### Welcome to Skokie-Morton Grove School District 69!

<u>**Please note</u>**: These instructions are for families who are <u>**brand new**</u> to our school district. If you have a student who has attended our school before, is a current student, or a Preschool student who will now be registering for Kindergarten, please sign into your existing Infinite Campus account and use the 2024-25 Student Registration tab.</u>

به برنامه ثبت نام مدرسه اسكوكي و مورتن گروو خوش آمديد

لطفا توجه داشته باشيد كه اين دستور العمل براي تازه واردها به مدرسه هاي ما است. اگر شما در مدرسه ما دانش آمز داشتي يا الان داريد يا در پيش دبستاني است كه الان در مهدكودك ميخواهد ثبت نام كند لطفا وارد حساب كاربري اينفينيت خود بشويد و از برگه ثبت نام ۲۰۲٤-۲۰۲۵ استفاده كنيد.

| If you have any trouble completing your registration, please contact your school office:                              |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| <ul> <li>Madison (grades K-2):</li> <li>Edison (grades 3-5):</li> <li>Lincoln (grades 6-8):</li> <li>PreK:</li> </ul> | <u>Madisoninfo@skokie69.net</u> / 847-675-3048<br><u>Edisoninfo@skokie69.net</u> / 847-966-6210<br><u>Lincolninfo@skokie69.net</u> / 847-676-3545<br><u>preschoolinfo@skokie69.net</u> / 847-675-7666 |  |  |  |  |  |

# LET'S GET STARTED:

بياييد شروع كنيم:

To begin registering a **<u>new</u>** student please go this link:

براي ثبت نام دانش آموز جديد به لينك زير برويد:

# **D69 Infinite Campus - New Student Registration**

Select the radio button next to Start a New Registration - then click Next



Select what year you are registering for - and click Next

انتخاب کنيد که براي چه سالي داريد ثبت نام ميکنيد:



Fill in your (the person completing the registration) information - then click **Begin Registration**:

جاهاي خالي را با اطلاعات خودتان پر كنيد و بعد گزينه شروع ثبت نام را بزنيد:

| Infinite Online Registration<br>Campus Online Registration<br>English    |
|--|
| Please complete the information below to begin the registration process. |
| Registration Year<br>2024-2025   |
| Parent/Guardian First Name *   |
| Jen  |
| Parent/Guardian Last Name *  |
| Smith  |
| Date of Birth (MM/DD/YYYY) *   |
| 11/15/1978   |
| Email Address  |
| jensmith@gmail.com   |
| Previously Attended this District*                                       |
| No   |
|  |
| Please type the characters you see displayed in the image below *        |
| CIGODOGA   |
|  |
|  |
| This field is required   |
|  |
| Begin Registration   |

### Make a note of your confirmation number - click Confirm

شماره تاییدیه خود را جایی ذخیره کنید تا به خاطر داشته باشید:



On the next page please enter your first and last name. Then click Submit.



This screen lists the information needed for the registration. Gather the listed documents (Household information, Parent Information, Student Information, Emergency Contact Information). Then click the **Begin** button.

صفحه زير ليست اطلاعاتي است كه براي ثبت نام نياز داريد. همه اين اطلاعات را جمع كنيد ( اطلاعات خانوادگي، اطلاعات والدين، اطلاعات دانش آموز، شماره و اطلاعات تماس اضطراري) بعد دگمه بگين يا شروع را بزنيد:

| Welcome to the Infinite Campus Online Registration. Before you begin, please gather the following:   |
|--|
| Household Information address and phone numbers     Parent information work and cell phone numbers, email addresses     Student information demographic information     Emergency Contact - addresses and phone numbers.   |
| Note: Required fields are marked with a red asterisk, and the district will receive the data exactly as it is entered. Please be careful of spelling, capitalization and punctuation. Dates should be entered as MM/DD/YYYY and phone numbers as xxx-xxx-xxxx.   |
| District 219   |
| Returning (D219) high school students:<br>These students DO NOT need to re-register using this Online Registration tool.<br>These students must have (annually) verified their Residency in the township.<br>To complete this process - Return to the Campus Parent portal (Message Center) and click on the link for Residency. |
| If you need assistance, please call during regular school hours Monday-Friday.<br>(847) 626-2934 for Niles West 7:30-3:30<br>(847) 626-2394 for Niles North 7:00-3:00<br><b>District 67</b><br>If you are registering a student at School District 67 and need assistance, please send an email to:<br>help@golf67.net           |
| District 69<br>If you are registering a student at School District 69 and need assistance, please send an email to:<br>help@skokie69.net   |
| You will need to provide the following:  |
| Proof of residency documents     Proof of immunization documents (new students, Kindergarten, 2nd grade, 6th grade)  |
| District 807<br>If you are registering a student in Niles Township District for Special Education 807 and need assistance, please send an email to: help@ntdse.org   |
| *** It is recommended you periodically click on the blue button at the bottom of the screens to make sure your data is being saved. ***  |
| Please take note of your application number in the upper right hand corner of the screen and save the email with the Registration link. You will need these if you do not complete the registration form at this time and will need to resume later.   |
| Begin  |

### <u>Student Primary Household Section</u> بخش ابتدایی خانوادگی دانش آموز

### Home Phone

شماره تلفن

Enter the Home Phone (if you do not have a home phone enter the primary phone number for your family). When you enter a phone number, additional options will appear for you to mark your contact preferences. Check the appropriate boxes, then click the **Next** button

شماره خانه را وارد كنيد ( اگر شماره خانه نداريد شماره كسي كه شخص اصلي خانه است را بگذاريد) وقتي شماره تلفن را وارد ميكنيد، گزينه هاي اضافه ديگري ظاهر ميشود تا شما ترجيحتان را انتخاب كنيد. هر انتخابي كه النظر خودتان خوب است را علامات بزنيد و بعد دگمه نكست يا بعدي را فشار دهيد

| Student(s) Primary<br>Household | Parent/G | uardian | Emergency Co | ntact Other   | Household Memb        | ers       | Student | Comp    | leted   |
|---------------------------------|----------|---------|--------------|---------------|-----------------------|-----------|---------|---------|---------|
| Primary phone                   |          |         |              |               |                       |           |         |         |         |
| ome Phone *                     |          |         |              |               | Contact Pro           | eferences |         |         |         |
| (847)675-7666                   |          |         | EMERGENCY    | HIGH PRIORITY | ATTENDANCE            | BEHAVIOR  | GENERAL | TEACHER | PRIVATI |
|                                 |          | VOICE   |              |               |                       |           |         |         |         |
|                                 |          | TEXT    |              |               | <ul> <li>✓</li> </ul> |           | ✓       |         |         |
|                                 |          |         |              |               |                       |           |         |         |         |

### Home Address

آدرس خانه

Enter your home address. When you are typing, if your address shows in the box highlighted below, click on it. Once your address is there, click the **Next** button.

آدرس خانه خود را وارد کنید. وقتي دارید مینویسید و آدرس خود را در قسمت جعبه برجسته شده زیر دیدید روشي کلیك کنید. وقتي آدرستان وارد شد روي دگمه نکست یا بعدي بزنید.

| Primary phone                                     |   |                        |                   |                 |          |           |           |  |
|---|---|------------------------|-------------------|-----------------|----------|-----------|-----------|--|
| ▼ Home Address                                    |   |                        |                   |                 |          |           |           |  |
| *Please verify or add the                         | information b                                 | elow. Please u         | pdate any informa | tion that is in | correct. |           |           |  |
| Number<br>5050 *                                  | Prefix  | Street<br>Madison St   |                   | *               | Tag 🗸    | Direction | Apartment |  |
| City  | *   | State                  | Zip<br>*          | Ext.            | County   |           |           |  |
| Clear Address Fields                              |   |                        |                   |                 |          |           |           |  |
| Click on your address if<br>5050 Madison St, Skok | <mark>f it appears ir</mark><br>kie, IL 60076 | box                    |                   |                 |          |           |           |  |
|   |   |                        |                   |                 |          |           |           |  |
|   | Your address<br>5050 Madiso                   | as entered abo<br>n St | ove               |                 |          |           |           |  |
|   |   |                        |                   |                 |          |           |           |  |
| Previous     Next                                 |   |                        |                   |                 |          |           |           |  |

### Enrolling District

#### منطقه ثبت نام

Select District 69 Schools - then click Next.

مدرسها ي منطقه ٦٩ را انتخاب كنيد و بعد روي نكست بزنيد.

| > Primary phone   |  |
|---|--|
| Home Address  |  |
| ▼ Enrolling District  |  |
| Which District / School are you completing this online registration for?         District 219 schools (Niles North, Niles West)         District 67 schools (Hynes Elementary, Golf Middle School)         Image: District 69 schools (Lincoll Jr High, Madison, Edison, Pre-K)         District 807 (Niles Township District Special Education)         Image: Previous         Next |  |

### **Residency Verification**

#### تاييد اقامت

To View the Residency requirements click District 69 - residency requirements link

| ك كنيد | أقامت كلد | ٦٩ الذ امات | ، و ی دیستر یکت | أقامت مىخو اھىد ىر | ال ای تابید | مه مدار ک | ر شہ بد ح | ير اي اينکه مطلع |
|--------|-----------|-------------|-----------------|--------------------|-------------|-----------|-----------|------------------|
|        |           | <b>J</b> ,  |                 |                    |             |           |           |                  |

| Student(s) Primary Household Parent/Guardian CEmergency Contact Contact Contact Contact Contact Contact Contact   |
|---|
| > Primary phone   |
| > Home Address  |
| Enrolling District  |
| <ul> <li>District 69 Residency Document Upload</li> </ul>   |
| RESIDENCY VERIFICATION DOCUMENT UPLOAD OPTION (below). Is available only for District 69 schools. (Lincoln, Madison, Edison)<br>Please upload your proof of residency documents below. You can upload them individually or as one file containing all of the documents into "Proof of Residency - 1.1f you are unable to submit Residency |
| documents at this time, please send the required documents to your student's school: Preschoolinfo@skokie69.net (PreK) MadisonInfo@Skokie69.net (Grades K-2) EdisonInfo@Skokie69.net (Grades 3-5)<br>LincoinInfo@Skokie69.net (Grades 6-8)  |
| District 69 - residency requirements  |
| Upload  |
| Proof of Residency - 2<br>Upload  |
| Proof of Residency - 3<br>Upload  |
| Proof of Residency - 4<br>Upload  |
| Proof of Residency - 5<br>Upload  |
| 4 Previous  |

In order to upload Residency document(s) (you may also skip this to upload at a later time or drop off at your child's school office)

- a. Click the Upload button to upload your proofs of residency
- b. Select your file
- c. Click the **Open** button

Note: You can have one file with multiple documents per upload, to upload more than one file select the next upload button

براي إضافه كردن مدارك أقامت ( شما ميتوانيد بعدا أضافه كنيد يا شخصا مدارك را به مدرسه بچه ببريد)

```
الف. روي آپلود کليك کنيد تا إثبات إقامتان را ضميمه کنيد
ب. فايل يا پرونده مورد نظر را انتخاب کنيد
پ. روي اوپن يا باز کليك کنيد
```

شما ميتوانيد يك فايل با چند مدارك براي هر آپلود داشته باشيد. براي اضافه كردن بيشتر از يك فايل گزينه نكست آپلود را انتخاب كنيد

| District 69 Residency Document Up   | Favorites                     | <> ≡ •  •            | Documents      | Q Search               |                                |
|---|-------------------------------|----------------------|----------------|------------------------|--------------------------------|
| RESIDENCY VERIFICATION DOCU   | Applicati                     | Today                | Size Kind      | Date Added             |                                |
| Please upload your proof of residency documents at this time, please send t |                               | Desidence Desument 0 |                | Today at 40:42 AM      | are unable to submit Residency |
| LincolnInfo@Skokie69.net (Grades 6-   |                               | Residency Document 2 | 88 KB PDF Docu | ment Today at 10:43 AM |                                |
| District 69 - residency requirements  | Documents                     |                      |                | ,                      |                                |
| Proof of Residency - 1  | Downloads                     |                      |                |                        |                                |
| Upload  | iCloud                        |                      |                |                        |                                |
| Opioud  | 🛆 iCloud Dri                  |                      |                |                        |                                |
| Proof of Residency - 2  | 📑 Shared                      |                      |                |                        |                                |
| Upload  | Locations                     |                      |                |                        |                                |
|   | 🔄 sd69f ≜                     |                      |                |                        |                                |
| Proof of Residency - 3  | ® Network                     |                      |                |                        |                                |
| Upload  | Tags                          |                      |                |                        |                                |
|   | Green                         |                      |                |                        |                                |
| Proof of Residency - 4  | Red                           |                      |                |                        |                                |
| Upload  | <ul> <li>Important</li> </ul> |                      |                | Cancel Open            |                                |
|   | Orange                        |                      |                |                        |                                |

Once you are finished with the section click the **Save/Continue** button.

وقتیکه با این قسمت تمام شدید گزینه ذخیره و ادامه ( سیو و کانتینیو) را انتخاب کنید.



**Parent/Guardian Section** 

بخش والدين/ سريرست

This is where you will enter the student's parents:

|                                  |   |    | ز را وارد میکنید: | اينجا شما والدين دانش أمو |
|----------------------------------|---|----|-------------------|---------------------------|
| Parent/Guardia                   | n Name: Jen Smith   |    |                   |                           |
| <ul> <li>Demographics</li> </ul> |   |    |                   |                           |
| Enter the p                      | Add Parent/Guardian Title                                       |    |                   |                           |
| First Name                       |   |    |                   |                           |
| Middle Nai                       | Please add any Parent/Guardian including yourself in this area. |    |                   |                           |
| Last Name                        |   |    |                   |                           |
| Suffix                           |   |    |                   |                           |
| Birth Date                       |   |    |                   |                           |
| Gender                           |   |    |                   |                           |
|                                  |   |    |                   |                           |
|                                  |   |    |                   |                           |
|                                  |   | Ok |                   |                           |

Enter the parent guardian, and check the box if that person lives at the address you have entered - then click **Next** 

والدين/ سرپرست را انتخاب ميکنيد و بعد باکس را علامت ميزنيد اگر شخص در آدرسي که وارد کرديد زندگي ميکند. بعد روي نکست يا بعدي ميزنيد

| Parent/Guardian Name: Test Parent  |
|--|
| Demographics     —   |
| Enter the parent/guardian you wish to enter. Please review and complete the following: |
| First Name *   |
| Test   |
| Middle Name  |
|  |
| Last Name *  |
| Parent   |
| Suffix   |
| T  |
| Birth Date *   |
| 11/09/1978   |
| Gender *   |
| Male   |
| Does this person live at the address listed below?*                                    |
| Yes •  |
| 5050 Madison St  |
| Skokie, IL 60077   |
| Next >   |
|  |

Enter the contact information for that parent - and select the contact preferences. Be sure to add an email address for the parent.

اطلاعات دسترسي به والدين را مربوط به همان والدين وارد ميكنيم و ترجيح رابطه را انتخاب ميكنيم. مطمئن باشيد كه إيميل والدين را اضافه كنيد.

Enter the Parent Communication Language and then click Next.

| At least one Phone Number is required. |           |   |  |          |          |  |          |  |  |  |
|--|-----------|---|--|----------|----------|--|----------|--|--|--|
| Enter your primary contact information |           |   |  |          |          |  |          |  |  |  |
| Phone*                                 |           |   |  |          |          |  |          |  |  |  |
| (888)888-8888                          |           | <strong>Contact Preterences</strong><br>EMERGENCY HIGH PRIORITY ATTENDANCE BEHAVIOR GENERAL TEACHER PRIVATE |  |          |          |  |          |  |  |  |
|  | VOICE     |   |  | <b>Z</b> | <b>~</b> |  | <b>~</b> |  |  |  |
|  | (SMS)TEXT |   |  |          |          |  |          |  |  |  |
| Work Phone                             |           |   |  |          |          |  |          |  |  |  |
| ()x                                    |           |   |  |          |          |  |          |  |  |  |
| Email                                  |           |   |  |          |          |  |          |  |  |  |
|  |           |   |  |          |          |  |          |  |  |  |
| Other Phone                            |           |   |  |          |          |  |          |  |  |  |
| ()X                                    |           |   |  |          |          |  |          |  |  |  |
| Secondary Email                        |           |   |  |          |          |  |          |  |  |  |
|  |           |   |  |          |          |  |          |  |  |  |
| Preferred Communication Language *     |           |   |  |          |          |  |          |  |  |  |
| Preferred Communication Language*      |           |   |  |          |          |  |          |  |  |  |
| < Previous Next >                      |           |   |  |          |          |  |          |  |  |  |

زباني كه ميتوانيد با والدين حرف ز د را وار د كنيدي بعد روي نكست يا بعدي بزنيد.

### State/Impact Aid

### كمك دولتي

Please Select Yes or No if the Parent/Guardian is serving in the US military, then click the **Save/Continue** button.

دگمه بله يا نه را بزنيد اگر والدين در ارتش آمريكا خدمت كرده باشند. بعد روي سيو/كانتينيو ذخيره/ ادامه كليك كنيد.

| Student(s) Primary<br>Household  | 2<br>Parent/Guardian    | 1<br>Emergency Contact | 1<br>Other Household Members | !<br>Student | 6<br>Completed |
|--|-------------------------|------------------------|------------------------------|--------------|----------------|
| Parent/Guardian Name: Te   | est Parent              |                        |                              |              |                |
| O Demographics   |                         |                        |                              |              | +              |
| Contact Information  |                         |                        |                              |              | +              |
| State/Impact Aid   |                         |                        |                              |              | -              |
| SCHOOL WELLNESS CHILDRE<br>Parent/Guardian in the US mili<br>Ves<br>No | IN OF MILITARY FAMILIES |                        |                              |              |                |
|  |                         |                        |                              |              |                |
| Cancel Save/Continue   | ]                       |                        |                              |              |                |

### Adding a New Parent or Guardian

#### اضافه كردن سريرست ديگر

You will be taken back to the screen where you can add a New Parent/Guardian and go through those steps for that parent as well. Once you have entered all parents, and you are back on this screen, you will click **Save/Continue** 

| رستها را وارد | ت همه والدين و سرپ  | كنيد. وقتي اطلاعا       | گر را إضافه              | والدين يا سرپرست دي       | بشويد تا بتوانيد اطلاعات | شما به عقب برگردانده م |
|---------------|---|-------------------------|--------------------------|---------------------------|--------------------------|------------------------|
|               |   | ا کنید                  | ىيرە ، ادامەكلې          | ، سيو و کانتينيو، يا ذخ   | ير أورده شديد، بايد روي  | كرديد، و به اين صفحه ز |
|               | Student(s) Primary<br>Household   | 2<br>Parent/Guardian Er | 1<br>nergency Contact Of | ther Household Members St | L Completed              |                        |
|               | Parent/Guardian   |                         |                          |                           |                          |                        |
|               | FIRST NAME  | LAST NAME               | GENDER                   | RECORD TYPE               | COMPLETED                | 1                      |
|               | Margaret  | Clauson                 | F                        | Existing                  | COMPLETED                |                        |
|               | Mickey  | Mouse                   | М                        | Existing                  | COMPLETED                |                        |
|               | Parent69  | Sample                  | М                        | Existing                  | COMPLETED                |                        |
|               | Add New Parent/Guardian Please list all primary Parent/Gua G Back Save/Continue | rdian's in this area.   |                          |                           |                          |                        |

If the address listed below differs from the one listed, select No from Does this person live at the address listed below, then provide your updated address information.

اگر آدرس اين سرپرست با آدرس قبل كه وارد كرديد فرق داشت گزينه نه را براي سوال آيا اين شخص در همان آدرس قبل كه وارد كرديد زندگي ميكند انتخاب كنيد و سپس آدرس درست سرپرست را وارد كنيد.

| Parent/Guardian Name:  |   |
|--|---|
| O Demographics   | - |
| Enter the parent/guardian you wish to enter. Please review and complete the following:   |   |
| First Name*  |   |
|  | ٦ |
| Middle Name  |   |
|  | ٦ |
| Last Name *  |   |
|  |   |
| Suffix   |   |
| ¥  |   |
| Birth Date *   |   |
| month/day/year   |   |
| Gender *   |   |
| The second secon |   |
| Does this person live at the address listed below? *   |   |
|  |   |
| 5050 Madison St<br>Skole II 6007   |   |
|  |   |
| Next >   |   |
|  |   |

Fill out the current address information for this parent. If you do not wish to provide address information for this parent, please check the "*I will not provide an address for this parent*" box. Once completed click **Next**.

آدرس دقيق براي اين اوليا را وارد كنيد. اگر نميخواهيد آدرس اوليا را بدهيد، گزينه من نميخواهم آدرس براي اين اوليا بدهم را انتخاب كنيد و بعد روي نكست كليك كنيد.

| Does this person live at   | the address listed below?  | *  |   |                        |  |
|--|--|--|---|------------------------|--|
| No   | •  |  |   |                        |  |
| 5050 Madison St<br>Skokie, IL 60077  |  |  |   |                        |  |
| I will not provide an addr   | ess for this parent.   |  |   |                        |  |
| Please use the addre<br>Mail, please click "Sa<br>Please do not enter tl<br><b>Example</b> : If you live a<br>into the Street Name | ss editor below to entr<br>ve".<br>he entire address into<br>t 1234 East Sesame S<br>Only field, and St shou | er your address. You will see the formatted po<br>the street name field.<br>treet, 1234 should be entered into the Street<br>ild be entered in the St,Ave,Blvd,etc. field. | ostal address below in th<br>Number field, E should b | ne viewer. Once your a | address appears as it should on U.S. Postal<br>t N,S,E,W field, Sesame should be entered |
| Number *   | Prefix   | Street *   | Тад   | Direction              | Apartment  |
|  | •  |  | •   | •                      |  |
| City*  |  | State*   | Zip *   | Ext.                   | County   |
| Clear Address Fields   |  |  |   |                        |  |
| ()   |  |  |   |                        |  |
| Next >   |  |  |   |                        |  |

### **Contact Information**

#### اطلاعات تماس

Add the contact information and preferences. Click the **Next** button.

|   |                                       |   |   | ، کنید                                   | ىت كليك                     | روي نکس          | ضافه و ر        | خود را ام |
|---|---------------------------------------|---|---|--|-----------------------------|------------------|-----------------|-----------|
| At least one Phone Number is required.  |                                       |   |   |  |                             |                  |                 |           |
| nter your primary contact information   |                                       |   |   |  |                             |                  |                 |           |
| thone*  |                                       |   |   |  |                             |                  |                 |           |
| (888)888-8888   |                                       | EMERGENCY                                 | <st<br>HIGH PRIORITY</st<br>            | ATTENDANCE                               | BEHAVIOR                    | GENERAL          | TEACHER         | PRIVATE   |
|   | VOICE                                 |   |   |  |                             |                  |                 |           |
|   | (CMC)TEVT                             | -   |   |  |                             |                  | 0               |           |
|   | (SMS)TEXT                             |   |   |  |                             |                  |                 |           |
| fork Phone  |                                       |   |   |  |                             |                  |                 |           |
| ()X   |                                       |   |   |  |                             |                  |                 |           |
| mail  |                                       |   |   |  |                             |                  |                 |           |
|   |                                       |   |   |  |                             |                  |                 |           |
| ther Phone  |                                       |   |   |  |                             |                  |                 |           |
| ()x   |                                       |   |   |  |                             |                  |                 |           |
| econdary Email  |                                       |   |   |  |                             |                  |                 |           |
|   |                                       |   |   |  |                             |                  |                 |           |
| referred Communication Language*  |                                       |   |   |  |                             |                  |                 |           |
| •   |                                       |   |   |  |                             |                  |                 |           |
| Description of Contact Profession   |                                       |   |   |  |                             |                  |                 |           |
| mergency - Marking this checkbox will use t   | his method of co                      | intact for emerge                         | ncy messages                            |  |                             |                  |                 |           |
| High Priority - Marking this checkbox will use<br>Attendance - Marking this checkbox will use 1 | this method of c<br>this method of cc | ontact for messa<br>ontact for behavio    | ages labeled as Hi<br>or messages, such | igh Priority Notifi<br>1 as those sent b | cation.<br>v the Behavior M | essenger Wizard. |                 |           |
| Behavior - Marking this checkbox will use this  | method of conta                       | act for behavior r                        | nessages, such a                        | s those sent by t                        | he Behavior Mes             | senger Wizard.   |                 |           |
| Feacher - Marking this checkbox will use this   | method of contac<br>method of contac  | act for general scr<br>act for teacher-se | nt messages, su                         | uding messages                           | regarding failing           | grades and miss  | ing assignments |           |
| Private - Mark if number or email should be li  | sted as private                       |   |   |  |                             |                  |                 |           |
| < Previous Next >   |                                       |   |   |  |                             |                  |                 |           |
|   |                                       |   |   |  |                             |                  |                 |           |

### State/Impact Aid

كمك دولتى

Please Select Yes or No if the Parent/Guardian is serving in the US military and click the **Save/Continue**.

| ت والدین در ارتش امریکا انتخاب کرده و بعد سیو و کانتینیو را بزنید. |
|--|
|--|

| Student(s) Primary<br>Household  | 2<br>Parent/Guardian            | 1<br>Emergency Contact | 0 Other Household Members | 1<br>Student | 6<br>Completed |
|--|---------------------------------|------------------------|---------------------------|--------------|----------------|
| Parent/Guardian Name: Te   | est Parent                      |                        |                           |              |                |
| Demographics   |                                 |                        |                           |              | +              |
| S Contact Information  |                                 |                        |                           |              | +              |
| State/Impact Aid   |                                 |                        |                           |              | -              |
| SCHOOL WELLNESS CHILDRE<br>Parent/Guardian in the US mili<br>Yes<br>No | N OF MILITARY FAMILIES<br>tary? |                        |                           |              |                |
| Cancel Save/Continue   |                                 |                        |                           |              |                |

Once you have reviewed all the parent/guardian records and have a green check mark under the completed column, click the **Save/Continue** button to move to the next section.

وقتي دوره كرديد تمام اطلاعات والدين را و رنگ سبز كامل را در آخر هر ستون ديديد، روي سيو و كانتينيو كليك كنيد تا به قسمت بعدي برويد.

| arent/Guardian   |                      |        |             |           |
|--|----------------------|--------|-------------|-----------|
| FIRST NAME   | LAST NAME            | GENDER | RECORD TYPE | COMPLETED |
| Margaret   | Clauson              | F      | Existing    | COMPLETED |
| Mickey   | Mouse                | М      | Existing    | COMPLETED |
| Parent69   | Sample               | М      | Existing    | COMPLETED |
| Test   | Parent               | М      | New         | COMPLETED |
| Add New Parent/Guardian Please list all primary Parent/Guar Gack | dian's in this area. |        |             |           |

### **Emergency Contact Section**

#### اطلاعات تماس اضطراري

Add emergency contacts in this section. <u>Do not</u> enter Parent/Guardian(s) here if you already entered them in the Parent/Guardian section. Click **Add New Emergency Contact.** 

ا**طلاعات تماس اضطراري را اينجا وارد كنيد. اطلاعات والدين را اينجا وارد** نكنيد اگر درقسمت قبل وارد كرديد. روي اضافه كردن تماس جديد كليك كنيد.

| Add New Emergency Contact   |
|---|
| IN AN EMERGENCY, if parent/guardian cannot be contacted, please call one of the following Emergency Contacts listed. Proper identification will be required before a student is released to emergency contacts. |
| < Back Save/Continue  |

### **Demographics**

#### جمعيت شناسى

Fill in the required demographic information, and click the **Next** button.

| Trivilla Strate  |                                      |                                   |                              |                         | _         |                |
|--|--------------------------------------|-----------------------------------|------------------------------|-------------------------|-----------|----------------|
| Student(s) Primary   Parent/Guardian   Emergency Contact     Other Household Members   Student   Completed     Completed <tr< td=""><td></td><td></td><td></td><td>ت کلیک کنید.</td><td>و روي نکس</td><td>نىناسى را وارد</td></tr<>  |                                      |                                   |                              | ت کلیک کنید.            | و روي نکس | نىناسى را وارد |
| Student(s) Primary Parent/Guardian Emergency Contact Other Household Members Student Completed   Contact Name: Emergency Contact   Please complete the following information for each emergency contact for your students. First Name* Emergency Mide Name Contact Contact Student * Contact Name: Emergency Contact for your students. First Name* Emergency Interview of the student is the stud   | <ul> <li></li> </ul>                 |                                   |                              |                         |           |                |
| Contact Name: Emergency Contact   © bemographics   Please complete the following information for each emergency contact for your students.   First Name*   Emergency   Middle Name   Contact   Contact   Suffix   Female   *   It bit person still an emergency contact for students in bits household?*   Yes   | Student(s) Primary<br>Household      | Parent/Guardian                   | Emergency Contact            | Other Household Members | Student   | Completed      |
|  | Contact Name: Emergency              | Contact                           |                              |                         |           |                |
| Please complete the following information for each emergency contact for your students.  First Name*  Emergency  Midde Name  Last Name*  Contact  C | Demographics                         |                                   |                              |                         |           |                |
| First Name*   Emergency   Midle Name   Contact   Suffix   Cender*   Female   Ves   | Please complete the following        | information for each emerg        | ency contact for your studer | its.                    |           |                |
| Emergency Middle Name  Last Name *  Contact Suffix Gender *  Female *  Is this person still an emergency contact for at least one student in this household?*  Veis Next >   | First Name *                         |                                   |                              |                         |           |                |
| Middle Name Last Name* Contact | Emergency                            |                                   |                              |                         |           |                |
| Last Name* Contact Suffix Gender* Female is this person still an emergency contact for at least one student in this household?* Ves Next >   | Middle Name                          |                                   |                              |                         |           |                |
| Lat Name* Contact Suffix Cender* Female Stifix resens still an emergency contact for at least one student in this household?* Ves Next >   |                                      |                                   |                              |                         |           |                |
| Contact Suffix Cender* Female * Yes *  | Last Name *                          |                                   |                              |                         |           |                |
| Suffix Cender* Female * Yes *  | Contact                              |                                   |                              |                         |           |                |
| Gender* Female is this person still an emergency contact for at least one student in this household?* Ves Next >   | Suffix                               |                                   |                              |                         |           |                |
| Gender* Female  Female  Formale  Female  Female Fem | Ŧ                                    |                                   |                              |                         |           |                |
| Female     •       is this person still an emergency contact for at least one student in this household?*       Ves       •  | Gender*                              |                                   |                              |                         |           |                |
| Is this person still an emergency contact for at least one student in this household?"           Yes         •           Next         >  | Female v                             |                                   |                              |                         |           |                |
| Next >   | Is this person still an emergency co | ntact for at least one student in | this household?*             |                         |           |                |
| Next >   | Yes                                  |                                   |                              |                         |           |                |
|  | Next >                               |                                   |                              |                         |           |                |

#### Contact Information

### اطلاعات تماس

Enter contact information and click the Next button

### الطاعات تماس را وارد و روي نكست كليك كنيد

| Contact Name: Emergency Contact                           |   |
|---|---|
| O Demographics  | + |
| S Contact Information                                     | - |
| Enter the contact information for this emergency contact. |   |
| At least one Phone Number is required.                    |   |
| Home Phone  |   |
| (111)111-1111   |   |
| Cell Phone  |   |
| ()  |   |
| Work Phone  |   |
| ()x   |   |
| Email   |   |
|   |   |
|   |   |
| < Previous Next >   |   |
|   |   |

### **Verification**

تاييديه

Indicate if this contact lives in the same household as your child or children or enter the emergency contact's address, it will be used to verify if this contact is in our system. Click on the **Save/Continue** button.

| Please enter the address for this emergency cont                               | ct. This information will only be used to ver | fy the contact doesn't already appear in our system. |  |
|--|---|--|--|
| Does this emergency contact live at the address below                          |   |  |  |
| No ¥   |   |  |  |
| 5050 Madison St<br>Skokia II. 60077  |   |  |  |
|  |   |  |  |
| OR   |   |  |  |
| Address Line 1   |   |  |  |
|  |   |  |  |
| Address Line 2   |   |  |  |
|  |   |  |  |
| Example  |   |  |  |
| Address Line 1 - 123 S Main St Apt 4<br>Address Line 2 - Schenectady, NY 12345 |   |  |  |
|  |   |  |  |
| / Provious   |   |  |  |

Once you have added all the emergency contact records and all records have a green check mark under the completed column, click the **Save/Continue** button to move onto the next section.

| کلیك کنید تا به قسمت بعد بر و بد | ، سبو و کانتینیو | ا علامت سنز داشته باشد روع | د کر دیده همه و از د شده ها | اضطراري را وارد | وقتى همه تماسعا |
|----------------------------------|------------------|----------------------------|-----------------------------|-----------------|-----------------|
|                                  | Jaa J Ja 4       |                            |                             |                 |                 |

|          | Student(s) Primary Pare<br>Household  | white the second | 3<br>cy Contact Other Hot  | l lusehold Members Stude               | nt Completed                                |
|----------|---|--|----------------------------|--|---|
| En       | nergency Contact  |  |                            |  |   |
|          | FIRST NAME  | LAST NAME  | GENDER                     | RECORD TYPE                            | COMPLETED                                   |
|          | Emergency   | Contact  | F                          | Existing                               | COMPLETED                                   |
|          | Emergency69   | Sample   | F                          | Existing                               | COMPLETED                                   |
|          | Emergency69   | Sample2  | М                          | Existing                               | COMPLETED                                   |
| IN<br>re | Add New Emergency Contact AN EMERGENCY, if parent/guardian of leased to emergency contacts. | annot be contacted, please call d  | one of the following Emerg | jency Contacts listed. Proper identifi | cation will be required before a student is |

### **Other Household Members Section**

بخش ساير اعضائ خانواه

In this section you can add other members that reside in the same household. Please be sure to enter the names of any other children that live with you but aren't in District 69 schools. *If you are enrolling more than one student DO NOT enter them here, you will add them as a new student in just a moment.* 

در اين بخش شماساير اعضاي خانواده راكه در يك خانه زندگي ميكنند اضافه ميكنيد. لطفا مطمئن باشيد نام بچه هاي ديگر خانواده كه با شما زندگي ميكنند ولي در بخش ٦٩ مدرسه نميايند را وارد كنيد. اگر شما داريد بيشتر از يك بچه را ثبت نام ميكنيد، اينجا آنها را وارد نكنيد. شما يكم ديگر آنها را به عنوان دانش آموز جديد ثبت نام ميكنيد.

Click on the Add New Household Member Button

روي أضافه كردن عضو جديد خانواده كليك كنيد

| Add New Household Member   | _ |
|--|---|
| Please list all other members, including children, of the Primary Household besides the student you are enrolling. |   |
| < Back Save/Continue   |   |

### **Demographics**

Edit demographics and click Next

| Name: :              |   |
|----------------------|---|
|                      |   |
| venographics         | _ |
| irst Name *          |   |
|                      |   |
| Aiddle Name          |   |
|                      |   |
| ast Name *           |   |
|                      |   |
| uffix T              |   |
| iirth Date *         |   |
| month/day/year       |   |
| sender*              |   |
| •                    |   |
|                      |   |
|                      |   |
|                      |   |
|                      |   |
| Cancel Save/Continue |   |

Once you have reviewed and added all the other household member records and all records have green Completed under the completed column, click the **Save/Continue** button to move onto the next section.

وقتيكه همه را مرور كرديد و اعضاي ديگر خانواده را اضافه كرديد و همه چيز هاييكه وارد كرديد سبز و كامل شدند، روي سيو و كانتينيو بزنيد.

# **Student Section**

بخش دانش آموز

#### Click on the Add New Student button

روي أضافه كردن دانش أموز جديد كليك كنيد

| Add New Student      | ed to be enrolled. |  |  |
|----------------------|--------------------|--|--|
| < Back Save/Continue |                    |  |  |

### **Demographics**

#### جمعيت شناسى

Enter information for the student. Please note any \* fields are required. For the Enrolling School / District pick the District 69 school (Madison is grades K-2; Edison is grades 3-5; Lincoln in grades 6-8; PreK is ages 3-5)

اطلاعات دانش آموز را وارد کنید. لطفا به هر قسمت که مورد نیاز است دقت کنید. براي مدرسه ناحیه اي که ثبت نام میکنید براي ناحیه دیستریکت ٦٩ را انتخاب کنید( مادیسون از کیندر گاردن تا کلاس دوم، أدیسون کلاس ۳تا ٥و لینکلن ٦ تا ٨ ، پیش دبستانی سن ٣ـ٥ سال است)

| Student | Name: | New | Student | Johnson |  |
|---------|-------|-----|---------|---------|--|
|---------|-------|-----|---------|---------|--|

| pdate any informa<br>lease enter both ir | tion that is incorrect. In the box marked "last | Please<br>name | enter the stu<br>'. Please ente | dent's name exactly<br>er both names with | y as it appea<br>out a dash in | ars on the birth certificate. If<br>between.    | your student has two                    | last name |
|--|---|----------------|---------------------------------|---|--------------------------------|---|---|-----------|
| Legal First Name<br>Middle Name          | New Student                                     | *              | Gender<br>Birth Date            | Female <b>v</b> * 06/05/2017              | <mark>بی</mark> *              | Enrolling School / District<br>Enrollment Grade | ~                                       | *         |
| Legal Last Name<br>Suffix                | Johnson<br>V                                    | *              |                                 |   |                                | Country of Birth                                | Niles North - D219<br>Niles West - D219 | ~         |
| Nickilaine                               |   |                |                                 |   |                                |   | Hynes - D67<br>Edison - D69             |           |
|  |   |                |                                 |   |                                |   | Lincoln - D69                           |           |
| Next ▶                                   |   |                |                                 |   |                                |   | Pre-K - D69                             |           |
| eee Ethnicity                            |   |                |                                 |   |                                |   | NTDSE - D807                            |           |

Enter Last name, first name, gender, date of birth, enrolling school/district, grade level, where the student was born - the click **Next**.

إسم، فأميلي، جنسيت، تاريخ تولد، مدرسه اي كه ميخواهيد ثبت نام كنيدي منطقه مدرسه، كلاس چندم، محل تولد دانش آموز را وارد كنيد و روي نكست كليك كنيد.

### Race/Ethnicity

#### نژاد/ قومیت

### Answer the two questions listed and click on the Next button

به دو سوال جواب داده و روي نکست کليك کنيد.

| O Demographics  | + |
|---|---|
| Race Ethnicity  | - |
| Is Hispanic/Latino *  |   |
| Please check all that apply. If not Hispanic, at least one is required. * |   |
| American Indian or Alaska Native  |   |
| Asian   |   |
| Black or African American   |   |
| Native Hawaiian or Other Pacific Islander                                 |   |
| White   |   |
| < Previous Next >   |   |

### <u>Housing</u>

مىكن

Review and verify the student's current housing/custody information then click the Next button محل سکونت/ حضانت دانش آموز را تایید کنید و دگمه نکست را بزنید

| , octoographics      |   |  |  |  |  |  |  |
|----------------------|---|--|--|--|--|--|--|
| > Race Ethnicity     |   |  |  |  |  |  |  |
| ▼ Housing            |   |  |  |  |  |  |  |
| *Do both parents h   | ave shared legal custody of the child ? |  |  |  |  |  |  |
| ) Yes                |   |  |  |  |  |  |  |
| O No                 |   |  |  |  |  |  |  |
|                      |   |  |  |  |  |  |  |
| Previous     Nex     | 5 P                                     |  |  |  |  |  |  |
| > Student Services   |   |  |  |  |  |  |  |
| → Language Informati | n                                       |  |  |  |  |  |  |
| Previous Schools     |   |  |  |  |  |  |  |

If there is not shared legal custody please describe the party who has custody and the arrangements.

|   | حضانت دارد را معرفي کنيد.                             | مشترك نيست لطفا طرفي كه | گر حضانت قانوني |
|---|---|-------------------------|-----------------|
| O Housing   |   |                         | -               |
| Do both parents have shared legal custody of the child ?* |   |                         |                 |
| Yes   |   |                         |                 |
| No  | Please make sure the school has a conv if not already | on file *               |                 |
|   |   |                         |                 |
| < Previous Next >   |   |                         |                 |

### Student Services

#### خدمات دانشجويي

Please answer whether or not the student has a current IEP (Individualized Education Program), 504, or has received gifted/talented services. Then click **Next**.

| ٥٠٤ دارد يانه يا خدماتنا استعداد گرفته يا نه. بعد روي نکست | خدمات برنامه أموزشي شخصي ، | طفا پاسخ دهید اگر دانش آموز در حال حاضر . | Í |
|--|----------------------------|---|---|
|  |                            | کلیك كن.                                  | • |

| © Student Services                                  | - |
|---|---|
| Does your student have a current IEP?*              |   |
| Does your student have a current 504 plan?*         |   |
| Has your child received gifted/talented services? * |   |
| < Previous Next >                                   |   |

### Language Information

#### <u>اطلاعات زبان</u>

Answer all questions on this screen - click **Next** 

|   | جواب بده و روي نکست کليك کن | به تمام سوالها |
|---|-----------------------------|----------------|
| O Language Information  | -                           |                |
| Please enter the basic language information for your student below.                         |                             |                |
| Has your child ever received English as a Second Language (ESL/ELL) services?*<br>Yes<br>No |                             |                |
| When did the student first enroll in an Illinois school?*                                   |                             |                |
| month/day/year  |                             |                |
| Has your child attended another school outside the United States?*<br>Yes<br>No             |                             |                |
| What language is primarily spoken at home?*   |                             |                |
| What is this student's native language (first language learned)? *                          |                             |                |
| What is your preferred language (for correspondence and translation services)?*             |                             |                |
| < Previous Next >   |                             |                |

### **Previous Schools**

مدرسه های قبلی

Enter the name of previous schools you child attended - if there is no prior school or the prior school isn't listed select the **Not Available** option and **use today's date** for **Left/Will Graduate** - then click **Next**.

إسم مدرسه هاي قبلي كه فرزندتان در آن درس خوانده را وارد كنيد اگر مدرسه اي قبلا نرفته يا نام مدرسه در ليست نيست گزينه در دسترس نيست راانتخاب كنيد و تاريخ امروز براي ترك كردن/ خواستن فارغ التحصيلي. بعد روي نكست بزنيد.

| lost Recent/Current  |   | School 1                                       |                                | School 2                   |   |
|--|---|--|--------------------------------|----------------------------|---|
| School   | <b>~</b> *  | School   | ~                              | School                     | ~ |
| City   |   | City   |                                | City                       |   |
| State  | ~   | State  | ~                              | State                      | ~ |
| Country  | ~   | Country  | ~                              | Country                    | ~ |
| Date Started   | G   | Date Started                                   | a                              | Date Started               | a |
| Date Left/Will<br>Graduate   | ā*  | Date Left/Will<br>Graduate                     | ā                              | Date Left/Will<br>Graduate | ā |
| ur student currently suspend<br>ir student is transferring from<br>il secretary. | ed or expelled from another scho<br>n another school, the form linked | → *<br>d below is required to be filled out an | d submitted to the district 69 |                            |   |

### **Relationships - Parent/Guardians**

روابطها والدين/سريرستها

Review and verify parent relationships to the student and contact preferences, confirm contact sequence has been entered - then click **Next**.

روابط والدين را با دانش آموزوارد و مرور كنيدو همينطور ترجيحات تماس. تاييد كنيد كه دنباله تماس وارد شده است. سپس روي نكست كليك كنيد.

| t least one person must be marked as 'C<br>NAME | Suardian'.<br>RELATIONSHIP * | GUARDIAN | MAILING | PORTAL   | MESSENGER | SECONDARY | CONTA | CT |
|---|------------------------------|----------|---------|----------|-----------|-----------|-------|----|
|   | Aunt                         |          |         |          |           | HOUSEHOLD |       |    |
| MICKEY MOUSE                                    | Father 🔻                     |          |         | <b>V</b> |           |           | 2     |    |
| PARENT69 SAMPLE                                 | Mother •                     |          | 1       |          |           |           | 1     |    |
|   |                              |          |         |          |           |           |       |    |
| TEST PARENT                                     | •                            |          |         |          |           |           |       |    |

### **Relationships - Emergency Contacts**

روابطها - تماسهای ضروری

Review emergency contacts, relationships to the student and contact sequence, then click **Next**. تماسهای اضطراری، رابطه آنها با دانش آموزو ترتیب تماس را مرور کنید و بعد نکست را بزنید.

| Relationships - Emergency Contacts   |  |   |  | - |
|--|--|---|--|---|
| NAME   | RELATIONSHIP *   | CONTACT<br>SEQUENCE *   |  |   |
| EMERGENCY CONTACT  | •  | •   |  |   |
| EMERGENCY69 SAMPLE   | •  | •   |  |   |
| EMERGENCY69 SAMPLE2  | •  | •   |  |   |
| Description of Contact Preferences<br>Contact Sequence - Adding a seque<br>sequence of 1 and so on, and the se<br>No Relationship - Marking this chec<br>no longer has a relationship to the s | ence number on contacts will promp<br>equence will continue through to En<br>kbox will indicate that this person d<br>tudent. The relationship will be end | t district staff to o<br>lergency Contacts<br>oes not share a ro<br>ed if one exists. | ontact these persons in the order that you specify. Parent/Guardians should start with a<br>lationship to the student. By checking this checkbox you are indicating that this person |   |
| < Previous Next >  |  |   |  |   |

## **Relationships - Other Household**

روابط ساير اعضاي خانواده

Review other members of your household and relationships to the student, then click Next.

سایر اعضای خانواده و روابطشان با دانش آموز را مرور کنید بعد روی نکست بزنید.

| Relationships - Other Household   |   | -  |
|---|---|--|
|   |   |  |
| NAME  | RELATIONSHIP*   |  |
| EDISON SAMPLE   | ▼   |  |
| LINCOLN SAMPLE  | •   |  |
| GUARDIAN69 SAMPLE69   | •   |  |
| MADISON SAMPLE  | •   |  |
| Description of Contact Preferences<br>No Relationship - Marking this checkbox will<br>no longer has a relationship to the student. T<br><b>Sibling</b> in the dropdown. | indicate that this person does not share a re<br>he relationship will be ended if one exists.<br> | lationship to the student. By checking this checkbox you are indicating that this person<br>r><br>dr> <font color="red">*** If the Relationship is a brother or a sister, please choose</font> |
| < Previous Next >   |   |  |

### Health Services - Medical or Mental Health Conditions

#### خدمات بهداشتيه شرايط پزشكى ياسلامى روانى

Answer if the student has a medical or mental health condition. If you select Yes, click Add Condition to add. When finished - click **Next**.

پاسخ بديد اگر دانش آموز وضعيت سلامتي يا رواني خاصي دارد. اگر بله را انتخاب كرديد، روي اد كانديشن كليك كنيد كه اضافه كنيد چه مشكل سلامتي دارد. وقتي همه اينكار ها را كرديد روي نكست كليك كنيد.

| Health Services - Medical or M          | ental Health Conditions           | - |
|---|-----------------------------------|---|
| Does this student have any medic<br>Yes | al or mental health conditions? * |   |
| Add Condition                           |                                   |   |
| < Previous Next >                       |                                   |   |

#### Health Services - Medications

خدمات بهداشتی۔ داروها

Answer: Does this student take any medications? If you select YES - click Add Medication to add. If the student will take medication during the school day, please click on the District 69 link to download a Medication Authorization Form which will need to be filled out, signed by your child's doctor and returned to the school office. When finished, click **Next**.

پاسخ: آيا اين دانش آموز دارويي مصرف ميكند؟ اگر بله روي إد مديكيشن كليك كنيد تا دارويي كه ميخورد را اضافه كنيد. اگر دانش آموز در طول ساعات مدرسه دارو ميخورد، روي ديستريكت ٦٩ كليك كنيد و فرم اجازه نامه دارو رادانلود كنيد و همه سوالها را جواب بدهيد و بعد از امضاي دكتر به مدرسه ارائه دهيد. وقتي تمام شد روي نكست كليك كنيد.

| • Health Service                     | s - Medications                           |   |   | - |
|--------------------------------------|---|---|---|---|
| Does this student<br>Yes             | take any medication                       | s?*                                     |   |   |
| Add Medication                       | n   |   |   |   |
| Click the links b<br>Medication will | elow, to find out y<br>not be distributed | our registering D<br>I without this for | istrict's School Medication Authorization Form requirements. You need to print this and bring it to your doctor to complete.<br>m being complete. |   |
| District 219                         | District 69                               | District 67                             | District 807  |   |
| < Previous                           | Next >                                    |   |   |   |

### **Release Agreements - D69**

#### قرارداد رهایی

Answer all questions on the Release Agreements - D69 page.

تمام سوالها این قسمت را جواب بدهید در صفحه دیستریکت ۲۹.

| * Release Agreements - D69   |  |
|--|--|
| FEES   |  |
| Do you plan on applying for a fee waiver?*   |  |
| ○ No   |  |
| * I/We have reviewed the board of education approved school fees (School Fee Schedule)   |  |
| TRANSPORTATION (For K-8 students and IEP eligible PK students only)  |  |
| Would you like bus transportation for your child? (not available for PreK) ( <u>Bus Fee Schedule</u> )*  |  |
| O No   |  |
| ADDITIONAL STUDENT INFORMATION   |  |
| I give permission for my child's name and family contact information (parent name(s), phone number, email address) to be shared with parent organizations (ie. PTO) and with families in my child's classroom (PreK-5) or grade level (6th-8th grade).*  |  |
| Ves No   |  |
| I give permission for my student's information (name, address, birthday, phone, grade, guardian name and email, public library card number) to be shared among the Skokie and Morton Grove Public Libraries and District 59 for the purpose of obtaining a public library card for my student and to allow them to use the library's online resources through the school district's website. As guardian of the above named student, I also agree to comply with all rules and regulations of Skokie and Morton Grove Public Libraries and immediately report any change of address or loss of card. * |  |
| ○ No, do not share my information.   |  |
| Would you like information about homeless resources or services?*  |  |
| ○ No   |  |
| District 69 uses this information to project future enrollment. Are you anticipating the birth or placement of a child in your home in the next 6-12 months?*  |  |
| ○ No   |  |
| Would you like to request interpretation services for conferences and meetings, such as parent-teacher conferences or IEP meetings?*   |  |
| ○ Yes  |  |
|  |  |
| RESIDENCY  |  |
| * I/We acknowledge that I have read and agree to the Residency Policy ( <u>Agreement</u> )   |  |
| TECHNOLOGY   |  |
| * I/We have read the Appropriate Use of Technology Agreement ( <u>Agreement</u> )  |  |
| * I/we have read and acknowledge the Use of Student Photo, Video, and Information Agreement ( <u>Agreement</u> )   |  |
|  |  |

### **Uploading Physical and Immunization records**

بارگذاری سابقه آزمایشات و واکسنها

Upload physical and immunization records. Students are not allowed to start school until the required forms are received.

این آزمایشها و واکسنها را اضافه کنید. دانش آموزان اجازه ندارند مدرسه را قبل از ارائه این مدارك به مدرسه شروع کنند.



Click upload - select the file on your computer - and click open.

|  |  |   |  |   |   | - ــــ رري ـرــ چر                     |
|--|--|---|--|---|---|--|
| TATE OF ILLINOIS PHYSICAL AND IMMUNIZATION REQUIRE   | MENTS  |   |  |   |   |  |
| lease upload both sides of your State of Illinois Certificate o  | f Child Health Examination forms b   | elow  |  |   |   |  |
| ll entering Pre-Kindergarten, Kindergarten, and Grade 6 children m<br>Iso submit this form. Please make sure a parent/guardian complete                                  | ust submit the physical examination an<br>s and signs the Health History section ( | d immunization for<br>of the form. <u>Stude</u> | m. Students enter<br>nts are not allow | ing an Illinois scho<br><b>ed to start scho</b> o             | ol for the first time at any gr<br>I until the required form i  | rade level must<br><b>is received.</b> |
| he required form, <u>State of Illinois Certificate of Child Health Examir</u><br>ear prior to the first day of school or after will be accepted.                         | ation form, must be signed by a physic   | ian, nurse practitio                            | ner, or physician a                    | ssistant. Only this   | form is accepted. Forms dat   | ted within one                         |
| you are unable to submit immunization document(s) at this time,<br>ocuments may be sent to the following emails:   | please send the required documents to  | your student's sch                              | ool no later than T                    | hursday, August 1   | , 2024 to avoid exclusion from  | om school.                             |
| reschoolinfo@skokle69.net (PreK)<br>adisonInfo@Skokle69.net (Grades K-2)<br>disonInfo@Skokle69.net (Grades 3-5)<br>incolnInfo@Skokle69.net (Grades 6-8)                  |  |   |  |   |   |  |
| Upload front side of State of IL Health Exam   | Form   |   |  |   |   |  |
|  |  |   |  |   |   |  |
| Jpload back side of State of IL Health Exam I  | Form (Parent/Guardian to   | complete "He                                    | ealth History                          | " section <b>pri</b>  | or to uploading)  |  |
| Upload   |  |   |  |   |   |  |
|  |  |   |  |   |   |  |
|  |  |   |  |   |   |  |
|  | Documents  | 0   |  |   | Q Search  |  |
| C   C     Today  | Documents  | 0   | Size                                   | Kind  | Q Search  |  |
| Immunizations  | Documents  | 0   | Size<br>14                             | Kind<br>KB PDF Document                                       | Q Search<br>Date Added ~<br>Today at 11:05 AM   |  |
| (<)>(Ⅲ ♥) Ⅲ ♥)<br>Today<br>Premounizations<br>Premounia 30 Ban   | Documents  | 0   | Size<br>14                             | Kind<br>KB PDF Document                                       | Q Search Date Added Today at 11:05 AM   |  |
| ( )  | Documents  | 0   | Size<br>14<br>88                       | Kind<br>KB PDF Document<br>KB PDF Document                    | Q Search<br>Date Added ~<br>Today at 11:05 AM<br>Jan 25, 2023 at 10:43 AM   |  |
| Today         Immunications         Previous 30 Days         Assidency Document 2         Residency Document 1   | Documents  | 0   | Size<br>14<br>88<br>88                 | Kind<br>KB PDF Document<br>KB PDF Document<br>KB PDF Document | Q Search           Date Added         ~           Today at 11:05 AM         ~           Jan 25, 2023 at 10:43 AM         Jan 25, 2023 at 10:43 AM |  |
| Today         Immunizations         Previous 30 Days         Residency Document 2         Residency Document 1   | Documents  | 0   | Size<br>14<br>88<br>88                 | Kind<br>KB PDF Document<br>KB PDF Document<br>KB PDF Document | Q Search<br>Date Added ~<br>Today at 11:05 AM<br>Jan 25, 2023 at 10:43 AM<br>Jan 25, 2023 at 10:43 AM   |  |
| C     > (■ ♥) (■ ♥)       Today       Previous 30 Days       Previous 30 Days       Residency Document 2       Residency Document 1                                      | Documents  | 0   | Size<br>14<br>88<br>88                 | Kind<br>KB PDE Document<br>KB PDE Document<br>KB PDE Document | Q Search<br>Date Addod V<br>Today at 11:06 AM<br>Jan 25, 2023 at 10:43 AM<br>Jan 25, 2023 at 10:43 AM   |  |
| C       ○       ○       Today         Today       ○       Immunizations         Previous 30 Days       ○       Residency Document 2         Q       Residency Document 1 | Documents  | C   | Size<br>14<br>88<br>88                 | Kind<br>KB PDF Document<br>KB PDF Document<br>PDF Document    | Q. Search<br>Date Added v<br>Today at 1105 AM<br>Jan 25, 2023 at 10-43 AM<br>Jan 25, 2023 at 10-43 AM   |  |
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| Today         Today         Previous 30 Days         Residency Document 2         Residency Document 1   | Documents  | 6   | Size<br>14<br>88<br>88                 | Kind<br>KB PDF Document<br>KB PDF Document<br>KB PDF Document | Q. Search<br>Date Added ~<br>Today at 11:06 AM<br>Jan 25, 2023 at 10:43 AM<br>Jan 25, 2023 at 10:43 AM  |  |
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| Today         Previous 30 Days         Residency Document 2         Residency Document 1   | Documents  | G   | 5ize<br>14<br>88<br>88                 | Kind<br>PDF Document<br>PDF Document<br>PDF Document          | Cancel Coper  |  |

To remove a file added in error, click Remove File.

| Preschoolinfo@skokie69.net<br>MadisonInfo@Skokie69.net (<br>EdisonInfo@Skokie69.net (G<br>LincolnInfo@Skokie69.net (G | (PreK)<br>Grades K-2)<br>rades 3-5)<br>Grades 6-8) |        |  |  |  |  |
|---|--|--------|--|--|--|--|
| Upload front side o   | f Immunizatior                                     | n form |  |  |  |  |
| Part 2.pdf (27 KB)  | Part 2.pdf (27 KB) Remove File                     |        |  |  |  |  |
| Upload back side o  | f Immunizatior                                     | n form |  |  |  |  |

When finished, click Next.

وقتي تمام شد روي نكست كليك كنيد

### Signature Authorization

براي حذف فايل اشتباه روي ريموو فايل كليك كنيد.

از ماس كامپيوترتان استفاده كنيد براي امضا و بعد سيو و كانتينيو را بزنيد.

| Release Agreements - D69  |                                      |
|---|--------------------------------------|
| ▼ Signature Authorization   |                                      |
|   |                                      |
| Please sign on the line below   |                                      |
|   |                                      |
|   |                                      |
|   |                                      |
|   |                                      |
| Clear   |                                      |
|   |                                      |
| Please click the "Save/Continue" button below to complete registration for th | is student and/or add a new student. |
|   |                                      |
| Previous  |                                      |
|   |                                      |
| Cancel Save/Continue  |                                      |

# Adding additional Students

اضافه کردن دانش آموز دیگر

If you have more students to register, please click on Add New Student - and go through all of the steps for that child.

| اگر باز دانش آموز براي ثبت نام داريد، لطفا روي اد نيو استيودنت كليك كنيد و تمام مراحل ثبت نام دانش آموز ديگر را كامل كنيد. |
|--|
| Add New Student  |
| Please include all students that need to be enrolled.  |
| < Back Save/Continue   |

Once you have added all students, and the records have a green "Completed" under the completed column, click the **Save/Continue** button to continue.

| کلیک کنید.                      | سيو و کانتينيو ک            | يدهد،روي  | علامت سبز کمپلت را نشان م              | .، و ذخیره هایتان | ها را ثبت نام کردید |
|---------------------------------|-----------------------------|-----------|--|-------------------|---------------------|
| <ul> <li>—</li> </ul>           | <ul> <li>✓</li> </ul>       |           | <ul> <li>✓</li> </ul>                  | 5                 |                     |
| Student(s) Primary<br>Household | Parent/Guardia              | an Eme    | rgency Contact Other Household Members | Student           | Completed           |
| ent                             |                             |           |  |                   |                     |
| FIRST NAME                      | LAST NAME                   | GENDER    | SCHOOL                                 | RECORD TYPE       | COMPLETED           |
| Edison                          | Sample                      | м         | Edison Elementary School               | Existing          | COMPLETED           |
| Madison                         | Sample                      |           | Madison Elementary School              | Existing          | COMPLETED           |
| Lincoln                         | Sample                      | м         | Lincoln Junior High School             | Existing          | COMPLETED           |
| d New Student                   |                             |           |  |                   |                     |
| se include all stude            | nts that need to be enrolle | <u>d.</u> |  |                   |                     |
| Back Save/Cor                   | ntinue                      |           |  |                   |                     |

Sign the final page saying you are complete

امضای صفحه آخر نشان این است که مراحل شما با موفقیت کامل شده است

Prior to clicking on Submit - you can go back and verify/edit any data you have entered. You can print your application by clicking on Application Summary PDF. When you are finished, click **Submit** 

قبل از زدن دگمه سابمیت، میتوانید به عقب بر گردید و مرور کنید. همینطور شما میتوانید این فرم را چاپ کنید و براي خودتان نگهدارید براي اینکار روی اپلیکیشن سامری یی دی آف کلیك کنید و وقتی تمام شدید گزینه سابمیت را انتخاب کنید.

| Student(s) Primary<br>Household   | Parent/Guardian   | Emergency Contact   | Other Household Members  | Student   | 6<br>Completed  |
|---|---|---|--|---|---|
| Please sign on the line below.  |   | Clear   |  |   |   |
| PLEASE NOTE: Prior to submit<br>information is not submitted u<br>You must submit your applicat | ting your application you m<br>ntil you click the submit bu<br>ion by clicking the followin | ay verify all of the data you h<br>ton above. You will receive a<br>a button. | nave entered by going back to the a<br>an email notification that you applic | rea in question or click on<br>ation was received after c | the PDF link below. Your<br>licking submit application. |
| Back Application Summar   | y PDF Submit  | ,   |  |   |   |

You can print your application from this page as well. Take note of the application number and the year it was submitted for future reference. شما فرم را اينجا هم ميتوانيد پرينت کنيد. شماره فرم و سالي که پر شده را جايي ذخيره کنيد براي مراجعه هاي بعدي.

| Infinite Online Registration  | Application Number<br>Application For: 2024-2025 |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| English   |  |  |  |  |  |  |  |  |
| Thank you for completing Online Registration For a RDE conv of the submitted data please click the link below |  |  |  |  |  |  |  |  |
| Application Summary PDF   |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |

Please note: Once you submit your application you will not be able to access the application unless you receive an email letting you know that something is missing.

لطفا توجه كنيد: وقتيكه فرمتان را سابميت كرديد شما نميتوانيد به آن دسترسي داشته باشيد مكر اينكه احتياج به تكميل مرحله يا مراحلي داشته باشد كه برايتان يك إيميل ميايد.

### We look forward to welcoming you and your family to Skokie-Morton Grove School District 69!

ما مشتاقاته منتظريم به شما و خانوادهتان در مدرسه هاي منطقه ٦٩، اسكوكي و مورتن گروو خوشآمد بگوييم.