



NORWALK PUBLIC SCHOOLS

Welcome to the 2023-2024 school year at Norwalk Public Schools! In order to complete the online registration process, you will need to have access to a device with internet, please allow yourself at least an hour to complete the online registration.

Instructions to register online

You will need an active email account before beginning the process of registering online.

Step 1: Visit: [Start Registration Here](#)

Step 2: Create your account

Sign In

Email Address

Password

Remember me on this computer

Sign In

[Forgot password?](#)

[Sign into your account using your cell phone number.](#)

Create Account

With an account, you can...

- Complete forms online
- Save and return to forms in progress
- Print form history

Create account if your child is new to Norwalk Public Schools.

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Step 3: Enter your information to create an account

Name, Last Name, Phone number, E-mail, Create a Password, Security Questions

Profile

First Name

Last Name

Daytime Phone
Used to provide support, if requested. Enter entire number, including area code.

Email Address
Used for sign in and important communication.

Security Question 1

Security Answer 1

Security Question 2

Security Answer 2

To comply with COPPA, I affirm that I am 13 years or older.

Select the **checkbox** and click on **Create Account**.

Step 5: Forms

You will have to fill out information in each tab of the application

New Student Enrollment 2020-2021 (test)

Introduction

Forms

Verification

Student

New Student

Family

Emergency

Medical

Agreements

Additional Documentation

Signature

Review & Submit

Form Verification

This form will register your child for the 2020-2021 school year. Please confirm which school year you are registering for: required

2020-2021

Are you applying to a specialized high school academy/program, magnet school, Pre-K program, PPT planning, or Intra-District Transfer? required

No

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Previous Next

Click **Next** to continue

Run script "":

Dashboard Help

Select **2023-2024**

Select **NO**

Continue to fill out the information fields in each section of the application. Make sure to fill out all of the fields that are marked **REQUIRED**.

New Student Enrollment 2020-2021 (test)

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First Name required

Middle Name (Please enter your student's full middle name)

Last Name required

Suffix

- Select -

Gender required

- Select -

Date of Birth required

Enter data in fields marked **REQUIRED**.

Select "Enrolling Grade" and "School program you have been accepted to"

New Student Registration 2019-2020 (test)

Introduction

Forms

- Verification
- Student**
- New Student
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Review & Submit

Enrolling Grade required

- ✓ - Select -
- PK-3 Year old
- PK-4 Year old
- K**
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12

Address required

where the student resides

Apartment, suite or lot number

City required



Select enrolling grade. if student is entering **KINDERGARTEN** select "K"

Introduction

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Review & Submit

Zip required

xxxxxx

Is the student's mailing address different than the physical address listed above? required

- Select -

Neighborhood School

This online student enrollment is only intended for you to register at your neighborhood school. Please click the link below to identify your neighborhood school(s), based on your child's home address.

You must verify your address using the School Locator in order to continue.

[Find Zoned Schools](#)



Click on **FIND ZONED SCHOOLS** to reveal your district school. This step is **REQUIRED.**

Leave the Medical section COMPLETELY BLANK unless you have ALL the information requested in this tab.

New Student Enrollment 2020-2021 (test)

Dashboard

Student's Medical Information

THE PHYSICIAN COMPLETED HEALTH ASSESSMENT RECORD MUST BE SUBMITTED DIRECTLY TO THE SCHOOL FOR APPROVAL BY THE NURSE. STUDENTS WILL NOT BE ALLOWED TO ATTEND UNTIL CLEARED BY THE NURSE.

Downloadable forms are below or they can be picked up at the school.

Pre-K Health Assessment

Please print off the [Pre-K health assessment](#) on yellow paper.

Clinician or Medical Provider

Clinician or Medical Provider Name

This section is not required.

Phone
xxx-xxx-xxxx

You should continue filling out the last four sections of the application

(AGREEMENTS, ADDITIONAL DOCUMENTATION, SIGNATURE, REVIEW & SUBMIT)

When you have arrived at the last section which is “Review & Submit” note that the “Submit” button should be green and clickable, this indicates that the application is ready to be submitted. If the “submit” button is grayed out, you should go back and review all of the required fields.

Home/Residential Information

Home Phone **required** Edit

xxx-xxx-xxxx

Verify that data entered is in the suggested format.

Address **required** Edit

where the student resides

Verify that required fields are not left blank.