaa 12. Complete Online Registration 13 Igaa 12. Complete Online Registration 14 Igaa Igaa 12. Complete Online Registration 13 Igaa Igaa Igaa Igaa 14 Igaa Igaa Igaa Igaa Igaa 15 Igaa Igaa Igaa Igaa Igaa Igaa Igaa 15 Igaa	00	cga	Discipline		Guard	ian will	see the above	e stateme	ent if they ha	ve been directly		2. Verify Sky	lert Informati	on
aga 4. Permission to Share aga 5. Foot Service Information 6. Military Questionaire 6. Military Questionaire 7. Migrant Survey 8. Chirp Consent 9. aga 9. Medical Information 90 aga 10. Pesticide Information 91 aga 11. Parent Acknowledgements 92 aga 12. Complete Online Registration 93 aga 12. Complete Online Registration 94 aga 13. Previous Step 95 aga Next Step 95 aga Close and Finish Later	00 00	dga kga	Portfolio		cen	incu as	con	nplete St	ep 3.			3. Add a Fo Application	od Service	
aga try tott 00 sga 01 sga 02 sga 03 sga 04 sga 05 sga 06 sga 07 sga 08 sga 19 sga 10 Pesticide Information 11. Parent Acknowledgements 12. Complete Online Registration 12. Complete Online Registration Previous Step Next Step 10 rga Close and Finish Later	00 00	sga	Skylert									4. Permissio 5. Food Serv	n to Share /ice Informati	on
200 cga 7. Migrant Survey 200 iga 8. Chirp Consent 200 iga 9. Medical Information 200 iga 10. Pesticide Information 201 iga 11. Parent Acknowledgements 202 iga 12. Complete Online Registration 203 iga Previous Step 204 iga Close and Finish Later	30 30	sga	Login History									6. Military Q	uestionaire	
Jac 8. Chirp Consent 200 jga 200 jga 200 jga 200 jga 201 jga 202 jga 203 jga 204 jga 205 jga 206 jga 207 jga 208 jga 209 jga 209 jga 209 jga 209 jga 209 jga 209 jga 200 jga 201 jga 202 jga 203 jga 204 jga 205 jga 206 jga 207 Close and Finish Later	30 30	cga igai										7. Migrant S	urvey	
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00 jgal 01 jgal 00 jgal 00 jgal 00 kgal 01 mg 00 rgal 01 rgal	30 00	jgai jgai										10. Pesticide	Information	
12. Complete Online Registration 12. Complete Online Registration 12. Complete Online Registration 12. Complete Online Registration 13. Rga 14. Rga 15. Rga 16. Rga 17. Close and Finish Later 17. Close and Finish Later	30 01	jgai										11. Parent A	cknowledgen	nents
Close and Finish Later	90 90	jgai kga										Previous Ste	e Onine Reg	kt Step
	01 00	mg.										Close	and Finish La	ter

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		Wa-Nee Commur	nity Schools						G Select I	anguage
		Steps	2019-2020 Applicatio	n for Free	and Re	duced Price School Meals		<u>N</u> ext	Print	Back
Steps a guardian must follow to complete a Food Application. All steps must be completed. This is the exact same application that was previously completed by hand. This is strictly confidential.		Steps → Letter to Parents Instructions for Applying Federal Income Chart Use of Information Statement Application • Step 1: Child Names • Step 2: Benefits • Step 3: Gross Income • Step 4: Signature • Step 5: Other Benefits • Optional: Racial and Ethnic Identities Review and Submit	2019-2020 Applicatio Letter to Parents Dear Parent/Guardian: Children need healthy m Your children may qu Your children may qu 1. WHO CAN GET FR • All children • Foster child • Children ma •	eals to learn allify for fr cludes an a the applic EE OR REE in househo ren that ar rticipating i oo meet the ay receive f y qualify fo CAL INCOI School Year Yearly M 23,107 31,284 39,461 47,638 55,815 63,992 72,169 80,346 ional Perso 8,177 IF MY CHI	n. Wa-Nk ree mea pplication ation pro DUCED P polds recei e under t in their s e definitik free or reo or free or ME CHAI 2019-20 lonthly V 1,926 2,607 3,289 3,970 4,652 5,333 6,015 6,696 m: 682 LDREN C	duced Price School Meals ee Community Schools offers healthy meals every scho Is or for reduced price meals. Reduced price is Red n for free or reduced price meals. Reduced price is Red the legal responsibility of a foster care agency or court chool's Head Start program are eligible for free meals. on of homeless, runaway, or migrant are eligible for free educed price meals if your household's income is within reduced price meals if your household income falls at RT) Veekly 445 602 759 917 1,074 1,231 1,388 1,546 158 UALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do	ol day. Breakfas Leed Breakfast [letailed instructi igible for free m are eligible for f e meals. the limits on the or below the lim	Next t costs \$1.50; lunc \$.30] for breakfast ons. Below are sor eals. ree meals. e Federal Income E its on this chart.	Print	Back
			Are you staying to living with you wh been told your chi	gether in a o have cho Idren will g	a shelter, osen to le jet free n	hotel, or other temporary housing arrangement? Does ave their prior family or household? If you believe child neals, please call or e-mail (574) 773-3131.	your family relo fren in your hou	cate on a seasonal sehold meet these	basis? Are any descriptions an	children d haven't
			DO I NEED TO FIL	L OUT AN	APPLICA	TION FOR EACH CHILD? No. Use one Free and Reduce	ed Price School N	leals Application fo	r all students ir	i your

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Complete Step 3 and move to Step 4

Wa-Nee Community Schools

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

In order to save you time and effort, the information you gave on your Free and Reduced-Price School Meals Application may be shared with other programs for which your children might qualify. We must have your permission to share your information. Completing this form will not change whether your children get free or reduced price meals.

NO! I DO NOT want information from my Free and Reduced Price School Meals Application shared with any of these programs. I agree or disagree to share my information. Do Not Share 🔻

If you do not want your information shared, stop here. You do not need to proceed, and your information will not be shared.

If you allow school officials to share your information from your Free and Reduced Price School Meals Application please indicate yes or no next to each group below.

Principals, Counselors, Teachers, School Nurses, NWMS and/or NWHS Athletic Department	▼
Department of Child Services	
Department of Adult and Child Services	
Exam, Field Trips/Learning Trips, and Other Program Fee Waivers. To include <u>but not limited to</u> SAT, ACT, AP Dual Credit waivers, Elkhart County Boys & Girls Club, local athletic camps, school photographer.	
Local Research Study Groups	
Backpack Programs, Family & Christian Development Center (FCDC), local service organizations (Examples of service organizations would be Lions, Kiwanis, local food pantries)	
Indiana Utility and Cable Companies	

Your information will only be shared with the programs you selected above.

Signature of Parent/Guardian: Date:

For more information, you may call Wa-Nee Community Schools Administration Office at (574) 773-3131.

G Family Access Online Registration - Google Chrome https://skyward.iscorp.com/scripts/wsisa.dll/WService=wseduwaneein/sfonlinereg001.w My Account Contact Us Exit **Family Access** ŚŔŶWĄRD A District Links **Online Registration** Home District Message Step 4. Verify Skylert Information (Required) Registration 1. Verify Student Information Skylert enables you to receive notifications concerning your child(ren). You have control over which Calendar notifications to receive and how you would like to receive them. a. Student Information Attendance b. Family Address My Skyward Contact Info Student Info c. Family Information Non-School School Contact Info d. Emergency Information Hours Attendance General Survey Food Service Hours Emergency Emergency e. Emergency Contacts Discipline * Primary Phone: (574) f. Health Information Skylert is the program that is used Family With Brelynn: 1 1 1 1 1 Test Scores 2. Add a Food Service Application to contact guardians of school Cell . (574) Portfolio 3. Permission to Share Phone: delays, cancellations etc... Family With Brelynn: 1 Skylert Work • 5. Military Questionaire (574) Login History Phone 6. Migrant Survey Family With Brelynn: -7. Chirp Consent Home Email: 8. Medical Information Family With Brelynn: 1 1 1 1 1 9. Pesticide Information **Secondary Guardians are not allowed to update the Primary Phone number** 10. Food Service Information Additional Contact Info for Family With Brelynn 11. Parent Acknowledgements Non-School School 12. Complete Online Registration Phone Numbers Attendance General Survey Hours Hours Emergency Emergency Next Step Previous Step Additional Phone 1 1 Non-Close and Finish Later School School Email Addresses Survey Hours Attendance General Hours Emergency Emergency 1 Additional Email 1 1

Complete Step 4 and move to Step 5

				Ν	IOTE	
🎧 Family Access Online Registration - Google Chrome			Constitution	: C -		de eu
https://skyward.iscorp.com/scripts/wsisa.dll/WService=wseduwaneein/sfonlinereg001.w			Guardian may view form in full screen mode on			de on
	Far	nily Access	all custom to	orms. If	they view in full scr	een,
Si	K Y W A R D° 🗆		they will need t	to exit f	ull screen when the	y have
			completed the form to continue.			
н	lome	Online Registration				
	nline	Brelynn (NorthWood High School 2019-2020)				
Ř	egistration	Step 5. Military Questionaire (Required)			District Message	
С	alendar		Vie	w Full Screen	1. Verify Student Information	
۵	ttendance			Save	a. Student Information	
				Save and Print	b. Family Address	
S	tudent Info]	Back	c. Family Information	
F	ood Service	Wa-Nee Community School	5		d. Emergency Information	
D	viscipline	*Confidential*			e. Emergency Contacts	
Te	est Scores	Military Children in Education	2019-20 Sc	hool Year	2 Add a Food Service Application	
P	ortfolio	Purpose: This questionnaire is the result of a Department of Defense (DOD)	program supported by Indiana statut	e 20-19-3-	2. Aut a Foot Service Application	
F	ortiono	9.4. Confidentially identifying military children and providing data on their a	attendance and educational outcomes, states can and program decisions for this unique student y for military child education initiatives.		4. Verify Skylert Information	
S	kylert	population. In addition, DOD will benefit from this data in developing policy			5 Military Questionaire	
L	ogin History	Swidowi's Full Logal Names Drohmo Mio Mico			6 Migrant Survey	
		Staten 31 an Degan Name. Breijinn Mit Mite	Glade Devel. 11		7 Chim Consent	
		Please complete the questions that best describe your student's situation. It is	possible to answer "yes" to both.		8 Medical Information	
		1 Is the above newed attident connected to an Active Duty willitary family.	No. T		9 Pesticide Information	
		1. Is the above named student connected to an Active Duty mintary family.	illitary family: NO		10. Food Service Information	
		Meaning a school-aged child, enrolled or in the process of enrolling in KG-12th grade, is claimed as a dependent by an Ac Duty member of the Armed Forces of the United States; or the student and an Active Duty member(s) are of the same		by an Active ame	11. Parent Acknowledgements	
		household whether or not the active duty member(s) claims the student as a d	the student as a dependent.		12. Complete Online Registration	
		"Active Duty" means: full-time duty status in the active uniformed service of	the United States.			
					Previous Step Next Step	
		2. Is the above named student connected to a Guard or Reserve military famil	y: No ▼		Close and Finish Later	
		Meaning a school-aged child, enrolled or in the process of enrolling in KG-1 member of the National Guard or Reserve; or the student and National Guard household whether or not the National Guard or Reserve member(s) claims th	2th grade, who is claimed asa depend or Reserve member(s) are of the sar he student as a dependent.	dent by a me		
		"National Guard or Reserve" means: members of the Reserve Component as Army National Guard of US, Army Reserve, Navy Reserve, Marine Corps R Reserve or Coast Guard Reserve.	defined in 10 U.S.C. Section 10101. eserve, Air National Guard of US, A	Includes ir Force		
		By typing my name in the space provided, I acknowledge this information to	be truthful.			
		Signature: test	Date: 7/15/19			
		This form shall be handled by schools in a confidential manner in accordance	e with IDOE Guidance. (IC 20-19-3-	.9.4)		
		Complete Step 5 and move to 5	Step 6			

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	SHYWADD'	Family Access				My Account Contact Us Exit
	SKIWAND					
	Home	Online Registration				
	Online	Brelynn (NorthWood High School 2019-20)20)			District Massage
	Registration	Step 6. Migrant Survey (Required	1)		53	1 Verify Student Information
	Calendar				View Full Screen	a. Student Information
	Attendance				Save and	b. Family Address
	Student Info				Print	c. Family Information
	Food Service	Wa	-Nee Communi	ty Schools	<u>B</u> ack	d. Emergency Information
	Dissipling			iy Schools		e. Emergency Contacts
	Discipline	national funding. The purpose of the program is	ies supplemental educa is to ensure that all mig	non and support services to rant students reach the acad	demic standards and graduate	f. Health Information
	Test Scores	with a high school diploma (or complete GED/	HSE).			2. Add a Food Service Application
	Portfolio		WORK SURV	EY		3. Permission to Share
	Skylert	Thank you for answering the following question	ns. If your child is elig	ible for the Migrant Educat	tion Program, they may	4. Verify Skylert Information
	Login History	receive additional educational support. This init	tormation is strictly co	niidentiai.		5. Military Questionaire
		Student's Name: Brelynn Mia Wise	Pa	me:		6. Migrant Survey
						7. Chirp Consent
		Address: City	7:	Telephor	ne:	Resticide Information
		Date:	Parent			10 Food Service Information
			Signati			11. Parent Acknowledgements
		1. Within the last 3 years , have your children reason?	n moved for any	Please select Yes or No.	No 🔻	12. Complete Online Registration
		Has anyone in your household moved from 2. to another within the United States, to look temporary work in agriculture?	m one school district k for <u>seasonal or</u>	Please select Yes or No.	No 🔻	Previous Step Next Step
		If you answered NO to either of these questions	s, please stop.			Close and Finish Later
		If you answered YES, please continue.				
		3. When was the last time you or anyone in you the United States?	ur household has move	d to look for, or work in an	agricultural activity within	
		Month:		/ear:		
		4. Please choose Yes or No for each of the agric	cultural activities listed	below that you have looke	ed for or worked in:	
		Plant or harvest vegetables or fruits	• C	anning vegetables or fruits	T	
		Detassel com	• S	od farm	T	
		Tobacco farm	▼ P	lanting, pruning or cutting	T	
javascript:if (cbs("bSave")) {processFormValues("save")}			omplete Step 6 and m	ove to Step 7		
	·····					

Online Registration		
Step 4. 2020-21 Remote Learning St	urvey (Required)	1
		View Full Screen
		Save Save and <u>Print</u> <u>B</u> ack
	Wa-Nee Community Sch	ools
	2020-2021 Remote Learning S	Survey
Student Name:	Grade:	Student ID:
Please select the method of instruction that	you would like for your child to start the 2	020-21 school year:
Full-time remote learning		
OR	Make one choice.	ł
Full-time in-person		6
*After making this selection if you would like to c	hange your decision you will need to contact you	r child's huilding administra
Tyter making this selection, if you would like to c	nange year decision, year nar need to conductyea	(
4		
Com	plete Step 4 and move to Step 5	

G Family Access Online Registration - Google Chrome			
https://skyward.iscorp.com/scripts/wsisa.dll/WService=wseduwaneein/sfonli	inereg001.w		
S K	Y W A R D	Family Access	My Account Contact Us Exit
Ho	ome	Online Registration Brelynn (NorthWood High School 2019-2020)	
Re	gistration	Step 7. Chirp Consent (Required)	District Message
Ca	ilendar	View Full Screen	1. Verify Student Information
Atte	endance	Save	a. Student Information
	enuance	Save and Print	b. Family Address
Stu	udent Info	Back	c. Family Information
Food Service Wa-Nee Community Schools	Wa-Nee Community Schools	d. Emergency Information	
Dis	Discipline I give Wa-Nee Community Schools, permission to release the following information concerning of Broken Mis Wise Test Scores Broken Mis Wise		e. Emergency Contacts
Tes		I give Wa-Nee Community Schools, permission to release the following information concerning my child	Add a Food Sonvice Application
Po	rtfolio	Hoosiers Immunization Registry Program (CHIRP):	2. Adu a Food Service Application
FU		Name data of high immunication data and other information such as data of	4. Verify Skylert Information
Sky	ylert	birth or other identifying information as applicable.	5 Military Questionaire
Log	gin History	on their of other identifying information as apprecisies	6 Migrant Survey
		I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me or my child of my child's immunization status or that an immunization is due	7 Chim Consent
		according to recommended immunization schedules.	8 Medical Information
		I understand that my child's information may be available to the immunization data registry of another state, a	9. Pesticide Information
		healthcare provider or provider's designee, local health department, and elementary or secondary school, a child care center, the office of Medicaid policy and planning or a contractor of the office of Medicaid policy.	10. Food Service Information
		and planning, a licensed child placing agency, and a college or university. I also understand that other	11. Parent Acknowledgements
		entities may be added to this through amendment to I.C 16-38-5-3.	12. Complete Online Registration
		I hereby consent to the release of such information.	
		Signature: Training Example Date: 7/19/19	Previous Step Next Step
			Close and Finish Later
		School: NorthWood High School	
		Complete Step 7 and move to Step 8	

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Wa-Nee Community Schools McKinney-Vento Residency Form

	Date of Birth:	Grade		[
The McKinney-Vento Homeless Assistance adequate nighttime residence." This include	Act (Title X, Part C, of the No Child Left Behind Act) det is children who "are temporarily sharing the housing of ot	fines "homeless" as "individuals who lack a f her persons due to the loss of housing or econ	ixed, regular, and omic hardship."	If this form does not ap student is not homeless
Does not apply, student is not homeless	i.			
Please check one of the following st	tatements if your family is experiencing tempor	ary homelessness:		
Living in a shelter, including transistion	al housing shelters. Please provide name of shelter and ad	dress:		
Living on the streets, abandoned building which student is living:	ngs, in cars, trailers, campgrounds, public places, housing	not fit for habitation. Please provide informat	ion regarding area in	
Living in hotels/motels for lack of other	suitable housing. Please list name and address of hotel/m	otel:		
		/		
Doubled-up; Temporarily living with far	mily or friends due to lack of adequate housing or financi;	l conditions. Please provide address of where	student is living:	
Address:				
		1		
Please answer the following if you o	hecked one of the four boxes above:			
Please answer the following if you of How long do you expect to be at this addres	shecked one of the four boxes above:			
Please answer the following if you of How long do you expect to be at this address Are you seeking permanent housing?	thecked one of the four boxes above: ss? Date student moved to this address:			
Please answer the following if you of How long do you expect to be at this addres Are you seeking permanent housing?	Shecked one of the four boxes above: ss? Date student moved to this address:			
Please answer the following if you of How long do you expect to be at this addres Are you seeking permanent housing? Is a parent living in the home with the stude If no, with whom is the student living?	checked one of the four boxes above: ss? Date student moved to this address: mt? Relationship:			
Please answer the following if you of How long do you expect to be at this address Are you seeking permanent housing? Is a parent living in the home with the studes If no, with whom is the student living? A McKinney-Vento Liaison representing the	checked one of the four boxes above: ss? Date student moved to this address: ent? Relationship: e district may be in contact with you for clarification or bu	s transportation.		
Please answer the following if you of How long do you expect to be at this address Are you seeking permanent housing? Is a parent living in the home with the studes If no, with whom is the student living? A McKinney-Vento Liaison representing the We have read the information provided & in	checked one of the four boxes above: SS? Date student moved to this address: mt? Relationship: e district may be in contact with you for clarification or bu udicated our living circumstances above specific to the Mo	s transportation. Kinney Vento Act:		

If this form does not apply, check the "Does not apply, student is not homeless" box.

Family Access Online Registration - Google Chrome

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Sample Student Medical Information

Page 1

sfonlinereg001.w		
Home	Brelynn (NorthWood High School 2019-2020)	
Online Registration	Step 8. Medical Information (Required)	District Message
Calandar	K オ View Full Screer	1. Verify Student Information
Calendar		a. Student Information
Attendance	Save and Print	b. Family Address
Student Info	Back	c. Family Information
Food Service	Wa-Nee Community Schools	d. Emergency Information
Disciplino	Medical Information	e. Emergency Contacts
Discipline		f. Health Information
Test Scores	If this student has any chronic health problems, please see the school nurse.	2. Add a Food Service Application
Portfolio		3. Permission to Share
Skylert	Please complete the following information by filling out the fields below.	4. Verify Skylert Information
Login History		5. Military Questionaire
Login History	Over the Counter 2019-20	6. Migrant Survey
	Your student may occasionally require first aid and the use of non-prescription over-the-counter (OTC) medications. Before	7. Chirp Consent
	any over-me-counter metucation is administered, parental consent must be obtained. The following is a list of OTC medications stocked in the nurse's office:	8. Medical Information

I give permission for my child to have the following medications.

Anti-itch lotion	Please select Yes or No.	
Hydrogen peroxide	Please select Yes or No.	
Sterile water eye wash	Please select Yes or No.	
Sore throat Phenol spray	Please select Yes or No.	
Antibiotic ointment	Please select Yes or No.	•
Tums	Please select Yes or No.	
Sting relief wipes/spray	Please select Yes or No.	•
First aid antiseptic spray	Please select Yes or No.	
Burn relief spray	Please select Yes or No.	T

The following guidelines will be used by Wa-Nee Community Schools in regard to the administration of medication to students in the school setting. These guidelines are necessary to provide for the safety and well being of your child and the school employees.

Student Medical Form

Under normal circumstances, medication should be dispensed before and/or after school hours under the supervision of the parent or guardian. Only medication that must be given during the school day is permitted in school. Students are not permitted to carry any medication with them during the school day, except asthma inhalers. All other medications must be secured with the school nurse.

ALL MEDICATIONS MUST BE IN ITS ORIGINAL CONTAINER. The school will not accept prescription or nonprescription medications in envelopes or plastic bags. Prescription medication must be accompanied by a note from the parent. The note must include the following information:

> Child's Name Name of medication Amount of medication to be given

Complete Step 8 and move to Step 9

N

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11. Parent Acknowledgements 12. Complete Online Registration

10. Food Service Information

9. Pesticide Information

Previous Step Next Step

Close and Finish Later

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Sample Student Medical Information

Page 2

students in the school setting. These guidelines are necessary to provide for the safety and well being of your child and the school employees.

Student Medical Form

Under normal circumstances, medication should be dispensed before and/or after school hours under the supervision of the parent or guardian. Only medication that must be given during the school day is permitted in school. Students are not permitted to carry any medication with them during the school day, except asthma inhalers. All other medications must be secured with the school nurse.

ALL MEDICATIONS MUST BE IN ITS ORIGINAL CONTAINER. The school will not accept prescription or nonprescription medications in envelopes or plastic bags. Prescription medication must be accompanied by a note from the parent. The note must include the following information:

> Child's Name Name of medication Amount of medication to be given Time it is to be given Parent/guardian signature

The school corporation may send unused medication home with the students with the parent/guardian's written permission. It is still wise for the parent to send only the amount of medication needed to be taken at school.

No medication may be taken or administered at school without a parent note or a completed student medication permission form.

Medication List 2019-20

Please list any medications your child takes regularly. If there are none, type none.

Please List.

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Q (D)

Medical Permission Form

I, as the parent/legal guardian of the above named child allow Acetaminophen or Ibuprofen to be given as over-the-counter pain relief for headache or discomfort. Students may bring their own bottle to be left in the nurse's office.

You may choose Yes or No to either or both.

Please Select Yes or No for Acetaminophen	•
Please Select Yes or No for Ibuprofen	•

The following guidelines will be used by Wa-Nee Community Schools in regard to the administration of medication to students in the school setting. These guidelines are necessary to provide for the safety and well being of your child and the school employees.

Information Sharing

In order that my child may receive the best possible health care, I give permission for my child's health concerns to be shared with necessary school employees.

Please Select One Answer		
Please select Yes or No for permission	•	

Complete Step 8 and move to Step 9

Wa-Nee Community Schools

Technology Department 1300 N Main St, Nappanee, IN 46550 Telephone 574-773-3131 - Facsimile 574-773-5593

Device Acceptance Form

Student Name:

I understand that the Dell Latitude 3189, equipment, and/or accessories that Wa-Nee Community Schools ("Wa-Nee Schools") has provided to me are the property of Wa-Nee Schools. I agree to the terms outlined in Wa-Nee Schools' User Agreement and the Acceptable Use Policy.

I understand that the device may be sent home and I will report any damage, loss, or theft of the device to the Desktop Support Technician or NorthWood High School Administration within one school day of the incident. Additionally, I understand that I will not be held responsible for problems resulting from regular school-related use; however, I understand that I am personally responsible for any damage, theft, or loss of the device and/or related equipment and accessories due to negligence. I understand that Wa-Nee Schools will cover the first occurrence and I am responsible for all second (or subsequent) incidents/damages. A Latitude 3189, charger, and sleeve will be provided.

I understand that Wa-Nee Schools is offering an insurance option for \$15 which will cover all incidents, <u>excluding intentional damage</u>, not covered by the Wa-Nee Schools accidental damage coverage (incidents listed on second page). The optional insurance only covers the Latitude 3189. <u>The charger and sleeve are not covered by the optional insurance plan</u>.

I elect to purchase the \$15 Wa-Nee Schools insurance (should be paid by cash/check to Wa-Nee Community Schools at the time of device pick-up).

□ I decline the Wa-Nee Schools insurance. I understand that I will be responsible for the full replacement cost for incidents not covered by the accidental damage policy (see second page).

I understand that a violation of the terms and conditions set out in the User Agreement and the Acceptable Use Policy may result in the restriction and/or termination of my use of a Latitude 3189, equipment, and/or accessories.

Items Received:

Item	Replacement Price
Latitude 3189	\$525.00
Charger	\$55.00
Sleeve	\$15.00
Screen replacement	\$300.00
Keyboard replacement	\$20.00

I have received a Latitude 3189, charger, and sleeve (please initial):

Information regarding Wa-Nee Schools' accidental damage coverage

- · Each device is limited to one accidental damage incident per school year
- Subsequent claims are not covered and will be billed to the parent

Covered incidents (one per year):

- Liquid spilled on or in unit
- · Drops, falls, and other collisions
- · Damaged or broken LCD due to a drop or fall

Incidents that are not covered by accidental damage plan:

- Damage due to fire
- · Intentional damage (not covered by optional insurance either)
- Theft
- Loss

Guidelines for Care and Use of the Device

- The device is the property of Wa-Nee Schools and may be seized and its content reviewed at any time. The student should have no expectation of privacy of
 materials found on a device.
- If a device is stolen, the parent/guardian must file a police report as soon as possible. If the device is lost or stolen, the parent/guardian will be responsible for the full
 replacement cost unless the optional insurance plan has been purchased prior to the incident. A loaner device will be issued in the event of a missing device until a
 reasonable amount of time has passed and it is certain that the device cannot be found.
- · It is the student's responsibility to recharge the battery so it is fully charged by the start of the school day.
- The Student is expected to respect the web filter as a safety precaution and shall not attempt to circumvent the web filter.
- · The Student is responsible for the safety and security of the device and any activity on the device.
- The student's right to use and possess the device ends on the last day of the school year unless earlier terminated by Wa-Nee Schools upon withdrawal from Wa-Nee
 Schools. A Student who is no longer enrolled in Wa-Nee Schools must return the device, along with all accessories, at the time the student is withdrawn from the
 district. Failure to timely return the device to the technology department or school office, or the continued use of it without Wa-Nee Schools' consent is considered
 unlawful appropriation of Wa-Nee Schools' property, which may constitute theft, a felony, or conversion, for which parents/guardians may be liable under Indiana
 statute for three times the cost of the device plus attorney's fees.

Devices will be collected at the conclusion of each school year. The following school year, returning students will be given the same device. The device will be restored to factory settings during the Summer to allow for normal operation.

I understand that by signing below I am agreeing to the terms of the Device Acceptance Form and Guidelines and will be responsible for any expenses incurred due to the neglect or misuse of the student device that is being provided to my child.

Parent/Guardian Signature:	Date:	
----------------------------	-------	--

I have additional concerns/questions regarding the Device Acceptance Form and Guidelines and wish to schedule an appointment with a school administrator.

G Family Access Online Registration - Google Chrome

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caavaneen, sioninteregoo niv	K T View Full Screen	1. Verity Student Information
Calendar		a. Student Information
Attendance	Save and	b. Family Address
Student Info	Print	c. Family Information
Food Service	Back	d. Emergency Information
T-OOU SERVICE	Wa-Nee Community Schools	e. Emergency Contacts
Discipline	Pesticide Information Notice	f. Health Information
Test Scores		2. Add a Food Service Application
Portfolio	Wa-Nee Community Schools is committed to providing students a safe environment. We have had a very safe and effective pest control program for many years.	3. Permission to Share
Skylert	Pesticide Information	4. Verify Skylert Information
Login History		5. Military Questionaire
Login History		6. Migrant Survey
	While pesticides protect children from pests that may be found in the school and its surrounding grounds, under some circumstances they may nose a health concern to some children. Therefore, pest control practices may involve a variety of	7. Chirp Consent
	chemical and non-chemical methods that are designed to control pests effectively while minimizing potential pesticide	8. Medical Information
	exposure to children.	9. Pesticide Information
	This notification provides information regarding the usage of pesticides within the school buildings of Wa-Nee Community Schools. It also allows for registration should you wish to be notified if any change were to occur to our regularly scheduled	10. Food Service Information
	pesticide applications.	11. Parent Acknowledgements
		12. Complete Online Registration
	Pesticide Application Information	Previous Step Next Step
		Close and Finish Later
	Professional Applicator: Arrow Services, Inc., Plymouth, IN	
	Name of Active Ingredient: Advion Ant Gel EPA #352.746	
	Advion Roach gei EPA #532-052	
	Location of Application: Kitchen and Associated Storage Areas	
	Date of Application: 2nd Monday of Every Month	
	Time of Application: After 3:00 p.m.	
	School Official to Contact:	
	John Dougherty, Director of Buildings & Grounds Wa-Nee Administration Office	
	Pesticide Applicator License #PB237286	
	Exp. 12/31/2019	
	Pesticide Information Request	
	If you wish to be notified of a schedule change, we will contact you at least two (2) days before any unscheduled pesticide	
	applications are to occur, unless an emergency application is needed.	
	I wish to be notified if the regular pesticide application schedule is changed.	
	Complete Step 9 and move to Step 10	

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/skyward.iscorp.com/scripts/wsisa.dii/wserVice=Wsed	Discipline	Food Service	
	Tast Oserre	<u>roou service</u>	f. Health Information
Sample Food Service	Test Scores	Wa-Nee Community Schools are dedicated to feeding students nutritious, quality meals that meet or exceed state standards.	2. Add a Food Service A
	Portfolio		3. Permission to Share
Information	Skylert	<u>Cafeteria Information</u>	4. Verify Skylert Informat
Page 1	Login History	Students need to have funds in their lunch account or bring money to cover their cost of each meal. We understand in rare	5. Military Questionaire
I age I	Login History	circumstances that students will not have sufficient money in their lunch account so Wa-Nee has formed a policy to allow students to be served a meal.	6. Migrant Survey
		I much accounts are he minuted through Family Account Discounts that exercises have belower are non-manifolding	7. Chirp Consent
		If you would like to add a limit to your students spending please contact the school cafeteria manager.	8. Medical Information
		N. 101	9. Pesticide Information
		<u>Meal Charges</u>	10. Food Service Inform
		Lunches sold by the Corporation may be purchased by students, staff members and community residents in accordance with	11. Parent Acknowledge
		of meals for elementary, middle, and high schools annually. The Board recognizes that circumstances may result in a student's need to charge lunch or breakfast on occasion and shall permit such charges.	12. Complete Online Reg
		The Superintendent shall develop procedures regarding meal charges, which shall be implemented by the Food Service Director. This procedure will provide direction so that students attending Corporation schools who do not have funds in their account or on-hand to cover the cost of their meal at the time of service are treated consistently, parents of students who charge meals are notified when a student charges a meal, and efforts are made to collect the charges made by students so that the unpaid charges are not classified as "bad debt" at the end of the school year.	Previous Step N Close and Finish L
		Significant negative lunch account balances shall not be permitted. A significant negative lunch account balance is any balance owed in excess of \$8.00.	
		If a student has a significant negative lunch account balance, he/she shall be provided a regular reimbursable meal that follows the USDA meal pattern, the cost of which shall continue to accrue to his/her negative lunch account balance.	
		Furthermore, if a student has a significant negative lunch account balance, the student shall not be permitted to charge any à la carte food or beverage items.	
		Any significant negative lunch account balance should be pursued for collection before it is determined to be uncollectible pursuant to Policy 6151.	
		Food Service	
		The Board's policy and Superintendent's procedure related to meal charges shall be distributed in writing to all households at the start of each school year and to households transferring to the school or Corporation during the school year. Additionally, the Board's policy and Superintendent's procedure related to meal charges shall be distributed to all Corporation staff responsible for policy enforcement, including Corporation food service employees, accounting staff, and all other staff involved in enforcing any aspect of the meal charge policy. If the Corporation contracts with any third party to provide food services, the Board policy and Superintendent's procedure also must be distributed to the contractor and its employees working in the Corporation schools.	
		A lunch account becomes inactive after thirty-six (36) weeks with no deposits or withdrawals. An inactive lunch account that has a positive balance of \$10.00 or less may be receipted back into the school lunch fund where the School Lunch Program funds are maintained. An inactive lunch account that has a nominal negative account balance of \$8.00 or less may be offset against the positive balances in the Fund; provided, however, that if the parent requests and can document entitlement to the positive balance in the account, the parent is entitled to a refund of that amount.	
		USDA Nondiscrimination Statement	
		The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to find the USDA program or protected genetic information in the USDA program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish	
		Querry hits Oliver 10 and answer to Oliver 11	

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Sample Food Service	The Superintendent shall develop procedures regarding meal charges, which shall be implemented by the Food Service Director. This procedure will provide direction so that students attending Corporation schools who do not have funds in their account or on-hand to cover the cost of their meal at the time of service are treated consistently, parents of students who	Previous Step Next Step Close and Finish Later
Information	charge meals are notified when a student charges a meal, and efforts are made to collect the charges made by students so that the unpaid charges are not classified as "bad debt" at the end of the school year.	
Page 2	Significant negative lunch account balances shall not be permitted. A significant negative lunch account balance is any balance owed in excess of \$8.00.	

If a student has a significant negative lunch account balance, he/she shall be provided a regular reimbursable meal that follows the USDA meal pattern, the cost of which shall continue to accrue to his/her negative lunch account balance.

Furthermore, if a student has a significant negative lunch account balance, the student shall not be permitted to charge any à la carte food or beverage items.

Any significant negative lunch account balance should be pursued for collection before it is determined to be uncollectible pursuant to Policy 6151.

Food Service

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A lunch account becomes inactive after thirty-six (36) weeks with no deposits or withdrawals. An inactive lunch account that has a positive balance of \$10.00 or less may be receipted back into the school lunch fund where the School Lunch Program funds are maintained. An inactive lunch account that has a nominal negative account balance of \$8.00 or less may be offset against the positive balances in the Fund; provided, however, that if the parent requests and can document entitlement to the positive balance in the account, the parent is entitled to a refund of that amount.

USDA Nondiscrimination Statement

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at http://www.fns.usda.gov/snap/contact info/hotlines.htm.

USDA is an equal opportunity provider and employer.

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I have read and understand the above Food Service Information.

N

Please answer yes or no

Complete Step 10 and move to Step 11

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Discipline Test Scores Portfolio Skylert

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Each Parent Acknowledgement & Permissions form is customized for individual buildings.

This is a sample of the high school form.

Page 1

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The following midelines and present premissions are added by We May Committee Co	haalt 71	- الشبع مدم	lier	a and narcest	2. Add	a Food Se	rvice Applicatio	
permissions are necessary to provide for the safety and well-being of our students and	staff.	iese guide	anne	s and parent	3. Permission to Share			
More information regarding each of these topics can be found online at www.wanee.c	rg.				4. Verif	y Skylert Ir	formation	
Please acknowledge your permission and approval of the guidelines and parent permi	ssions lis	ted below	,		5. Milita	ary Questic	naire	
					6. Migr	ant Survey		
T					7. Chir	p Consent		
<u>insurance</u>					8. Med	ical Inform	ation	
l understand that Wa-Nee Community Schools does not provide insurance coverage fo	r student	accidents <i>Plea</i>	i. Ise S	Select One Answer	9. Pest	icide Inforr	nation	
Please Select Yes or No			[T	10. Foo	od Service	Information	
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<u>Adequate insurance</u>					12. Co	mplete Onl	ine Registratior	
i have adequate accident and hospitalization insurance.		Plea	ise S	Select One Answer	Previo	us Step	Next Step	
Please Select Yes or No		•				Close and F	inish Later	
Dunch In-manage								
<u>r urchase insurance</u>								
i wish to receive information to purchase insurance for my student.		Plea	ise S	Select One Answer				
Please Select Yes or No		•						
Internet Policy								
<u>internet i oncy</u>								
l grant my child permission to use educational websites under the supervision of a teac	her or d	esignee. Plea	ise S	Select One Answer				
Please Select Yes or No			•	·				
Photos Online								
I grant permission for my child's photograph to be published online provided only his/ images via a webcam.	her first	name is us	sed (or transmit live				
		Plea	ise S	Select One Answer				
Please Select Yes or No			¥					
<u>Textbook Rental Fee Agreement</u>								
<u>Textbook Rental Fee Agreement</u> I understand that as the parent/guardian:								
Textbook Rental Fee Agreement I understand that as the parent/guardian: I am responsible for the textbook rental fees for my child and agree to pay then In order to qualify for textbook assistance I must complete and submit a free/re notified if my child qualifies for this benefit. I am liable for fees incurred for the trimesters my child attends. Any unpaid textbook fees for my child will be turned over to a collection agend Any unpaid textbook fees for my child will be turned over to a collection agend	ı. duced lu ıy.	nch applic	eatic	m. I will be				
Inderstand that as the parent/guardian: I understand that as the parent/guardian: I am responsible for the textbook rental fees for my child and agree to pay then In order to qualify for textbook assistance I must complete and submit a free/re notified if my child qualifies for this benefit. I am liable for fees incurred for the trimesters my child attends. Any unpaid textbook fees for my child will be turned over to a collection agence	ı. duced lu ıy.	nch applic <i>Plea</i>	catic	m. I will be Select One Answer				
Textbook Rental Fee Agreement I understand that as the parent/guardian: I am responsible for the textbook rental fees for my child and agree to pay then In order to qualify for textbook assistance I must complete and submit a free/re notified if my child qualifies for this benefit. I am liable for fees incurred for the trimesters my child attends. Any unpaid textbook fees for my child will be turned over to a collection agence Please Select Yes or No	ı. duced lu :y.	nch applic	catic use S	m. I will be Select One Answer				
Textbook Rental Fee Agreement I understand that as the parent/guardian: • I am responsible for the textbook rental fees for my child and agree to pay then • In order to qualify for textbook assistance I must complete and submit a free/re notified if my child qualifies for this benefit. • I am liable for fees incurred for the trimesters my child attends. • Any unpaid textbook fees for my child will be turned over to a collection agent Please Select Yes or No	ı. duced lu .y.	nch applic	se S	m. I will be <u>Select One Answer</u>				

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Each Parent Acknowledgement & Permissions form is customized for individual buildings.

This is a sample of the high school form.

Page 2

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Please Select Yes or No			T
T	extbook Rental Delayed Payment		
I would like to set up a delaved pavment	plan for my students textbook rental fees.		
			Plansa Salart Ona Answar
Please Select Yes or No	ſ	•	
Cor	cussion Fact Sheet and Sympton	<u>15</u>	,
I have read the Heads Up Parent Informa concussion symptoms and treatment. I ur co-curricular activity, extracurricular acti after a concussion or head injury has occu	ion Fact Sheet (located on the Wa-Nee Comm derstand the nature and risk of concussion and vity or sport. I also understand the risks of con urred.	unity Scho head injur inuing to p	ols website) regarding y while participating in a participate in the activity
·			Please Select One Answer
Please Select Yes or No			T
	Sudden Cardiac Arrest		
I have read the Sudden Cardiac Arrest Fa symptoms of sudden cardiac arrest.	ct Sheet (located on the Wa-Nee Community S	chools we	bsite) regarding the
·			Please Select One Answer
Please Select Yes or No			•
I understand that consistency is safety. The afternoon to ensure the safety of my child I understand that my child's safety to and while on the bus.	erefore, I made every effort to choose one loc: from the bus is my responsibility. The school :	ation in the assumes re	morning and one in the sponsibility of my child
I understand that school bus transportatio Getting my child to and from school is m revoked, it will be my responsibility to pr extracurricular trips as well as learning tr	n at Wa-Nee is a service provided to eligible st y responsibility. The school bus may be an opt ovide transportation. Riding privileges may be ips.	udents and ion. Howe revoked f	l is a privilege, not a right. ver, should this privilege be or bus routes,
I understand that changes to my child's tr transportation office at least one school d honored.	ansportation plans must be reported to the scho ay before the change can take effect. Same-day	ol office o , non-eme	r directly to the rgency changes will not be
I will ensure my child is waiting at the bu waiting for, boarding, riding, and exiting	is stop and he or she follows all bus stop and b the bus.	15 riding s	afety procedures while
I understand, as a parent or guardian, ente	ering a school bus uninvited is prohibited by la	w and subj	ect to prosecution.
D1 0.1 . T			Please Select One Answer
Please Select Yes or No			▼
	Learning Trips		
I grant my child permission to participate	in:		
 Walking activities/learning trips. Learning trips which require trans Out-of-state or overnight learning 	portation on a school bus. trips.		
	Complete Step 11 and move to Step 12		

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Each Parent Acknowledgement & Permissions form is customized for individual buildings.

This is a sample of the high school form.

Page 3

	<u>Learning Trips</u>			
I grant my child permission to participate	in:			
 Walking activities/learning trips. Learning trips which require trans Out-of-state or overnight learning 	portation on a school bus. trips.		Plane Galaxi Ora	
Please Select Yes or No			Piease Select One	Answer
Scl	hool/Club/Class Sponsored Eve	ents		
l grant my child permission to participate	in School/Club/Class sponsored events.			
			Please Select One	Answer
Please Select Yes or No		•		
$\underline{\mathbf{S}}$ I understand that event supervisors will m	chool/Club/Class Events Waive	er 1fety. I agree to l	hold harmless Wa-	Nee
Community Schools, event organizers an sponsored events.	d Wa-Nee employees for injuries that may c	occur during Scl	hool/Club/Class	
][Please Select One	Answer
Please Select Yes or No			•	
Drug an	d/or Alcohol Random Testing J student who plans to participate in extracur	<u>rrogram</u> rricular activitie	s or drive to, from	or
Drug an I understand that it is mandatory for each during school to sign and return to the sch Please Select Yes or No	d/or Alcohol Random Testing] student who plans to participate in extracur hool office the "Drug and Alcoholic Bevera	rrogram rricular activitie age Random Tes	s or drive to, from ting" consent form <i>Please Select One</i>	or 1. e Answer
Drug an I understand that it is mandatory for each during school to sign and return to the sch Please Select Yes or No Drug an	d/or Alcohol Random Testing J student who plans to participate in extracur hool office the "Drug and Alcoholic Bevera d/or Alcohol Testing Acknowle	rricular activitie age Random Tes	s or drive to, from ting" consent form <u>Please Select One</u>	or 1. 2 Answer
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Drug an Understand that it is mandatory for each during school to sign and return to the sel Please Select Yes or No I acknowledge that my child may be subj Please Select Yes or No I understand that the student handbook, w district websites. Please Select Yes or No By typing my name in the space provide the right and submitting this online registration form I am acknowledging th understand the information above.	d/or Alcohol Random Testing J student who plans to participate in extracur hool office the "Drug and Alcoholic Bevera d/or Alcohol Testing Acknowle ect to random drug and alcoholic beverage to Student Handbook. which contains important information and no Parent Signature d to at I	rricular activitie ge Random Tes edgement testing during th otices, is availab	s or drive to, from ring" consent form Pleaze Select One school year. Pleaze Select One Pleaze Select One Pleaze Select One V	ool and

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	Home	Online Registration		
	Online	Brelynn (NorthWood High School 2019-2020)	Prin	t
	Registration	Step 12. Complete Online Registration (Required)	low have been finished	District Message
	Calendar	Are you sure you want to complete Online Registration for Brelynn?	low have been inished.	1. Verify Student Information
	Attendance	Review Online Registration Steps		a. Student Information
	Student Info	Step 1) Verify Student Information	not completed	c. Family Information
	Student Into	Requested Changes Pending Approval by the District: Area Field Requested For	Requested Value	d. Emergency Information
	Food Service	Fam Info County Brelynn Wise	20	e. Emergency Contacts
	Discipline	the Requested Change is denied by the district, Online Registration for this	student will be marked as INCOMPLETE.	f. Health Information
	Test Scores	Step 2) Add a Food Service Application Step 3) Permission to Share	not completed	2. Add a Food Service Application
	Portfolio	Step 4) Verify Skylert Information	not completed	3. Permission to Share
	Skylert	Step 5) Military Questionaire Step 6) Migrant Survey	not completed	4. Verify Skylert Information
	Login History	Step 7) Chirp Consent	not completed	5. Military Questionaire
Make sure the Guardian does the		A required field has not been filled in and saved	not completed	6. Migrant Survey
<u>very last step!</u>		Step 9) Pesticide Information	not completed	7. Chirp Consent
		Step 10) Food Service Information	not completed	8. Medical Information
 They must click on 		A required field has not been filled in and saved.	not completed	10. Eood Service Information
"Complete Online		· · · · · · · · · · · · · · · · · · ·		11 Parent Acknowledgements
Registration" and follow				12. Complete Online Registration
all steps		Submit Online Degistrati		
				Previous Step Next Step
• Once that is done, then				Close and Finish Later
each step should read				
completed or pending				
approval.				
 If any step states inot 				
• If any step states not				
completed', that step				
needs to be revisited by				
the Guardian-completed-				
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	Student Info Food Service	Brod	e are no payr	ment records for this st d Middle School) Ma	udent. ake a Payn	ment		Total Sun Jul 21, 201	\$0.00 \$0.00 9			⊉ł m	
	Test Scores Portfolio	There	e are no payr	ment records for this st	udent.			for this d	r this date.				
	Skylert Login History		If Guar Tab is :	dian wants to pa will click on Fee not available too registra	ay textb Manag lay, but	ook fees, they ement. will be before		No purchases f Tue Jul 23, 2011 No purchases f Wed Jul 24, 201		n			
					The	re is a 3.6% fee	for each	No purchases for this date. Thu Jul 25, 2019 No purchases for this date. Fri Jul 26, 2019 No purchases for this date.					
					UII	Example:	made.						
vyav	/ongsa	Y Y	Y	06/20/2019		\$25.00 + 3.6% i	s .90	No purchases f	No purchases for this date.				
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