

Online Registration

J. Sterling Morton West High School 2024-2025

Online Registration Overview

- Complete Online Registration through Skyward Family Access
- Required for all students new and returning
- Enter/edit student and guardian information
- Complete required forms, such as:
 - School-Parent Compact
 - Student Health Form
 - Acceptable Use Policy Agreement



School Contact Details



For questions regarding Online Registration, contact your child's school.

East	West	Freshman Center	Alternative School
Assistant Registrar	Assistant Registrar	Assistant Registrar	Principal's Secretary
Yolanda Pineda	Yolanda Martinez	Yolanda Pineda	Erika Medina
ypineda@jsmorton.org	<u>ymartinez@jsmorton.org</u>	ypineda@jsmorton.org	<u>emedina@jsmorton.org</u>
(708) 7800-4000 ext. 2327	(708) 780-4100 ext. 3042	(708) 7800-4000 ext. 2327	(708) 222-3080 ext. 4011
Parent Liaison	Parent Liaison	Parent Liaison	Parent Liaison
Joshua Galvan	Araceli Torres-Proa	Vanessa Camacho	Vanessa Camacho
jgalvan@jsmorton.org	<u>atorres-proa@jsmorton.org</u>	<u>vcamacho@jsmorton.org</u>	<u>vcamacho@jsmorton.org</u>
(708) 780-4000 ext. 2009	(708) 780-4100 ext. 3067	(708) 863-7900 ext. 1117	(708) 863-7900 ext. 1117



Part 1

Navigating Online Registration

Let's Get Started!

Log into Skyward (<u>skyweb1.jsmorton.org</u>) with your login ID and password.

From the Family Access homepage:

- 1. Click the tab labeled West Online Registration 2024-2025.
- 2. From the popup, click your **student's name**.

(If you have more than one student, you must complete registration for each individually.)

Home		
West Online Registration 2024-2025	J.S. Morton West High School Welcome to J. Sterling Morton Online Registration for	25 at
Calendar	the 2024-2025 School Year! By taking advantage of online registration your days of waiting in long lines are over.	-20
Attendance	STU 1 2 2024-2025	
Student Info	View History View Unread Denials	т
Food Service	8:40am first hour starts at 9:33am.	



Registration Steps



The right-hand menu lists the steps you need to complete.

The number of steps depends upon your student's grade level. **You may not see all 14**, as pictured here.

You must complete **every step on your list** to complete Online Registration.

Lienee	West Online Registration 2024-2025	
Home	STU 1 (J.S. Morton West High School 2024-2025)	
West Online Registration	District Message	District Message
2024-2025	Welcome to J. Sterling Morton Online Registration for the 2024-2025 School Year!	1. Verify Student Information
Online Forms	By taking advantage of online registration your days of waiting in long lines are over.	a. Student Information
Calendar		b. Family Address
Gradebook		c. Family Information
		d. Emergency Information
Attendance		e. Emergency Contacts
Student Info		f. Health Information
Food Service		2. Student Health Form
Schedule		3. Medicaid Consent
Discipling		4. Sibling Information
Discipline		5. Home Language Survey
Test Scores		6. Race and Ethnicity
Fee		7. Acknowledgement Form
Management		8. AUP Form
Activities		9. School-Parent Compact
Student Services		10. Military Connected
Graduation		11. College Board Consent
Requirements		12. Document Uploads
Conferences		13. Fee Acknowledgment
Academic History		14. Complete West Online Registration 2024-2025
Portfolio		Next
Health Info		Close and Finish Later
Login History		

Registration Steps

As you click through each step, the center of your screen populates with information currently in your student's file.

You can update **some**, but not all, information.

Fields marked with an asterisk (*) are **required**.

	West Online Registration 2024-2025	
Iome	CTU 4 (1.0. Montes West Units October 20024 2005)	_
Vest Online Registration 024-2025	Step 1a. Verify Student Information: Student Information	Ido District Message
Inline Forms	General Information	a. Student Information
alendar	* First: STU 1 Middle:	b. Family Address
iradebook	*Last: TEST Suffix:	c. Family Information
Tadebook	Birthday: 01/01/2007 Gender: Male V	d. Emergency Information
ttendance	Other Name:	e. Emergency Contacts
tudent Info	Language: ENGLISH Race:	f. Health Information
ood Service	Do you have internet access?	2. Student Health Form
chedule	Do you have a device to access eLearning material?	3. Medicaid Consent
iscipline	Home Phone: 312-593-1467 Ext:	I. Sibling Information
est Scores	Ext:	6. Home Language Survey
	School Email: studesam002@jsmorton.org Home Email:	Acknowledgement Form
lanagement	Birth County:	AUP Form
ctivities	Birth State:). School-Parent Compact
tudent Services	Birth Country:	0. Military Connected
raduation	Allow Publication of Student's Name for:	1. College Board Consent
equirements	Military: Vas y	2. Document Uploads
onferences		3. Fee Acknowledgment
cademic History		4. Complete West Online Registration 2024-2025
ortfolio	Complete Step 1a Only Complete Step 1a and move to Step 1b	Previous Step Next Step
ealth Info	() indicates a required field.	Close and Finish Later
ogin History		Close and Finish Editi



Translating a Step

Most steps can be

translated into Spanish

by clicking a button at the top of the page.

For steps without a translate button, use the translate feature built into your **browser**.





Completing a Step



When you finish a step,click one of theComplete buttons at thebottom of the page.

Completed steps will receive a **green check mark** in the right-hand menu.

	West Online Registration 2024-2025	
Iome	STU 1 (J.S. Morton West High School 2024-2025)	
Vest Online legistration	Step 1a. Verify Student Information: Student Information	District Message
024-2025	(Required)	1. Verify Student Information
Inline Forms	General Information	a. Student Information
alendar	* First: STU 1 Middle:	b. Family Address
radebook	*Last: TEST Suffix:	c. Family Information
	Birthday: 01/01/2007 Gender: Male V	d. Emergency Information
ttendance	Other Name:	e. Emergency Contacts
tudent Info	Language: ENGLISH Race:	f. Health Information
ood Service	Do you have internet access?	2. Student Health Form
chedule	Do you have a device to access eLearning material?	3. Medicaid Consent
liscipline	Home Phone: 312-593-1467	4. Sibling Information
iscipilite	Ext:	5. Home Language Survey
est Scores	School Email: studesam002@ismorton.org Home Email:	6. Race and Ethnicity
ee Ianagement	Birth County:	7. Acknowledgement Form
lanagement	Birth State:	8. AUP Form
ctivities		9. School-Parent Compact
tudent Services	Birur Gounay.	10. Military Connected
Graduation	Allow Publication of Student's Name for: 2	11. College Board Consent
equirements	Military: Yes V Higher Ed: Yes V Public: Yes V	12. Document Uploads
onferences	District: Yes V Media: No V	13. Fee Acknowledgment
cademic History		14. Complete West Online Registration 2024-2025
ortfolio	Complete Step 1a Only Complete Step 1a and move to Step 1b	Previous Step Next Step
lealth Info	(*) Indicates a required field.	Close and Finish Later
ogin History		

Editing a Step



You can **edit** a step even after marking it complete.

Select the step from the right-hand menu, then click the **Edit** button at the bottom of the screen.

When you finish editing, make sure to mark the step complete once again.

Hama	West Online Registration 2024-2025	
Home	STU 1 (J.S. Morton West High School 2024-2025)	
West Online Registration	Step 1a. Verify Student Information: Student Information	District Message
2024-2025	(Required)	1. Verify Student Information
Online Forms	General Information	🗸 a. Student Information
Calendar	* First: STU 1 Middle:	b. Family Address
Gradebook	*Last: TEST Suffix:	c. Family Information
Attacidada	Birthday: 01/01/2007 Gender: Male 🗸	d. Emergency Information
Attendance	Other Name:	e. Emergency Contacts
Student Info	Language: ENGLISH Race:	f. Health Information
Food Service	Do you have internet access?	2. Student Health Form
Schedule	Do you have a device to access eLearning material?	3. Medicaid Consent
Discipling	Home Phone: 312-593-1467 Ext.	4. Sibling Information
Discipline	Fxt	5. Home Language Survey
Test Scores	School Email: etudecam002@ismorton.org Home Email:	6. Race and Ethnicity
Fee	Bith Countr	7. Acknowledgement Form
Management		8. AUP Form
Activities		9. School-Parent Compact
Student Services	Birth Country:	10. Military Connected
Graduation	Allow Publication of Student's Name for: 2	11. College Board Consent
Requirements		12. Document Uploads
Conferences	District: Ves y Media: No y	13. Fee Acknowledgment
Academic History		14. Complete West Online Registration 2024-2025
Portfolio	Edit Step 1a	Previous Step Next Step
Health Info		Close and Finish Later
Login History		

Pausing the Process



You **do not** need to complete every step in one sitting.

If you need to pause, click **Close and Finish Later** in the bottom right corner.

To ensure all your information is saved, **complete** your current step before closing Skyward.

Homo	West Online Registration 2024-2025	
Home	STU 1 (J.S. Morton West High School 2024-2025)	
West Online Registration	Step 1a. Verify Student Information: Student Information Information	District Message
2024-2025	(Required)	1. Verify Student Information
Online Forms	General Information	🗸 a. Student Information
Calendar	* First: STU 1 Middle:	b. Family Address
Gradebook	*Last: TEST Suffix:	c. Family Information
Attendence	Birthday: 01/01/2007 Gender: Male 🗸	d. Emergency Information
Attendance	Other Name:	e. Emergency Contacts
Student Info	Language: ENGLISH Race:	f. Health Information
Food Service	Do you have internet access?	2. Student Health Form
Schedule	Do you have a device to access eLearning material?	3. Medicaid Consent
Discipline	Home Phone: 312-593-1467	4. Sibling Information
Discipline	Ext:	5. Home Language Survey
Test Scores	School Email: studesam002@ismorton.org Home Email:	6. Race and Ethnicity
Fee		7. Acknowledgement Form
Management	Didt County.	8. AUP Form
Activities		9. School-Parent Compact
Student Services		10. Military Connected
Graduation	Allow Publication of Student's Name for: 2	11. College Board Consent
Requirements	Militan: Vas y Higher Ed: Vas y Public: Vas y	12. Document Uploads
Conferences	District: Ves y Media: No y	13. Fee Acknowledgment
Academic History		14. Complete West Online Registration 2024-2025
Portfolio	Edit Step 1a	Previous Sten Next Sten
Health Info		Close and Finish Later
Login History		



Part 2

Step-by-Step Walkthrough

1a. Student Information

Verify that all prepopulated information is correct.

Correct any errors you can. For errors you can't correct (e.g. Birthday), contact your school's office.

Field Instructions:

- Other Name: If your student goes by a nickname (e.g. Chris for Christopher), enter it here.
- Home Phone: Enter your or another guardian's cell phone number.

Step 1a. Verify Student Information: Student Information (Required)				Undo
General Informat	ion			
* First:	STU 1	Middle:		
* Last:	TEST	Suffix:		
Birthday:	01/01/2007	Gender:	Male 🗸	
Other Name:				
Language:	ENGLISH	Race:		
	Do you have internet access?			
	Do you have a device to access	s eLearning material?		
Home Phone:	555-555-5555 Ext:			
~	Ext:			
School Email:	studesam002@jsmorton.org	Home Email:		
Birth County:				
Birth State:			~	
Birth Country:				
Allow Publication of Student's Name for: ?				
Military: Ye	es ✓ Highe	r Ed: Yes 🗸	Public: Yes 🗸	
District: Ye	es 🗸 Me	edia: No 🗸		



1b. Family Address



Verify or update your current address.

Field Instructions:

- **Street Name:** Start typing your street name, then select the appropriate choice from the dropdown (see example below).

Step 1b. Verify Student Information: Fa (Required)	mily Address	Undo Undo Change Requests
Address Preview Address		
Street Number: 5500 Street Dir	W Street Name:	22nd s
SUD: APT 🗸 #:	2 P.O. Box:	22ND ST
Address 2:		22ND STREET
Zip Code: 60804 Plus 4:	City/State:	CICERO, IL
Complete Step 1b Only	Complete Step 1b a	nd move to Step 1c

1c. Family Information



Verify or update your personal information.

Field Instructions:

- Primary Phone: Enter a cell phone number.
- **Relationship:** Start typing your relationship to your student, then select the appropriate choice from the dropdown (see example below).

Step 1c. Verify Student Information: I (Required)	Family Information Undo Undo
Guardian 1 Number: 1 Name: GUARDIAN NAME Custodial Relationship: MO Home Email: MOTHER	Primary (555) 555-5555 Ext: Phone:
Complete Step 1c Only	Complete Step 1c and move to Step 1d

1d. Emergency Information



Verify or update your child's emergency information.

Field Instructions:

- Insurance: Enter your provider name (e.g. Blue Cross Blue Shield).
- **Policy:** Enter your member/subscriber ID.

Step 1d. Verify Student Information: Emergency Information (Required)		
Critical Alert Information		Last Name, First
	Physician:	Lewis, Mary
	Dentist:	Wooley, Bryan
	Hospital:	La Grange Hospital
	Insurance:	Blue Cross Blue Shield
	Policy:	XDP513669724
Complete Step 1d Only	Comple	ete Step 1d and move to Step 1e

1e. Emergency Contacts



Verify or update your child's emergency contacts.

Parents/guardians cannot serve as emergency contacts. Provide up to 3 additional people who can be contacted if a parent/guardian is unavailable during an emergency.

Field Instructions:

 Pick Up: This field defaults to Yes, meaning the contact has permission to pull your student out of school. If you do not want to grant this permission, select No.

requirea)		Add Emergency Conta
Contact Number: 1	Primary Phone:	Ext:
First: GUARDIAN	~	Ext:
Middle:		Ext:
Last: NAME	Pick Up:	Yes V
Relationship: MOTHER		Yes
Comment:		No
Complet	e Step 1e Only Complete Step	p 1e and move to Step 1f

1f. Health Information



Verify or update your child's health information.

If you have filled out this form in the past, your prior responses will appear below each field.

Step 1f. Verify Student Information: Health Information (Required) Under			
Health Problems:			
	GUARDIAN NAME 02/14/2024 1:25 PM		
Allergy Notes:	1	//	
	GUARDIAN NAME 02/14/2024 1:25 PM		
	2		
Medication Notes:			
	GUARDIAN NAME 02/14/2024 1:25 PM 3		

2. Student Health Form



If you have never completed a Student Health Form for your student, a popup will ask if you would like to complete one now. Click **Yes**.

If you completed a Student Health Form for a previous year's registration, select the form and click **Edit**.





2. Student Health Form



Verify or update your child's health information.

This form allows you to provide a **more detailed health record** than you did in the previous step.

If you answer **Yes** to answer to a question, please add a comment with additional context.

STUDENT HEALTH RECORD

Does your child have any of the following medical conditions? If **YES**, please add a comment with additional context (e.g. list of medications with dosage, dates of major surgeries, etc.).

Medical Condition	Yes/No	Comment
Allergies	~	
Medications	~	
Asthma	~	
Birth Defects	~	
Developmental Delay	~	
Tuberculosis (disease or positive skin test)	~	

3. Medicaid Consent



This form describes how the District will share your student's information with Medicaid.

This form is only required for **incoming freshmen and new students**. It may not appear to returning students.

If you **consent** to share your student's information, sign and date the form.

If you **do not consent** to share your student's information, leave this form blank.

Illinois Parental Notice for One-Time Consent to Allow the School District to Bill Medicaid Benefits

Dear Parent/Guardian:

The purpose of this letter is to ask for your permission (also known as consent) to share records and information about your child with Medicaid. A change in federal Center for Medicaid Services (CMS) policy provides an opportunity to expand reimbursement for school-based health services for Medicaid-enrolled students. The school district must share information about your child with Medicaid, including name, date of birth, gender, and type of services provided.

With your permission, the school district can seek partial reimbursement from Medicaid for the following: Speech Services, Nursing Services, Social Work Services, Psychological Services, Occupational Therapy Services, and Physical Therapy Services. Each year, the district will notify you regarding your permission; you do not need to sign a form every year.

4. Sibling Information



This form links your child to their siblings in the district, allowing you to view them all from **one parent/** guardian Skyward account.

If your child has siblings that attend **any school in the J. Sterling Morton District**, enter their full name and Morton ID#.

If your child **does not** have siblings in the J. Sterling Morton District, leave this form **blank**.

SIBLING INFORMATION

For the student listed above, please enter the name and ID number of any siblings that attend a school in J. Sterling Morton High School District 201. This information will be used to link students and families within the Skyward system. If the student does not have any siblings within the District, leave the fields blank and continue onto the next step.

NOTE: A Morton ID# has exactly 6 digits.



5. Home Language Survey



This form is used to identify students who speak a language **other than English** at home.

This form is only required for **incoming freshmen and new students**. It may not appear to returning students.

Regardless of your answers to Questions 1-3, complete the **entire form**.

HOME LANGUAGE SURVEY

The State of Illinois requires school districts to administer a Home Language Survey to every student new to the district. This information is used to count the students whose families speak a language other than English at home. It also helps identify students who need to be assessed for English language proficiency. If you answer yes to any of Questions 1-3. the law requires the district to assess your child's English
anguage proficiency.
1. What is the student's primary language?
2. What is the primary language spoken at home?
3. Does your child speak a language other than English? 📃 🗸
◦ If so, which language?
STUDENT BACKGROUND
1. When did your child first enroll in a US school? Date:

6. Race and Ethnicity



This form is used to report **race and ethnicity** data to the state and federal government.

This form is only required for **incoming freshmen and new students**. It may not appear to returning students.

Complete **both Part A and Part B**, regardless of your response to Part A.

Illinois State Board of Education

U.S. Department of Education Race and Ethnicity Data Standards

INSTRUCTIONS: This form is to be filled out by the student's parents or guardians, and both questions must be answered. Part A asks about the student's ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

Part A: Is the student Hispanic/Latino?

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one

or more boxes to indicate what you consider this student's race to be.

Part B: What is the student's Federal Race? Choose one or more.

American Indian or Alaska Native (a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment)
 Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, India, China, the Philippine Islands, Japan, Korea, or Vietnam)

7. Acknowledgment Form



This form outlines various district policies, such as those involving the Student/Parent Handbook.

Click **Add** to start a new Acknowledgment Form, even if you have past forms visible.

The form has **multiple sections**, each of which **requires a signature**.

					View Full Screen
Date Created 🔻	Time Created	AUP Date	AUP Date spa	Date of /	Add
05/31/2022	12:10 pm	05/31/2022	05/31/2022	05,	Edit
06/24/2020	2:27 pm	05/31/2022	05/31/2022	05,	Delete
					Delete

ACKNOWLEDGMENT OF HANDBOOK RECEIPT

The Student/Parent Handbook is an online document and can be accessed anytime at <u>this link</u> or by navigating the <u>district website</u>. It is understood that not all households have access to internet. For those families who do not have internet access, a hard-copy of the handbook can be obtained from the student's school office. **IT IS THE RESPONSIBILITY OF THE PARENT OR STUDENT TO OBTAIN THE STUDENT/PARENT HANDBOOK FROM THE STUDENT'S SCHOOL OFFICE.** Please read this acknowledgment and answer the following questions.

I/We agree to access the Student/Parent Handbook through the J. Sterling Morton High School District 201 website:

I/We we would like a hard-copy of the Student/Parent Handbook. I/We acknowledge that we are responsible for picking it up in our student's

school office:

8. AUP Form



This form is only required for **incoming freshmen and new students**. It may not appear to returning students.

This form requires **multiple signatures and sets of initials**. Read through the entire form to ensure you complete them all.

You can ignore the **Student Initials** fields. Your student will fill those out later on in the year.

ACCEPTABLE USE POLICY

Select students at J. Sterling Morton High School District 201 will be issued a device for use in school and at home. This document provides students and their parents/guardians with information about taking care of this equipment, using it to complete assignments, and being a good digital citizen.

Parent/Guardia 01/01/1900	n signature: Test Parent	t	Date:
WEBS	SITE AND SOCIAL	MEDIA GUID	ELINES
WEBS	SITE AND SOCIAL Student Initials	MEDIA GUID Parent In	ELINES itials

9. School-Parent Compact



Click **Add** to start a new School-Parent Compact, even if you have past forms visible.

This form outlines your rights as a parent and the district's responsibility in ensuring those rights.

Read through the form, then provide your **signature**.

				K X	View Full Screen
Date Created 🔻	Time Created	AUP Date	AUP Date spa	Date of /	<u>A</u> dd
05/31/2022	12:10 pm	05/31/2022	05/31/2022	05,	Edit
06/24/2020	2:27 pm	05/31/2022	05/31/2022	05,	Delete
					Delete

School-Parent Compact

J. Sterling Morton High School District 201 and the parents of the students participating in activities, services, and programs funded by Title I - Every Student Succeeds Act (ESSA) agree that this compact outlines how the parents, the entire school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership that will help children achieve the State's high standards.

- 1. Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the State's student academic achievement standards as follows:
 - The curriculum is relevant to students and the community; is challenging, integrated, comprehensive; and provides opportunities to develop the skills and knowledge for employability and/or higher education.

10. Military Connected



This form is used to identify students with family in the **military**.

If you answer **yes** to the first question, complete the table that follows.

If you answer **no** to the first question, leave the table blank.

MILITARY CONNECTED FORM

Is a legal guardian of your student a member of the Armed Forces or National Guard on full-time training duty, or active military service?

If YES, complete the table below. If NO, leave the table below blank.

FAMILY INFORMATION

List any legal guardians who are connected to the US military. A legal guardian is a person who has the legal authority to care for the property and personal interest of a child.

Relationship to Student	Date Enlisted	Branch	Status
		~	~
		~	~
		~	~

11. College Board Consent



Your child will take **at least one** College Board assessment this school year (PSAT, SAT, etc.).

This form covers what College Board **can** and **cannot** do with your child's scores.

Read through the form, then choose whether to opt into College Board's services.

PARTICIPATION IN COLLEGE PLANNING OPTIONS CONSENT FORM

Your child will participate in one of the SAT® Suite of Assessments on a school day—SAT®, PSAT/NMSQT®, or the PSAT[™] 10. The purpose of this form is to explain the information your student will be required to provide and the options available to your student related to their free SAT score sends, Student Search Service®, and the student questionnaire.

I give consent for	my child to opt in to Stu	dent Search Service and to
participate in the	student questionnaire:	Yes 🗸
<mark>Parent Signature:</mark>	Test Parent	Date:
6/24/2020		

12. Document Uploads



This form allows you to upload required documents.

This form is only required for incoming freshmen and new students. It may not appear to returning students.

Only upload PDF documents.

Residency proofs are required for all incoming freshmen and a March/April which indicates if this is required for your student) submit your residency proofs here.

Se requieren pruebas de residencia para los estudiantes entri correo de marzo/abril que indica si esto es necesario para su residencia aqui.



Residency Proof



District 201 has contracted with the CLEAR system to electronically verify residency.

Families who cannot be electronically verified will be contacted with directions to submit proof of residency.

If you need to submit proof of residency, you must upload four documents from specific categories. **See the next slide for an overview of each category.** Residency proofs are required for all incoming freshmen and March/April which indicates if this is required for your student) submit your residency proofs here.

Se requieren pruebas de residencia para los estudiantes entra correo de marzo/abril que indica si esto es necesario para su residencia aqui.



Residency Proof



	Category A	Category B	Category C
Required Number	• 1 document	• 1 document	• 2 documents (order doesn't matter)
Required Features	Guardian nameCurrent address	Guardian nameCurrent address	 Guardian name Current address Dated within last 30 days
Acceptable Documents	 State-issued driver's license State-issued ID card Government-issued photo ID Photo ID issued by a foreign consulate 	 Real estate tax bill Mortgage statement Signed current lease (including landlord's contact information) Agreement of sale District 201 Residency Attestation (available online) 	 Home, renter, or auto insurance bill Utility bill Bank or credit card statement Paycheck stub Vehicle registration Letter from federal/state agency Post office Change of Address form Voter registration card City parking sticker receipt

13. Fee Acknowledgement



This form discusses registration fees that will be billed at the start of next school year.

Read through the form, then provide your **signature**.

FEE ACKNOWLEDGMENT

This message is to notify you that at J. Sterling Morton High School District 201, student registration and technology fees are posted during the next school year. Although payment is **NOT** due at this time, students and parents should expect the following fees to be added to their account once school starts in the fall:

- Registration Fee
- Technology Fee

Please Note: If registration is completed after June 30th, a late registration fee of \$50 may also apply. Dependent on class selection, programs, or activities, other fees not listed here may also apply.

By signing below, you acknowledge that you are aware of the registration and technology fees.

Parent/Guardian Signature:

Date:

14. Complete Online Registration



The final step allows you to review any corrections you made to your child's account.

Once you have **completed every** step, click Submit West Online Registration 2024-2025 at the bottom of the screen.

If there are steps you did not yet mark complete, you will not be able to submit.

Step 1)	Verify Student Information		ompleted 02/27/2024 3:03pm
Beguaatad	Changes Banding Approval by	the District:	50mpleted 02/27/2024 0.05pm
Area	Eield	Requested For	Requested Value
Stu Info	Home Phone	STU 1 TEST	(555) 555-5555
* If a Reque	sted Change is denied by the district	t, West Online Registra	tion 2024-2025 for this student will be marked as
INCOMPLE	TE.		
Step 2)	Student Health Form	C	Completed 02/27/2024 3:03pm
Step 3)	Sibling Information	C	Completed 02/27/2024 3:03pm
Step 4)	Home Language Survey	C	Completed 02/27/2024 11:02am
Step 5)	Race and Ethnicity	C	Completed 02/27/2024 3:03pm
Step 6)	Acknowledgement Form	C	Completed 02/27/2024 3:03pm
Step 7)	AUP Form	C	Completed 02/27/2024 3:03pm
Step 8)	School-Parent Compact	C	Completed 02/27/2024 3:03pm
Step 9)	Military Connected	C	Completed 02/27/2024 3:03pm
Step 10)	College Board Consent	C	Completed 02/27/2024 3:03pm
Step 11)	Document Uploads	C	Completed 02/27/2024 3:03pm
Step 12)	Fee Acknowledgment	C	Completed 02/27/2024 3:03pm
Guardian N		ardian Address: 17	77
Guarulan N	ane. GOARDIAN NAME		

Congratulations!



When you see this screen, you have **fully completed** online registration.

You will also receive an **email confirmation** of your successful completion.

PLEASE NOTE that if you are required to submit residency documents, the district will review your submissions and you will be contacted if you have successfully completed the residency requirements.

Home	STU 1 (J.S. Morton West High School 2024-2025)
West Online Registration 2024-2025	West Online Registration 2024-2025 was successfully completed and submitted to the district for STU 1 on Fri Mar 1, 2024 8:54am by GUARDIAN NAME.
Online Forms	Mark West Online Registration 2024-2025 as not completed and make changes
Calendar	



Registro en Línea

J. Sterling Morton West High School 2024-2025

Descripción del registro en línea



- Complete el registro en línea a través de Skyward Family Access
- Requerido para **todos los estudiantes** nuevos y recurrentes
- Ingresar/editar información del estudiante y tutor
- Complete los formularios requeridos, como:
 - Pacto entre la escuela y los padres
 - Formulario de salud estudiantil
 - Acuerdo de política de uso aceptable

Detalles de contacto



Si tiene preguntas sobre la inscripción en línea, comuníquese con la escuela de su hijo/a.

East	West	Freshman Center	Alternative School
Registrador asistente Yolanda Pineda ypineda@ismorton.org	Registrador asistente Yolanda Martinez ymartinez@jsmorton.org	Registrador asistente Yolanda Pineda ypineda@jsmorton.org	Secretaria de la directora Erika Medina emedina@ismorton.org
(708) 7800-4000 ext. 2327	(708) 780-4100 ext. 3042	(708) 7800-4000 ext. 2327	(708) 222-3080 ext. 4011
Enlace de padres	Enlace de padres	Enlace de padres	Enlace de padres
Joshua Galvan	Araceli Torres-Proa	Vanessa Camacho	Vanessa Camacho
jgalvan@jsmorton.org (708) 780-4000 ext. 2009	<u>atorres-proa@jsmorton.org</u> (708) 780-4100 ext. 3067	vcamacho@jsmorton.org (708) 863-7900 ext. 1117	<u>vcamacho@jsmorton.org</u> (708) 863-7900 ext. 1117



Parte 1

Navegando por el registro en línea

iEmpecemos!

Inicie sesión en Skyward

(skyweb1.jsmorton.org) con su ID de

inicio de sesión y contraseña.

Desde la página de inicio de Family Access:

- Haga clic en la pestaña denominada West Online Registration 2024-2025.
- En la ventana emergente, haga clic en el nombre de su estudiante.

(Si tiene más de un estudiante, deberá completar la inscripción para cada uno individualmente).





Pasos de registro



El menú de la derecha enumera los pasos que debe completar.

La cantidad de pasos depende del nivel de grado de su estudiante. **Puede que no vea los 14**, como se muestra aquí.

Debe completar **cada paso de su lista** para completar el registro en línea.

Llama	West Online Registration 2024-2025				
Home	STU 1 (J.S. Morton West High School 2024-2025)				
West Online Registration	District Message	District Message			
2024-2025	Welcome to J. Sterling Morton Online Registration for the 2024-2025 School Year!	1. Verify Student Information			
Online Forms	By taking advantage of online registration your days of waiting in long lines are over.	a. Student Information			
Calendar		b. Family Address			
Gradebook		c. Family Information			
Attendence		d. Emergency Information			
Allendance		e. Emergency Contacts			
Student Info		f. Health Information			
Food Service		2. Student Health Form			
Schedule		3. Medicaid Consent			
Discipline		4. Sibling Information			
		5. Home Language Survey			
Test Scores		6. Race and Ethnicity			
Fee Management		7. Acknowledgement Form			
Management		8. AUP Form			
Activities		9. School-Parent Compact			
Student Services		10. Military Connected			
Graduation		11. College Board Consent			
Requirements		12. Document Uploads			
Conferences		13. Fee Acknowledgment			
Academic History		14. Complete West Online Registration 2024-2025			
Portfolio		Next			
Health Info		Close and Finish Later			
Login History					

Pasos de registro



En cada paso, el centro de su pantalla se llena con información actualmente en el expediente de su estudiante.

Puede actualizar **parte** de la información, pero no toda.

Se requieren campos marcados con un asterisco (*).

Home	West Online Registration 2024-2025				
West Online Registration 2024-2025	Step 1a. Verify Student Information: Student Information Undo (Required)	District Message			
Online Forms	General Information	a. Student Information			
Calendar	* First: STU 1 Middle:	b. Family Address			
Oradahash	*Last: TEST Suffix:	c. Family Information			
Gradebook	Birthday: 01/01/2007 Gender: Male V	d. Emergency Information			
Attendance	Other Name:	e. Emergency Contacts			
Student Info	Language: ENGLISH Race:	f. Health Information			
Food Service	Do you have internet access?	2. Student Health Form			
Schedule	Do you have a device to access el earning material?	3. Medicaid Consent			
Diasialias	Home Phone: 312-593-1467	4. Sibling Information			
Discipline	5. Home Language Survey				
Test Scores	School Email: etudecam002@icmorton.org Home Email:	6. Race and Ethnicity			
Fee	Rith County				
wanagement	Birth State:				
Activities	9. School-Parent Compact				
Student Services	Birth Country: 10. Military Connected				
Graduation	Allow Publication of Student's Name for: 2	11. College Board Consent			
Requirements	Military Voc V				
Conferences	District: Ves v Media: No v				
Academic History	14. Complete West Online Registration 2024-2025				
Portfolio	Complete Step 1a Only Complete Step 1a and move to Step 1b Previous Step Next Step				
Health Info		Close and Finish Later			
Login History					

Traducir un paso

La mayoría de los pasos se pueden **traducir al español** haciendo clic en un botón en la parte superior de la página.

Para pasos sin un botón de traducción, use la función de traducción integrada en su **navegador**.





Completar un paso



Cuando termine un paso, haga clic en uno de los botones marcados como **Complete** en la parte inferior de la página.

Los pasos completados recibirán **una marca de verificación verde** en el menú de la derecha.

	West Online Registration 2024-2025 STU 1 (J.S. Morton West High School 2024-2025)			
me				
est Online egistration	Step 1a. Verify Student Information: Student Information	District Message		
ž4-2025	(Required)	1. Verify Student Information		
nline Forms	General Information	a. Student Information		
alendar	* First: STU 1 Middle:	b. Family Address		
adebook	*Last: TEST Suffix:	c. Family Information		
aucook	Birthday: 01/01/2007 Gender: Male V	d. Emergency Information		
tendance	Other Name:	e. Emergency Contacts		
udent Info	Language: ENGLISH Race:	f. Health Information		
od Service	Do you have internet access?	2. Student Health Form		
hedule	Do you have a device to access eLearning material?	3. Medicaid Consent		
scipling	Home Phone: 312-593-1467 Ext:	4. Sibling Information		
scipilite	Fxt	5. Home Language Survey		
st Scores	School Email: studesam002@ismorton org Home Email:	6. Race and Ethnicity		
e		7. Acknowledgement Form		
anagement	Dith State:	8. AUP Form		
tivities		9. School-Parent Compact		
udent Services	Birth Country: 10. Military Connected			
aduation	Allow Publication of Student's Name for: 2	11. College Board Consent		
quirements	Military: Yes Y Higher Ed: Yes Y Public: Yes Y	12. Document Uploads		
onferences	District: Ves v Media: No. v			
ademic History	14. Complete West Online Registration 2024-2025			
ortfolio	Complete Step 1a Only Complete Step 1a and move to Step 1b	Provious Step Next Step		
ealth Info	(*) Indicates a required field.	Close and Finish Later		
ain History		Close and I mish Ealer		

Editar un paso



Puede **editar** un paso incluso después de marcarlo como completo.

Seleccione el paso en el menú de la derecha, luego haga clic en el botón marcado **Edit** en la parte inferior de la pantalla.

Cuando termine de editar, asegúrese de marcar el paso como completo una vez más.

Hama	West Online Registration 2024-2025				
Home	STU 1 (J.S. Morton West High School 2024-2025)				
West Online Registration	Step 1a. Verify Student Information: Student Information	District Message			
2024-2025	(Required)	1. Verify Student Information			
Online Forms	General Information	🗸 a. Student Information			
Calendar	* First: STU 1 Middle:	b. Family Address			
Gradebook	*Last: TEST Suffix:	c. Family Information			
	Birthday: 01/01/2007 Gender: Male 🗸	d. Emergency Information			
Attendance	Other Name:	e. Emergency Contacts			
Student Info	Language: ENGLISH Race:	f. Health Information			
Food Service	Do you have internet access?	2. Student Health Form			
Schedule	Do you have a device to access eLearning material?	3. Medicaid Consent			
Discipline	Home Phone: 312-593-1467	4. Sibling Information			
Discipline	Ext:	5. Home Language Survey			
Test Scores	School Email: studesam002@ismorton.org Home Email:	6. Race and Ethnicity			
Fee		7. Acknowledgement Form			
wanayement	Dich State:	8. AUP Form			
Activities		9. School-Parent Compact			
Student Services		10. Military Connected			
Graduation	Allow Publication of Student's Name for: 2	11. College Board Consent			
Requirements		12. Document Uploads			
Conferences		13. Fee Acknowledgment			
Academic History		14. Complete West Online Registration 2024-2025			
Portfolio	Edit Step 1a	Previous Step Next Step			
Health Info		Close and Finish Later			
Login History					

Pausar el proceso



No es necesario completar cada paso de una sola vez.

Si necesita hacer una pausa, haga clic en **Close and Finish Later** en la esquina inferior derecha.

Para asegurarse de que se guarde toda su información, complete el paso actual **antes de cerrar Skyward**.

Hama	West Online Registration 2024-2025				
nome	STU 1 (J.S. Morton West High School 2024-2025)				
West Online Registration	Step 1a. Verify Student Information: Student Information Information	District Message			
2024-2025	(Requirea)	1. Verify Student Information			
Online Forms	General Information	🔨 a. Student Information			
Calendar	* First: STU 1 Middle:	b. Family Address			
Gradebook	*Last: TEST Suffix:	c. Family Information			
Attendence	Birthday: 01/01/2007 Gender: Male 🗸	d. Emergency Information			
Allendance	Other Name:	e. Emergency Contacts			
Student Info	Language: ENGLISH Race:	f. Health Information			
Food Service	Do you have internet access?	2. Student Health Form			
Schedule	Do you have a device to access eLearning material?	3. Medicaid Consent			
Discipline	Home Phone: 312-593-1467 Ext:	4. Sibling Information			
Discipline	► xt	5. Home Language Survey			
Test Scores	School Email: etudecam002@ismorton.org Home Email:	6. Race and Ethnicity			
Fee	Bith Country	7. Acknowledgement Form			
wanagement		8. AUP Form			
Activities		9. School-Parent Compact			
Student Services	Birth Country: 10. Military Connected				
Graduation	Allow Publication of Student's Name for: 2	11. College Board Consent			
Requirements	Military: Vas y Higher Ed: Vas y Public: Vas y	12. Document Uploads			
Conferences	District: Yes Y Media: No Y	13. Fee Acknowledgment			
Academic History		14. Complete West Online Registration 2024-2025			
Portfolio	Edit Step 1a	Previous Step Next Step			
Health Info		Close and Finish Later			
Login History					



Parte 2

Tutorial paso a paso

1a. Student Information



Verifique que toda la información completada previamente sea correcta.

Corrija los errores que pueda. Si hay errores que no puede corregir (e.g. Birthday), comuníquese con la oficina de su escuela.

Instrucciones de campo:

- Other Name: Si su estudiante tiene un apodo (e.g. Chris para Christopher), ingréselo aquí.
- Home Phone: Ingrese su número de teléfono celular o el de otro tutor.

Step 1a. Verify Student Information: Student Information (Required) Undo					
General Informat	ion				
* First:	STU 1		Middle:		
* Last:	TEST		Suffix:		
Birthday:	01/01/2007		Gender:	Male ~	
Other Name:					
Language:	ENGLISH		Race:		
	Do you have internet	t access?			
	Do you have a device	e to access	eLearning material?		
Home Phone:	555-555-5555	Ext:			
~		Ext:			
School Email:	studesam002@jsmortor	n.org	Home Email:		
Birth County:					
Birth State:					✓
Birth Country:					
Allow Publication	n of Student's Name f	or: ?			
Military: Y	es 🗸	Higher	Ed: Yes 🗸	Public: Ye	es 🗸
District: Y	es 🗸	Me	dia: No 🗸		

1b. Family Address



Verifique o actualice su dirección actual.

Instrucciones de campo:

- Street Name: Comience a escribir el nombre de su calle, luego seleccione la opción adecuada en

el menú desplegable (vea el ejemplo a continuación).

Step 1b. Verify Student Information: Family Address Undo Undo Change Requests (Required)					
Address Preview Address					
Street Number: 5500	Street Dir: W] Street Name:	22nd s		
SUD: APT 🗸	#: 2	P.O. Box:	22ND ST		
Address 2:			22ND STREET		
Zip Code: 60804	Plus 4:	City/State:	CICERO, IL		
		_			
Complete Step 1b Only Complete Step 1b and move to Step 1c					

1c. Family Information



Verificar o actualizar su información personal.

Instrucciones de campo:

- Primary Phone: Ingrese un número de teléfono celular.
- **Relationship:** Comience a escribir su relación con su estudiante, luego seleccione la opción adecuada en el menú desplegable (vea el ejemplo a continuación).

Step 1c. Verify Student Information: Family (Required)	Information Undo Undo Change Requests
Guardian Number: 1 Name: GUARDIAN NAME Custodial Relationship: MO Home Email: MOTHER	Primary (555) 555-5555 Ext: Phone:
Complete Step 1c Only	Complete Step 1c and move to Step 1d

1d. Emergency Information



Verificar o actualizar la información de emergencia de su hijo/a.

Instrucciones de campo:

- Insurance: Ingrese el nombre de su proveedor (e.g. Blue Cross Blue Shield).
- **Policy:** Ingrese su ID de miembro/suscriptor.

Step 1d. Verify Student Information: Emergency Information (Required)			
Critical Alert Information		Last Name, First	
	Physician:	Lewis, Mary	
	Dentist:	Wooley, Bryan	
	Hospital:	La Grange Hospital	
	Insurance:	Blue Cross Blue Shield	
	Policy:	XDP513669724	
Complete Step 1d Only	Comple	ete Step 1d and move to Step 1e	

1e. Emergency Contacts



Verifique o actualice los contactos de emergencia de su hijo/a.

Los padres/tutores no pueden servir como contactos de emergencia. Proporcionar hasta 3 personas adicionales a las que se pueda contactar si un padre/tutor no está disponible durante una emergencia.

Instrucciones de campo:

 Pick Up: Este campo tiene como valor predeterminado Yes, lo que significa que el contacto tiene permiso para sacar a su estudiante de la escuela. Si no desea otorgar este permiso, seleccione No.

Required	Add Emergency Conta
Contact Number: 1	Primary Phone: (555) 555-5555 Ext:
First: GUARDIAN	Ext:
Middle:	Ext:
Last: NAME	Pick Up: Yes V
Relationship: MOTHER	Yes
Comment:	No

1f. Health Information



Verificar o actualizar la información de salud de su hijo/a.

Si ha completado este formulario en el pasado, sus respuestas anteriores aparecerán debajo de cada campo.

Step 1f. Verify S (Required)	Student Information: Health Information	Undo
Health Problems:		
		h
	GUARDIAN NAME 02/14/2024 1:25 PM	
	1	h
Allergy Notes:		
		1
	GUARDIAN NAME 02/14/2024 1:25 PM	
	2	11
Medication Notes:		
		h
	GUARDIAN NAME 02/14/2024 1:25 PM	
	3	10

2. Student Health Form



Si nunca ha completado un formulario de salud estudiantil para su estudiante, una ventana emergente le preguntará si desea completar uno ahora. Haga clic en **Yes**.

Si completó un formulario de salud estudiantil para la inscripción del año anterior, seleccione el formulario y haga clic en **Edit**.





2. Student Health Form



Verificar o actualizar la información de salud de su hijo/a.

Este formulario le permite proporcionar **un registro de salud más detallado** que el que proporcionó en el paso anterior.

Si responde **Yes** a una pregunta, agregue un comentario con contexto adicional.

STUDENT HEALTH RECORD

Does your child have any of the following medical conditions? If **YES**, please add a comment with additional context (e.g. list of medications with dosage, dates of major surgeries, etc.).

Medical Condition	Yes/No	Comment
Allergies	~	
Medications	~	
Asthma	~	
Birth Defects	~	
Developmental Delay	~	
Tuberculosis (disease or positive skin test)	~	

3. Medicaid Consent



Este formulario describe cómo el Distrito compartirá la información de su estudiante con Medicaid.

Este formulario solo se requiere para estudiantes entrantes de primer año y nuevos estudiantes. Puede que no les parezca a los estudiantes que regresan.

Si **acepta** compartir la información de su estudiante, firme y feche el formulario.

Si **no acepta** compartir la información de su estudiante, deje este formulario en blanco.

Illinois Parental Notice for One-Time Consent to Allow the School District to Bill Medicaid Benefits

Dear Parent/Guardian:

The purpose of this letter is to ask for your permission (also known as consent) to share records and information about your child with Medicaid. A change in federal Center for Medicaid Services (CMS) policy provides an opportunity to expand reimbursement for school-based health services for Medicaid-enrolled students. The school district must share information about your child with Medicaid, including name, date of birth, gender, and type of services provided.

With your permission, the school district can seek partial reimbursement from Medicaid for the following: Speech Services, Nursing Services, Social Work Services, Psychological Services, Occupational Therapy Services, and Physical Therapy Services. Each year, the district will notify you regarding your permission; you do not need to sign a form every year.

4. Sibling Information



Este formulario vincula a su hijo/a con sus hermanos en el distrito, lo que le permite verlos a todos desde **una cuenta Skyward de padre/tutor**.

Si su hijo/a tiene hermanos que asisten a **alguna escuela en el distrito J. Sterling Morton**, ingrese su nombre completo y ID# de Morton.

Si su hijo/a **no tiene hermanos en el distrito J. Sterling Morton**, deje este formulario en **blanco**.

SIBLING INFORMATION

For the student listed above, please enter the name and ID number of any siblings that attend a school in J. Sterling Morton High School District 201. This information will be used to link students and families within the Skyward system. If the student does not have any siblings within the District, leave the fields blank and continue onto the next step.

NOTE: A Morton ID# has exactly 6 digits.



5. Home Language Survey



Este formulario se utiliza para identificar a los estudiantes que hablan **un idioma distinto al inglés en casa**.

Este formulario solo se requiere para estudiantes entrantes de primer año y nuevos estudiantes. Puede que no les parezca a los estudiantes que regresan.

Independientemente de sus respuestas a las preguntas 1 a 3, **complete todo el formulario**.

HOME LANGUAGE SURVEY

he State of Illinois requires school districts to administer a Home anguage Survey to every student new to the district. This information is sed to count the students whose families speak a language other than nglish at home. It also helps identify students who need to be assessed or English language proficiency. If you answer yes to any of Questions -3, the law requires the district to assess your child's English anguage proficiency.
1. What is the student's primary language?
2. What is the primary language spoken at home?
3. Does your child speak a language other than English? 📃 🗸
◦ If so, which language?
STUDENT BACKGROUND
1. When did your child first enroll in a US school? Date:

6. Race and Ethnicity

Este formulario se utiliza para informar datos de **raza y origen étnico** al gobierno estatal y federal.

Este formulario solo se requiere para estudiantes entrantes de primer año y nuevos estudiantes. Puede que no les parezca a los estudiantes que regresan.

Complete **tanto la Parte A como la Parte B**, independientemente de su respuesta a la Parte A.



Illinois State Board of Education

U.S. Department of Education Race and Ethnicity Data Standards

INSTRUCTIONS: This form is to be filled out by the student's parents or guardians, and both questions must be answered. Part A asks about the student's ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

Part A: Is the student Hispanic/Latino?

10? ×

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider this student's race to be.

Part B: What is the student's Federal Race? Choose one or more.

American Indian or Alaska Native (a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment)
 Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, India, China, the Philippine Islands, Japan, Korea, or Vietnam)

7. Acknowledgment Form



Este formulario describe varias políticas del distrito, como las que involucran el Manual para estudiantes y padres.

Haga clic en **Add** para iniciar un nuevo formulario de reconocimiento, incluso si tiene formularios anteriores visibles.

El formulario tiene **varias secciones**, cada una de las cuales requiere **una firma**.

					View Full Screen
Date Created 🔻	Time Created	AUP Date	AUP Date spa	Date of /	Add
05/31/2022	12:10 pm	05/31/2022	05/31/2022	05,	Edit
06/24/2020	2:27 pm	05/31/2022	05/31/2022	05,	Delete
					Delete

ACKNOWLEDGMENT OF HANDBOOK RECEIPT

The Student/Parent Handbook is an online document and can be accessed anytime at <u>this link</u> or by navigating the <u>district website</u>. It is understood that not all households have access to internet. For those families who do not have internet access, a hard-copy of the handbook can be obtained from the student's school office. **IT IS THE RESPONSIBILITY OF THE PARENT OR STUDENT TO OBTAIN THE STUDENT/PARENT HANDBOOK FROM THE STUDENT'S SCHOOL OFFICE.** Please read this acknowledgment and answer the following questions.

I/We agree to access the Student/Parent Handbook through the J. Sterling Morton High School District 201 website:

I/We we would like a hard-copy of the Student/Parent Handbook. I/We acknowledge that we are responsible for picking it up in our student's

<mark>school office:</mark> 🔰 🗸 🗸

8. AUP Form



Este formulario solo se requiere para estudiantes entrantes de primer año y nuevos estudiantes. Puede que no les parezca a los estudiantes que regresan.

Este formulario requiere **múltiples firmas y conjuntos de iniciales**. Lea todo el formulario para asegurarse de completarlos todos.

Puede ignorar los campos de Iniciales del estudiante. Su estudiante los completará más adelante durante el año.

ACCEPTABLE USE POLICY

Select students at J. Sterling Morton High School District 201 will be issued a device for use in school and at home. This document provides students and their parents/guardians with information about taking care of this equipment, using it to complete assignments, and being a good digital citizen.

Parent/Guardia 01/01/1900	n signature: Test Paren	t D	ate:
WEB	SITE AND SOCIAL	MEDIA GUIDELI	NES
WEBS	SITE AND SOCIAL Student Initials	MEDIA GUIDELI Parent Initial	NES s

9. School-Parent Compact



Haga clic en **Add** para iniciar un nuevo acuerdo entre escuela y padres, incluso si tiene formularios anteriores visibles.

Este formulario describe sus derechos como padre y la responsabilidad del distrito de garantizar esos derechos.

Lea el formulario y luego proporcione **su firma**.

				K 7 K	View Full Screen
Date Created 🔻	Time Created	AUP Date	AUP Date spa	Date of /	Add
05/31/2022	12:10 pm	05/31/2022	05/31/2022	05,-	Edit
06/24/2020	2:27 pm	05/31/2022	05/31/2022	05,	Delete
					Delete

School-Parent Compact

J. Sterling Morton High School District 201 and the parents of the students participating in activities, services, and programs funded by Title I - Every Student Succeeds Act (ESSA) agree that this compact outlines how the parents, the entire school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership that will help children achieve the State's high standards.

- 1. Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the State's student academic achievement standards as follows:
 - The curriculum is relevant to students and the community; is challenging, integrated, comprehensive; and provides opportunities to develop the skills and knowledge for employability and/or higher education.

10. Military Connected



Este formulario se utiliza para identificar a los estudiantes con familiares en el **ejército**.

Si responde **Yes** a la primera pregunta, complete la siguiente tabla.

Si responde **No** a la primera pregunta, deje la tabla en **blanco**.

MILITARY CONNECTED FORM Is a legal guardian of your student a member of the Armed Forces or National Guard on full-time training duty, annual training duty, or active military service? If YES, complete the table below. If NO, leave the table below blank. FAMILY INFORMATION List any legal guardians who are connected to the US military. A legal guardian is a person who has the legal authority to care for the property and personal interest of a child. Relationship to Student Date Enlisted Branch Status

Relationship to Student	Date chlisted	branch	Status
		~	~
		~	~
		~	~

11. College Board Consent



Su hijo/a tomará **al menos una** evaluación del College Board este año escolar (PSAT, SAT, etc.).

Este formulario cubre lo que College Board **puede** y **no puede** hacer con los puntajes de su hijo/a.

Lea el formulario y luego **elija si desea optar por los servicios** de College Board.

PARTICIPATION IN COLLEGE PLANNING OPTIONS CONSENT FORM

Your child will participate in one of the SAT® Suite of Assessments on a school day—SAT®, PSAT/NMSQT®, or the PSAT[™] 10. The purpose of this form is to explain the information your student will be required to provide and the options available to your student related to their free SAT score sends, Student Search Service®, and the student questionnaire.

l give consent for	my child to opt in to St	udent Search Service and to
participate in the s	student questionnaire:	Yes 🗸
<mark>Parent Signature:</mark>	Test Parent	Date:

12. Document Uploads



Este formulario le permite cargar los documentos requeridos.

Este formulario solo se requiere para **estudiantes entrantes de primer año y nuevos estudiantes**. Puede que no les parezca a los estudiantes que regresan.

Sube solo documentos PDF.

Residency proofs are required for all incoming freshmen and March/April which indicates if this is required for your student) submit your residency proofs here. Se requieren pruebas de residencia para los estudiantes entre correo de marzo/abril que indica si esto es necesario para su residencia aqui. Choose File Birth Certificate: No file chosen Choose File Dental Record: No file chosen Choose File Guardianship: No file chosen Immunization Record: Choose File No file chosen Choose File Physical Form: No file chosen Residency Proof - A: Choose File No file chosen Choose File No file chosen Residency Proof - B: Residency Proof - C1: Choose File No file chosen Residency Proof - C2: Choose File No file chosen

Residency Proof



El Distrito 201 ha contratado el sistema CLEAR para verificar electrónicamente la residencia.

Las familias que no puedan ser verificadas electrónicamente serán contactadas con instrucciones para presentar prueba de residencia.

Si necesita presentar prueba de residencia, debe cargar cuatro documentos de categorías específicas. **Consulte la siguiente diapositiva para obtener una descripción general de cada categoría.** Residency proofs are required for all incoming freshmen and March/April which indicates if this is required for your student) submit your residency proofs here.

Se requieren pruebas de residencia para los estudiantes entri correo de marzo/abril que indica si esto es necesario para su residencia aqui.



Residency Proof



	Categoría A	Categoría B	Categoría C
Numero requerido	• 1 documento	• 1 documento	• 2 documentos (el orden no importa)
Información requerida	Nombre del tutorDireccion actual	Nombre del tutorDireccion actual	 Nombre del tutor Direccion actual Fechado dentro de los últimos 30 días
Documentos Aceptables	 Licencia de conducir emitida por el estado Tarjeta de identificación emitida por el estado Identificación oficial con foto Identificación con fotografía emitida por un consulado extranjero 	 Factura de impuesto sobre bienes inmuebles Estado hipotecario Contrato de arrendamiento vigente firmado (incluida la información de contacto del propietario) Acuerdo de compraventa Certificado de residencia del Distrito 201 (disponible en linea) 	 Factura de seguro de hogar, inquilino o automóvil Factura de servicios públicos Extracto bancario o de tarjeta de crédito Recibo de sueldo Registro de vehículo Carta de una agencia federal/estatal Formulario de cambio de dirección de la oficina de correos Tarjeta de registro de elector Recibo de etiqueta de estacionamiento de la ciudad

13. Fee Acknowledgement



Este formulario analiza las tarifas de inscripción que se facturarán al comienzo del próximo año escolar.

Lea el formulario y luego proporcione **su firma**.

FEE ACKNOWLEDGMENT

This message is to notify you that at J. Sterling Morton High School District 201, student registration and technology fees are posted during the next school year. Although payment is **NOT** due at this time, students and parents should expect the following fees to be added to their account once school starts in the fall:

- Registration Fee
- Technology Fee

Please Note: If registration is completed after June 30th, a late registration fee of \$50 may also apply. Dependent on class selection, programs, or activities, other fees not listed here may also apply.

By signing below, you acknowledge that you are aware of the registration and technology fees.

Parent/Guardian Signature:

Date:

14. Complete Online Registration



El último paso le permite revisar cualquier corrección que haya realizado en la cuenta de su hijo/a.

Una vez que haya completado **cada paso**, haga clic en **Submit West Online Registration 2024-2025** en la parte inferior de la pantalla.

Si hay pasos que aún no marcó como completos, no podrá enviarlos.

Review W	est Online Registration 2024	-2025 Steps	
Step 1)	Verify Student Information		Completed 02/27/2024 3:03pm
Requested	Changes Pending Approval by	the District:	
Area	Field	Requested For	Requested Value
Stu Info	Home Phone	STU 1 TEST	(555) 555-5555
* If a Reque INCOMPLE	sted Change is denied by the distric TE.	t, West Online Registra	ation 2024-2025 for this student will be marked as
Step 2)	Student Health Form		Completed 02/27/2024 3:03pm
Step 3)	Sibling Information		Completed 02/27/2024 3:03pm
Step 4)	Home Language Survey		Completed 02/27/2024 11:02am
Step 5)	Race and Ethnicity		Completed 02/27/2024 3:03pm
Step 6)	Acknowledgement Form		Completed 02/27/2024 3:03pm
Step 7)	AUP Form		Completed 02/27/2024 3:03pm
Step 8)	School-Parent Compact		Completed 02/27/2024 3:03pm
Step 9)	Military Connected		Completed 02/27/2024 3:03pm
Step 10)	College Board Consent		Completed 02/27/2024 3:03pm
Step 11)	Document Uploads		Completed 02/27/2024 3:03pm
Step 12)	Fee Acknowledgment		Completed 02/27/2024 3:03pm
Guardian N	ame: GUARDIAN NAME Gu	ardian Address: 1	

iFelicidades!



Cuando vea esta pantalla, habrá completado completamente el registro en línea.

También recibirá una confirmación por correo electrónico de su finalización exitosa.

TENGA EN CUENTA que si debe presentar documentos de residencia, el distrito revisará sus presentaciones y se comunicará con usted si ha completado con éxito los requisitos de residencia.

Home	STU 1 (J.S. Morton West High School 2024-2025)
West Online Registration 2024-2025	West Online Registration 2024-2025 was successfully completed and submitted to the district for STU 1 on Fri Mar 1, 2024 8:54am by GUARDIAN NAME.
Online Forms	Mark West Online Registration 2024-2025 as not completed and make changes
Calendar	