



Online Registration

**J. Sterling Morton
West High School**

2025-2026

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



Part 1

Navigating Online Registration

Let's Get Started!

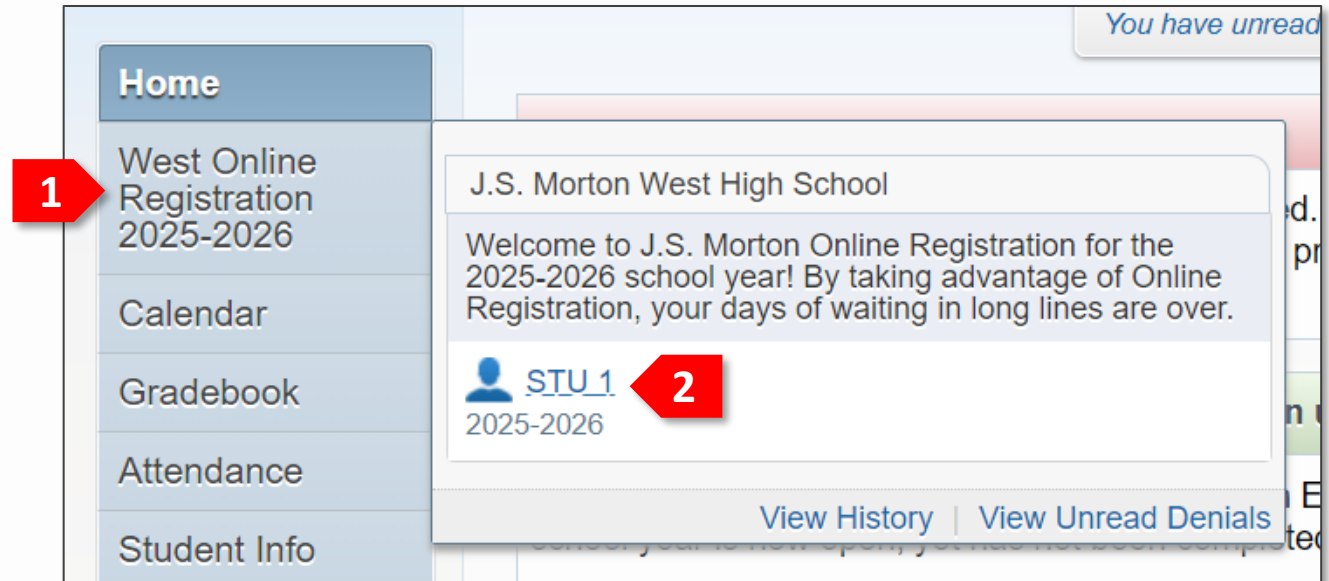


Log in to [Skyward](#) with your login ID and password.

From the Family Access homepage:

1. Click the tab labeled **West Online Registration 2025-2026**.
2. From the popup, click your **student's name**.

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



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.

West Online Registration 2025-2026

STU 1 (J.S. Morton West High School 2025-2026)

District Message

Welcome to J.S. Morton Online Registration for the 2025-2026 school year! By taking advantage of Online Registration, your days of waiting in long lines are over.

District Message

1. Verify Student Information
 - a. Student Information
 - b. Family Address
 - c. Family Information
 - d. Emergency Information
 - e. Emergency Contacts
 - f. Health Information
2. Student Health Form
3. Medicaid Consent
4. Sibling Information
5. Home Language Survey
6. Race and Ethnicity
7. Acknowledgment Form
8. Acceptable Use Policy
9. School-Parent Compact
10. Military Connected
11. ACT Consent
12. Document Uploads
13. Fee Acknowledgment
14. Complete West Online Registration 2025-2026

Next

Close and Finish Later

Home

West Online Registration 2025-2026

Calendar

Gradebook

Attendance

Student Info

Food Service

Schedule

Discipline

Test Scores

Fee Management

Activities

Student Services

Graduation Requirements

Conferences

Academic History

Portfolio

Health Info

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 2025-2026

Home

West Online Registration 2025-2026

Calendar

Gradebook

Attendance

Student Info

Food Service

Schedule

Discipline

Test Scores

Fee Management

Activities

Student Services

Graduation Requirements

Conferences

Academic History

Portfolio

Health Info

Login History

Step 1a. Verify Student Information: **Student Information** (Required) [Undo](#)

General Information

* First: Middle:

* Last: Suffix:

Birthday: Gender:

Other Name:

Language: Race:

☐ Do you have internet access?

☐ Do you have a device to access eLearning material?

Home Phone: Ext:

Ext:

School Email: Home Email:

Birth County:

Birth State:

Birth Country:

Allow Publication of Student's Name for:

Military: Higher Ed: Public:

District: Media:

[Complete Step 1a Only](#) [Complete Step 1a and move to Step 1b](#)

[Previous Step](#) [Next Step](#)

[Close and Finish Later](#)

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**.

J. Sterling Morton High School District 201
5801 Cermak Rd, Cicero, IL 60804
Phone: (708) 780-2800 Fax: (708) 780-2111

Haga clic aquí para ver este formulario en español **Español**

Student Name: STU 1 TEST
Campus: J.S. Morton East High School
Morton ID: 999888
Grade: 09

Completing a Step



When you finish a step, click one of the **Complete** buttons at the bottom of the page.

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

Home

West Online Registration 2025-2026

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Health Info

Login History

West Online Registration 2025-2026

STU 1 (J.S. Morton West High School 2025-2026)

Step 1a. Verify Student Information: **Student Information** (Required)

Undo

General Information

* 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 eLearning material?

Home Phone: 708-555-5555

Ext:

Ext:

School Email: studesam002@jasmorton.org

Home Email:

Birth County:

Birth State:

Birth Country:

Allow Publication of Student's Name for: ?

Military: Yes

Higher Ed: Yes

Public: Yes

District: Yes

Media: No

Complete Step 1a Only

Complete Step 1a and move to Step 1b

(*) Indicates a required field.

District Message

1. Verify Student Information

a. Student Information

b. Family Address

c. Family Information

d. Emergency Information

e. Emergency Contacts

f. Health Information

2. Student Health Form

3. Medicaid Consent

4. Sibling Information

5. Home Language Survey

6. Race and Ethnicity

7. Acknowledgment Form

8. Acceptable Use Policy

9. School-Parent Compact

10. Military Connected

11. ACT Consent

12. Document Uploads

13. Fee Acknowledgment

14. Complete West Online Registration 2025-2026

Previous Step

Next Step

Close and Finish Later

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.



West Online Registration 2025-2026

STU 1 (J.S. Morton West High School 2025-2026)

Step 1a. Verify Student Information: Student Information ✓ Completed 01/23/2025 10:13am

General Information

* 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 eLearning material?

Home Phone: 708-555-5555 Ext:

Ext:

School Email: studesam002@jsmorton.org Home Email:

Birth County:

Birth State:

Birth Country:

Allow Publication of Student's Name for: ?

Military: Yes Higher Ed: Yes Public: Yes

District: Yes Media: No

Edit Step 1a

District Message

1. Verify Student Information
- ✓ a. Student Information
- b. Family Address
- c. Family Information
- d. Emergency Information
- e. Emergency Contacts
- f. Health Information
2. Student Health Form
3. Medicaid Consent
4. Sibling Information
5. Home Language Survey
6. Race and Ethnicity
7. Acknowledgment Form
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9. School-Parent Compact
10. Military Connected
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12. Document Uploads
13. Fee Acknowledgment
14. Complete West Online Registration 2025-2026

Previous Step Next Step

Close and Finish Later

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.

West Online Registration 2025-2026

STU 1 (J.S. Morton West High School 2025-2026)

Step 1a. Verify Student Information: Student Information ✓ Completed 01/23/2025 10:13am

General Information

* First: Middle:

* Last: Suffix:

Birthday: Gender:

Other Name:

Language: Race:

☐ Do you have internet access?

☐ Do you have a device to access eLearning material?

Home Phone: Ext:

School Email: Home Email:

Birth County:

Birth State:

Birth Country:

Allow Publication of Student's Name for:

Military: Higher Ed: Public:

District: Media:

[Edit Step 1a](#)

[Previous Step](#) [Next Step](#) [Close and Finish Later](#)



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 Information

* First:

Middle:

* Last:

Suffix:

Birthday:

Gender:

Other Name:

Race:

Language:

☐ Do you have internet access?

☐ Do you have a device to access eLearning material?

Home Phone: Ext:

Ext:

School Email:

Home Email:

Birth County:

Birth State:

Birth Country:

Allow Publication of Student's Name for:

Military:

Higher Ed:

Public:

District:

Media:

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: **Family Address**
(Required)

UndoUndo Change Requests

AddressPreview Address

Street Number:5500

Street Dir:W

Street Name:22nd s

SUD:APT

#:2

P.O. Box:22ND ST
22ND STREET

Address 2:

Zip Code:60804

Plus 4:

City/State:CICERO, IL

Complete Step 1b Only

Complete Step 1b and 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: Family Information Undo Undo Change Requests
(Required)

Guardian
Number: 1

Name: GUARDIAN NAME

☒ Custodial

Relationship:

Home Email: com

Primary
Phone: Ext:

Ext:

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)

Undo

☐ Critical Alert Information

Last Name, First

Physician:

Dentist:

Hospital:

Insurance:

Policy:

Complete Step 1d Only

Complete 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**.

Step 1e. Verify Student Information: **Emergency Contacts** (Required)

[Add Emergency Contact](#)

Contact Number: Primary Phone: Ext:

First:

Middle:

Last:

Relationship:

Pick Up:

Comment:

[Complete Step 1e Only](#) [Complete Step 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)

Undo

Health Problems:

GUARDIAN NAME 02/14/2024 1:25 PM

1

Allergy Notes:

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**.

Step 2. Student Health Form (Required)

[View Full Screen](#)

[Add](#)
[Edit](#)
[Delete](#)

There are no records to display; check your filter settings.

Skyward

The form has not yet been completed.

Would you like to complete it now?

[Yes](#) [No](#)

0 records displayed

Step 2. Student Health Form (Required)

[View Full Screen](#)

| Date Created ▼ | Time Created | Additional Info | ADHD | ADHD | Add |
|----------------|--------------|-----------------|------|------|--|
| 03/14/2023 | 1:49 pm | | | | Edit Delete |

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 | <input type="text" value="v"/> | <input type="text"/> |
| Medications | <input type="text" value="v"/> | <input type="text"/> |
| Asthma | <input type="text" value="v"/> | <input type="text"/> |
| Birth Defects | <input type="text" value="v"/> | <input type="text"/> |
| Developmental Delay | <input type="text" value="v"/> | <input type="text"/> |
| Tuberculosis (disease or positive skin test) | <input type="text" value="v"/> | <input type="text"/> |

3. Medicaid Consent



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

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.

| Sibling Full Name | Morton ID# |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

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 language 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)

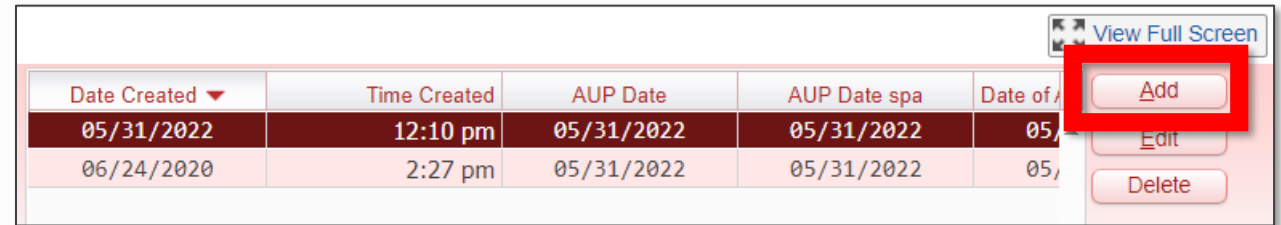
7. Acknowledgment Form



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

You must complete a **new Acknowledgment Form** every year. Click **Add** to start a new form.

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 / |
|----------------|--------------|------------|--------------|-----------|
| 05/31/2022 | 12:10 pm | 05/31/2022 | 05/31/2022 | 05/ |
| 06/24/2020 | 2:27 pm | 05/31/2022 | 05/31/2022 | 05/ |

Add
Edit
Delete

ACKNOWLEDGMENT OF HANDBOOK RECEIPT

The Student/Parent Handbook is an online document and can be accessed anytime at [this link](#) or by navigating the [district website](#). 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. Acceptable Use Policy



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 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/Guardian signature:

Test Parent

Date:

01/01/1900

WEBSITE AND SOCIAL MEDIA GUIDELINES

| Student Initials | Parent Initials |
|-----------------------------------|-----------------|
| Be aware of what you post online. | TP |

9. School-Parent Compact



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

You must complete a **new School-Parent Compact** every year. Click **Add** to start a new form.

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

View Full Screen

| Date Created ▼ | Time Created | AUP Date | AUP Date spa | Date of / |
|----------------|--------------|------------|--------------|-----------|
| 05/31/2022 | 12:10 pm | 05/31/2022 | 05/31/2022 | 05/ |
| 06/24/2020 | 2:27 pm | 05/31/2022 | 05/31/2022 | 05/ |

Add
Edit
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, annual training duty, or active military service? <input type="text"/> | | | |
| 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 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

11. ACT Consent



Your child will take **at least one** ACT assessment this school year (PreACT, ACT, etc.).

If your student receives test accommodations, the district needs to share their information with ACT for them to receive those accommodations on ACT assessments.

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.

Consent to Release Information to ACT

Your child will participate in ACT and/or PreACT testing this school year. If your child receives testing accommodations due to their Individualized Education Program (IEP), 504 Plan, or English Learner (EL) status, the District will need to share documentation with ACT for your child to receive those accommodations. The purpose of this form is to authorize the District to share relevant records with ACT.

I give consent for the District to share my child's information with ACT:

Yes ▼

Parent/Guardian Signature:

Test Parent

Date:

01/23/25

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 March/April which indicates if this is required for your student) submit your residency proofs here.

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

| | | |
|-----------------------|--|----------------|
| Birth Certificate: | <input type="button" value="Choose File"/> | No file chosen |
| Dental Record: | <input type="button" value="Choose File"/> | No file chosen |
| Guardianship: | <input type="button" value="Choose File"/> | No file chosen |
| Immunization Record: | <input type="button" value="Choose File"/> | No file chosen |
| Physical Form: | <input type="button" value="Choose File"/> | No file chosen |
| Residency Proof - A: | <input type="button" value="Choose File"/> | No file chosen |
| Residency Proof - B: | <input type="button" value="Choose File"/> | No file chosen |
| Residency Proof - C1: | <input type="button" value="Choose File"/> | No file chosen |
| Residency Proof - C2: | <input type="button" value="Choose File"/> | No file chosen |

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 entr correo de marzo/abril que indica si esto es necesario para su residencia aqui.

Birth Certificate: No file chosen

Dental Record: No file chosen

Guardianship: No file chosen

Immunization Record: No file chosen

Physical Form: No file chosen

Residency Proof - A: No file chosen

Residency Proof - B: No file chosen

Residency Proof - C1: No file chosen

Residency Proof - C2: No file chosen

Residency Proof



| | Category A | Category B | Category C |
|----------------------|--|---|--|
| Required Number | <ul style="list-style-type: none">• 1 document | <ul style="list-style-type: none">• 1 document | <ul style="list-style-type: none">• 2 documents (order doesn't matter) |
| Required Features | <ul style="list-style-type: none">• Guardian name• Current address | <ul style="list-style-type: none">• Guardian name• Current address | <ul style="list-style-type: none">• Guardian name• Current address• Dated within the last 30 days |
| Acceptable Documents | <ul style="list-style-type: none">• State-issued driver's license• State-issued ID card• Government-issued photo ID• Photo ID issued by a foreign consulate | <ul style="list-style-type: none">• Real estate tax bill• Mortgage statement• Signed current lease (including landlord's contact information)• Agreement of sale• District 201 Residency Attestation (available online) | <ul style="list-style-type: none">• Home, renters, 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 Acknowledgment



This form discusses registration fees that will be billed at the start of the 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 2025-2026** at the bottom of the screen.

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

Step 14. Complete West Online Registration 2025-2026 (Required)

By completing West Online Registration 2025-2026, you are confirming that the Steps below have been finished. Are you sure you want to complete West Online Registration 2025-2026 for STU 1?

Review West Online Registration 2025-2026 Steps

| | | |
|---|-----------------------------------|------------------------------|
| Step 1) | Verify Student Information | Completed 01/23/2025 10:33am |
| <i>No Requested Changes exist for Step 1.</i> | | |
| Step 2) | Student Health Form | Completed 01/23/2025 10:33am |
| Step 3) | Medicaid Consent | Completed 01/23/2025 10:33am |
| Step 4) | Sibling Information | Completed 01/23/2025 10:33am |
| Step 5) | Home Language Survey | Completed 01/23/2025 10:33am |
| Step 6) | Race and Ethnicity | Completed 01/23/2025 10:33am |
| Step 7) | Acknowledgment Form | Completed 01/23/2025 10:33am |
| Step 8) | Acceptable Use Policy | Completed 01/23/2025 10:33am |
| Step 9) | School-Parent Compact | Completed 01/23/2025 10:33am |
| Step 10) | Military Connected | Completed 01/23/2025 10:33am |
| Step 11) | ACT Consent | Completed 01/23/2025 10:33am |
| Step 12) | Document Uploads | Completed 01/23/2025 10:33am |
| Step 13) | Fee Acknowledgment | Completed 01/23/2025 10:33am |

Guardian Name: GUARDIAN 1 NAME

Guardian Address: 99 ZZZ
CICERO, IL 60804

**Submit West Online Registration
2025-2026**

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](#)
**West Online
Registration
2025-2026**
[Calendar](#)
[Gradebook](#)

STU 1 (J.S. Morton West High School 2025-2026)

 West Online Registration 2025-2026 was **successfully completed** and submitted to the district for STU 1 on Thu Jan 23, 2025 10:48am by GUARDIAN 1 NAME.
[Go back to review completed steps](#)
[Mark West Online Registration 2025-2026 as not completed and make changes](#)