

# OnCourse Student Information System Online Registration for Guardians

This guide walks parents/guardians through the online registration process.

### Intro

You can access the online registration link from the Student Registration webpage located on the districts website (https//sayrevillek12.net) or by navigating directly to the following link (https://www.sayrevillek12.net/families/registration)

### 1

After clicking the online registration link you will be taken here. Enter your first name, last name, and email address. When you're finished click the Registration button.

OI	Oncourse University Student Registration			
Ple A lii the You pag	Please enter your name and email address below. A link to our online registration form will be sent to the email address you enter. You will need to generate a new link from this page for each student you need to register.			
÷	First Name *			
1	Last Name *			
	Email Address *			
	Register			

After clicking the Register button you will receive the following message letting you know that a message was sent to your email. If you don't receive an email within 15 minute, check your spam folder. If the email isn't in your spam folder, call you district for help.



#### 3

If the email is in your inbox, click on blue "link" button to continue.



You will be taken the Online Registration site. To begin, choose the appropriate School Year.

School Year	School Year	
Student Information	School year for which student is being registered*	
Student Demographics	2016-2017	1
Student Academics	Please be sure to pick the correct year. School years generally run from September to June.	
Student Health/Medical	During	News
Parent/Guardian/Contact 1	« Previous	Next
Electronic Signature		
Submit Registration		

### 5

Throughout the online registration process choose the blue "Next" button to move to the upcoming section. Choose the blue "Previous" button to go back to the preceding section.

Online	Registration for Oncourse University
School Year	School Year
Student Information	School year for which student is being registered*
Student Demographics	2016-2017 \$
Student Academics	Please be sure to pick the correct year. School years generally run from September to June.
Student Health/Medical	
Parent/Guardian/Contact 1	< Previous Next >
Electronic Signature	
Submit Registration	
	Powered by OnCourse Systems For Education © 2016

Fill in the necessary Student Information.

Online	Registration for Oncourse University	
Sche Wear	Student Information	
Student Information	First Name*	
Student Demographics	Raquel	
Student Academics	Middle Name	
Student Health/Medical		
Parent/Guardian/Contact	Last Name*	
1	Мау	
Electronic Signature	Birth Date*	
Submit Registration	09/27/2007	<b>m</b>
	Gender*	
	Female	
	City of Birth	
	East Brunswick	

### 7

Continue with Student Demographics.

School Year	Student Demographics
Stude	Immigrant Status
Student Demographics	Student Born in US
Student Academics	Primary Ethnicity
Student Health/Medical	Multi-race
Parent/Guardian/Contact 1	🗉 African American
Electronic Signature	Native American
Submit Registration	🕑 Asian
	Hispanic
	🗐 Pacific Islander
	le Caucasian
	Primary Language
	English
	School Tranferring From
	If applicable

Include any Student Academics information.

School Year	Student Academics	
Studen Information	Section 504 Services Please check if student received 504 services previously	
Stude	Special Education Services Please check if the student received special education services previously	
Student Academics	Other Services	
Student Health/Medical		
Parent/Guardian/Contact 1	Please describe any other services your child has received previously	
Electronic Signature	Field Trip Permission Slip District Provided Files:	
Submit Registration	FieldtripPermission-download.doc	

### 9

Fill in any necessary Student Health/Medical information.

School Year	Student Health/Medical
Student formation	Primary Doctor Name
Student tomographics	Dr. Melissa Kenis
Student emics	Primary Doctor Phone
Student Health/Medical	609-443-2389
Parent/Guardian/Contact 1	Child Covered by Health Insurance Policy?
Electronic Signature	Yes
	Health Insurance Provider
Submit Registration	Independence Blue Cross

#### 8

If you are registering your child for Kindergarten Fill in any necessary Kindergarten Health/Medical information.

## Online Registration for Sayreville School District

School Year	Kindergarten Health History
Student Information	Please only populate this tab if you are registering your child for Kindergarten.
Student Demographics	If there were any complications at birth and you wish to describe them, please do so below:
Student Academics	
Student Health/Medical	li.
Kindergarten Health History	When did your child begin to walk?
Parent/Guardian/Contact 1	×
Agreements	Did your child creep or crawl before walking?
Documents for Upload	×
Electronic Signature	When did your child begin to talk?
Submit Registration	My child is:
	✓

If you're adding a new contact, include this information in the Parent/Guardian/Contact 1 section.

School Year	Parent/Guardian/Contact 1
Student Information	First Name*
Student Demographics	Муга
Student Academics	Last Name*
Student Health/Medical	May
Parent/Guardian/Contact 1	Home Phone
Electronic Sig	899-470-1799
	Mobile Phone
Submit Ruistration	609-555-1234
	Work Phone
N N	856-345-7865
1	Email Address
	mmay@oncourseuniversity.com
	Relation to Student*
	Mother \$
	🕢 Primary Contact
	⊮ Student Resides With
	⊮ Student Allowed Contact With
	Add another guardian for this student
	< Previous Next >

### 12

Need to add a second contact, you can do it here in the Parent/Guardian/Contact 2 section.

Parent/Guardian/Contact 2	
First Name*	
Darrell	
Last Name*	
Мау	
Home Phone	
889-470-1799	
Mobile Phone	
609-987-1234	
Work Phone	
856-765-3489	
Email Address	
dmay@oncourseuniversity.com	
Relation to Student*	
Father	
🗷 Primary Contact	
🗷 Student Resides With	
🗷 Student Allowed Contact With	
Remove guardian     Add another guardian for this student	
< Previous	lext >
	Fart Photo Good of an Account act of 2   First Name*   Darrell   Last Name*   May   Home Phone   89-470-1799   Mobile Phone   609-987-1234   Work Phone   856-765-3489   Email Address   Imail Address   Idmay@oncourseuniversity.com   Relation to Student*   Father   Primary Contact   Student Resides With   Student Allowed Contact With   It Remove guardian

Complete any necessary Agreement information.

## Online Registration for Sayreville School District

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School Year

Student Information	l give Sayreville School District permission to obtain copies of any of my child's records that they deem necessary
Student Demographics	for registration.*
Student Academics	
Student Health/Medical	Parental Acknowledgment of Policies and Procedures District Provided Files:
Kindergarten Health History	Board of Education Policies.pdf       Technology Acceptable Use Agreement.pdf
Parent/Guardian/Contact 1	High School Student Handbook.pdf
Agreements	<b>Samsel Upper Elementary School Handbook.pdf</b> Before providing acknowledgment below, please download and read the policies appropriate to your student's school. It is
Documents for Upload	important that you read each item carefully.
Electronic Signature	l have read, understand and discussed with my child the policies and information provided in the above linked documents.*
Submit Registration	۲ ۲

Complete and upload any necessary documents. Please note if you are unable to upload documents or pictures of documents you will need to bring physical copies to your initial registration meeting

### Online Registration for Sayreville School District

School Year

Student Information

**Student Demographics** 

Student Academics

Student Health/Medical

Kindergarten Health History

Parent/Guardian/Contact 1

Agreements

Documents for Upload

#### Documents for Upload

#### **Document Upload**

After you submit your application, a representative from the projected school that your child will attend in September will contact you to schedule a time for you to meet so that the school can verify your residency and the age of your child. In addition to that, the school nurse will meet with you to examine, accept, and verify immunization and health information. The nurse will also obtain hard copies of all required documents for the students health file.

The registration of a child is not complete until the required documentation below has been submitted. If you are unable to upload documents at this time, you must bring the documents with you to your initial registration appointment.

The following documents must be either uploaded below or else presented when registering your child:

- Parent/Guardian ID
- Child's official birth certificate
- Universal Child Health Record
- Immunization Records, indicating that the child has received the following:

Sign your registration form in the Electronic Signature section.	
And when you're finished, click the Submit Registration button.	

School Year	Electronic Signature	
Student Information	Acknowledgement* By checking this box, I verify that all information was entered accurately	
Student Demographics	Electronic Signature*	
Student Academics	Myra May	
Student Health/Medical	Please enter your name Date*	
Parent/Guardian/Contact 1	6/13/16	
Parent/Guardian/Contact 2		

### 16

Click here to confirm.

	SUBMIT FORM?
	Are you sure you want to submit this form? Once the form it is submitted you will be unable to edit it.
Cancel	Submit

### 17

If any fields are filled out incorrectly, you will see this message.

Δ	The following field is not complete. Please complete all required fields to submit the form.
	section: Electronic Signature
	Acknowledgement
	Electronic Signature
	Date

When your registration form is submitted, you will receive the following message.



In you have any additional questions or concerns about this feature, please do not hesitate to contact the school district registration office:

Sayreville Public Schools Registration Office

732.525.=5200 x5563 <u>student.registration@sayrevillek12.net</u> Sayreville Public Schools OnCourse Connect Support parent.portal@sayrevillek12.net

