



(315) 661-8338

(315) 785-6855

School Name:

Student ID#

Bus Rte.

STUDENT REGISTRATION FORM

Student Name:				Grade Entering:		DOB:			
	Legal Last Name	First	MI		Gender:	Male	Female	Non-Binary	
Street Address:									
	Street Name	Apt. #	City	State	Zip				
Mailing Address:									
	Street Name	Apt. #	City	State	Zip				
Home Phone:									
Nationality:	White	Asian	Black	Indian/Alaskan Native American	Native Hawaiian/Other Pacific Islander				
Hispanic:	Yes	No							
Primary Language Spoken in Home:				Student Language:					
Previous School Attended:									

Name and Mailing Address

Is the Student Currently Suspended at the Previous School: Yes No

If Yes, Please Explain:

PARENT/GUARDIAN INFORMATION

Relationship to Child:				Relationship to Child:				
Name:				Name:				
Living in Household:	Yes	No	Legal Guardian:	Yes	No	Legal Guardian:	Yes	No
Address:				Address:				
Home Phone:			Cell:			Home Phone:		
Email:				Email:				
Employer:				Employer:				
Work Phone:				Work Phone:				
Currently on Active Duty:	Yes	No		Currently on Active Duty:	Yes	No		
	Skip if NO				Skip if NO			
<input type="checkbox"/> US Army	<input type="checkbox"/> US Marines	<input type="checkbox"/> US Air Force		<input type="checkbox"/> US Army	<input type="checkbox"/> US Marines	<input type="checkbox"/> US Air Force		
<input type="checkbox"/> US Coast Guard	<input type="checkbox"/> USSF	<input type="checkbox"/> Army Reserve		<input type="checkbox"/> US Coast Guard	<input type="checkbox"/> USSF	<input type="checkbox"/> Army Reserve		
<input type="checkbox"/> Army National Guard	<input type="checkbox"/> NOAA Corps	<input type="checkbox"/> USPHS Commissioned Corps		<input type="checkbox"/> Army National Guard	<input type="checkbox"/> NOAA Corps	<input type="checkbox"/> USPHS Commissioned Corps		
	<input type="checkbox"/> Navy				<input type="checkbox"/> Navy			
Rank/ Unit:				Rank/ Unit:				
Civilian Working on Military Property	Yes	No		Civilian Working on Military Property	Yes	No		
Department of Army Civilian-Paid by DoD	Yes	No		Department of Army Civilian-Paid by DoD	Yes	No		
Army Gold Star Spouse	Yes	No		Army Gold Star Spouse	Yes	No		
Border Patrol	Yes	No		Border Patrol	Yes	No		

CUSTODY INFORMATION

- | | | |
|--|--|--|
| <input type="checkbox"/> Two Parents in Home | <input type="checkbox"/> Custody Transfer | <input type="checkbox"/> Single Parent |
| <input type="checkbox"/> Joint Custody | <input type="checkbox"/> Separated | <input type="checkbox"/> Emancipated |
| <input type="checkbox"/> Sole Custody | <input type="checkbox"/> Foster Placement (DSS-2999/3424 must be provided) | |

RESTRICTIONS OF CONTACT & INFORMATION

(Paperwork must be provided)

- | | |
|---|--|
| <input type="checkbox"/> Order of Protection | <input type="checkbox"/> Custody Papers Specify Restriction |
| <input type="checkbox"/> Papers Provided | <input type="checkbox"/> Papers Provided |
| Person Restricted: <input type="text"/> | Person Restricted: <input type="text"/> |
| Exp. Date: <input type="text"/> | |
| <input type="checkbox"/> Other Documentation Provided | <input type="checkbox"/> No Restrictions for Parents/Guardians |
| Specify: <input type="text"/> | |

EMERGENCY INFORMATION (Other Than Parent)

1st Contact

Name:

Relationship to Child:

Address:

Home Phone: Cell:

2nd Contact

Name:

Relationship to Child:

Address:

Home Phone: Cell:

Physician's Information

Name:

Address: Phone:

STUDENT EDUCATIONAL SERVICES

- Does your child currently have an IEP? ☐ Yes ☐ No
- Does your child currently have a 504 Plan? ☐ Yes ☐ No
- Has your child ever repeated a grade in school? ☐ Yes ☐ No Grade:

Check any services listed below that your child has received in the past school year:

- | | | |
|---|---|--|
| <input type="checkbox"/> Remedial Math | <input type="checkbox"/> ESOL | <input type="checkbox"/> School Counseling |
| <input type="checkbox"/> Remedial Reading | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Counseling from an Outside Agency |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Physical Therapy | |

If my child has an IEP, I give my permission to disclose information from my child's educational records to local, state, and federal agency representatives for the sole purpose of claiming Medicaid reimbursement for health and related support services which may be included in my child's IEP.

Signature of Parent/Guardian

Date

RACIAL & ETHNIC IDENTIFICATION

Student Name: Date of Birth:

Directions to Parent/Guardian:

Question 1 - Please Check One Box Only

Question 2 - Please Check All Boxes that Apply

PLEASE ANSWER BOTH BOXES

1. Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

- ☐ YES, Hispanic
☐ NO, not Hispanic

2. Select one or more races from the following five racial groups:

- ☐ **AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition. e.g. Cherokee, Mohawk, Inuit.
- ☐ **ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original.
- ☐ **BLACK:** A person having origins in any of the black racial groups of Africa.
- ☐ **WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Signature of Parent/Guardian

Date

The information which you have provided on this form is confidential. The Family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.

MEDICAL HISTORY & HEALTH QUESTIONNAIRE

Student Name: DOB: Gender: ☐ Male ☐ Female
Parent/Guardian Name: ☐ Non-Binary
Grade: Home Phone: Cell Phone:

Has your child ever:			If Yes, please explain and include date:	
Had an ongoing medical condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	
Seen a medical specialist	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	
Had allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> food	<input type="checkbox"/> insect <input type="checkbox"/> medication
Had an EpiPen.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	
Been hospitalized.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	
Had an operation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	
Had a bone/muscle injury	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	
Passed out, had a concussion or serious head injury. ...	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	
Had a convulsion/seizure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	
Had a vision problem or condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> glasses	<input type="checkbox"/> contacts
Had a hearing problem or condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> hearing aid	<input type="checkbox"/> cochlear implant
Worn dental bridge, braces or mouthpiece	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	
Had a test by a health care provider for their heart (e.g., EKG, echocardiogram, stress test)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	
Has or had chest pain, tightness, or pressure during or after exercise	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	
Has or had fluttering in the chest, skipped heartbeats, heart racing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	
Been told by a healthcare provider they have or had a heart or blood vessel problem	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	

IF YES, CHECK ALL THAT APPLY:

- | | |
|--|--|
| <input type="checkbox"/> Chest Tightness or Pain | <input type="checkbox"/> Heart Infections |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Heart Murmur |
| <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> New Fast or Slow Heart Rate | <input type="checkbox"/> Kawasaki Disease |
| <input type="checkbox"/> Has Implanted Cardiac Defibrillator (ICD) | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Had a Pacemaker Implanted | |

HAVE ANY FAMILY MEMBERS UNDER THE AGE OF 50 EVER BEEN DIAGNOSED WITH:

- | | |
|---|---|
| <input type="checkbox"/> Enlarged Heart/Hypertrophic Cardiomyopathy/ Dilated Cardiomyopathy | <input type="checkbox"/> Brugada Syndrome |
| <input type="checkbox"/> Arrhythmogenic Right Ventricular Cardiomyopathy | <input type="checkbox"/> Catecholaminergic Ventricular Tachycardia |
| <input type="checkbox"/> Heart rhythm problems: long or short QT Interval | <input type="checkbox"/> Marfan Syndrome (aortic rupture) |
| <input type="checkbox"/> Structural heart abnormality, repaired or unrepaired | <input type="checkbox"/> Heart attack at age 50 or younger |
| <input type="checkbox"/> Known heart abnormalities or sudden death before age 50 | <input type="checkbox"/> Pacemaker or implanted cardiac defibrillator (ICD) |

CHECK ALL THAT APPLY TO YOUR CHILD:

- | | | |
|---|---|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Headaches/migraines | <input type="checkbox"/> GI Conditions(ulcer, reflux, IBS) |
| <input type="checkbox"/> Asthma/trouble breathing | <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> Inhaler/nebulizer/peak flow monitoring |
| <input type="checkbox"/> Autism/Aspergers | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Insulin/blood glucose monitoring |
| <input type="checkbox"/> Dental Injuries | <input type="checkbox"/> Mental Health Condition | <input type="checkbox"/> Single Organ (<input type="checkbox"/> kidney <input type="checkbox"/> testicle) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> (depression, eating disorder, anxiety, OCD, ODD, etc.) | <input type="checkbox"/> Skin Condition |
| <input type="checkbox"/> Ear Infections | | <input type="checkbox"/> Speech Condition |
| | | <input type="checkbox"/> Urinary Condition |

CURRENT MEDICATIONS	YES	NO	Please list name, dose, time(s):
Given at school	<input type="checkbox"/>	<input type="checkbox"/>	
Taken at home	<input type="checkbox"/>	<input type="checkbox"/>	
ASSISTIVE EQUIPMENT	YES	NO	Please check all that apply:
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> crutches <input type="checkbox"/> walker <input type="checkbox"/> wheelchair <input type="checkbox"/> other: <input type="text"/>
TREATMENTS	YES	NO	
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> insulin/blood glucose monitoring <input type="checkbox"/> inhaler/nebulizer/peak flow monitoring <input type="checkbox"/> special diet

Is there any condition that would prevent your child from participating in physical education or sports?

☐ Yes ☐ No

If Yes, please specify:

Please list any additional concerns: (use back of sheet if necessary):

Please provide the nurse's office with a copy of your child's immunizations and current physical from their medical provider.

If you are unavailable and your child needs to go home because of illness or injury, whom do we contact?

1st Contact

Name:

Address:

E-Mail:

Home Phone: Cell:

2nd Contact

Name:

Address:

E-Mail:

Home Phone: Cell:

I give permission for medical and emergency information about my child to be shared with appropriate staff. I also give permission to the school nurse to have my child transported to an emergency medical facility if deemed necessary.

Signature of Parent/Guardian

Date



WATERTOWN
CITY SCHOOL DISTRICT
CENTRAL REGISTRATION

SPEECH FORM (K-4 ONLY)

Student Name: DOB: Grade:

1. At what age did your child begin to talk (words)?

2. Do you consider that your child has a speech problem? ☐ Yes ☐ No

3. Please check all your concerns from the following list – my child:

- ☐ Has unclear or garbled speech
- ☐ Has difficulty expressing wants
- ☐ Uses incomplete sentences
- ☐ Needs instructions repeated
- ☐ Often repeats what he or she says
- ☐ Does not remember simple information from day to day
- ☐ Gives inappropriate answers to questions
- ☐ None of the above

4. Has your child ever attended a pre-school program? ☐ Yes ☐ No

If yes, where?

5. Has your child ever attended speech/language classes at a speech clinic or in school?

☐ Yes ☐ No

If yes, where? When?

6. Does your child appear to hear normally? ☐ Yes ☐ No

If not, when does he/she have difficulty?

7. Please check all your concerns from the following list – my child:

- ☐ Has trouble hearing
- ☐ Asks people to repeat or talk louder
- ☐ Favors one ear over the other
- ☐ Is startled at sudden noises
- ☐ Has earaches
- ☐ Speaks loudly
- ☐ Watches a person's face when that person talks
- ☐ None of the above

Signature of Parent/Guardian

Date

HOME LANGUAGE QUESTIONNAIRE (HLQ)

Student Name: Grade: DOB:
 School Entering: Military Family: Yes ☐ No ☐
 No. of Years in Schools Outside the US:

Dear Parent/Guardian: In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes English. Your assistance in answering these questions is greatly appreciated. Thank you.

- | | | | |
|--|----------------------------------|--------------------------------|----------------------|
| 1. What language(s) is spoken in the student's home or residence? | <input type="checkbox"/> English | <input type="checkbox"/> Other | <input type="text"/> |
| 2. What language(s) are spoken most of the time to the student in the home or residence? | <input type="checkbox"/> English | <input type="checkbox"/> Other | <input type="text"/> |
| 3. What language(s) does the student understand? | <input type="checkbox"/> English | <input type="checkbox"/> Other | <input type="text"/> |
| 4. What language(s) does the student speak? | <input type="checkbox"/> English | <input type="checkbox"/> Other | <input type="text"/> |
| 5. What language(s) does the student read?
Does not read? <input type="checkbox"/> | <input type="checkbox"/> English | <input type="checkbox"/> Other | <input type="text"/> |
| 6. What language(s) does the student write?
Does not write? <input type="checkbox"/> | <input type="checkbox"/> English | <input type="checkbox"/> Other | <input type="text"/> |
| 7. What language(s) are spoken by the parent(s)? | <input type="checkbox"/> English | <input type="checkbox"/> Other | <input type="text"/> |

In your opinion, how well does the student understand, speak, read, and write English?

	Very Well	Only a Little	Not at All
Understands English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Parent/Guardian

Date

STUDENT RECORD REQUEST

Student Name: DOB: Grade:

Parent/Guardian Name: Hereby Authorizes

Previous School:

Address:

Phone: Fax:

OFFICE USE
The student listed above has
ENROLLED with the
Watertown City School District on

Please record an exit date from your
district prior to the above date.
Thank you.

Signature of Parent/Guardian

Date

By law, all records regarding your child are available for inspection at school.

The Parent/Guardian above hereby authorizes to release and/or exchange a copy of all academic and confidential information pertaining to the above student to the following (X) school:
(Please include: Birth Certificate, Health Records, Academic Records, Standardized Testing Records, Disciplinary Records Including Superintendent Hearings/Suspensions, Last Report Card and Sign-Out Grades, Confidential/Psychological/Special Education Records, IEP, 504 Plan, Custody or Guardianship Papers.)

GUIDANCE

Watertown High School
SECRETARY- Cynthia Bates
cbates@watertowncsd.org
1335 Washington St.
Watertown, NY 13601
Fax: 315-785-3733
Ph: 315-785-3820

PRINCIPAL

Knickerbocker Elementary School
SECRETARY- Paige Chrissley
pchrissley@watertowncsd.org
739 Knickerbocker Dr.
Watertown, NY 13601
Fax: 315-779-5654
Ph: 315-785-3740

PRINCIPAL

Ohio Elementary School
SECRETARY- TBD
1537 Ohio St.
Watertown, NY 13601
Fax: 315-779-5502
Ph: 315-785-3755

GUIDANCE

Case Middle School
SECRETARY- Sheri Hermann
shermann@watertowncsd.org
1237 Washington St.
Watertown, NY 13601
Fax: 315-785-3731
Ph: 315-785-3880

PRINCIPAL

North Elementary School
SECRETARY- Hope Thorpe
hthorpe@watertowncsd.org
171 E Hoard St.
Watertown, NY 13601
Fax: 315-779-5405
Ph: 315-785-3750

PRINCIPAL

Starbuck Elementary School
SECRETARY- Karissa Maier
kmaier@watertowncsd.org
430 E Hoard St.
Watertown, NY 13601
Fax: 315-779-5472
Ph: 315-785-3765

GUIDANCE

H.T. Wiley School
SECRETARY- Kassandra Huerta-McDonald
khuertamcdonald@watertowncsd.org
1351 Washington St.
Watertown, NY 13601
Fax: 315-785-3769
Ph: 315-785-3789

PRINCIPAL

Sherman Elementary School
SECRETARY- Paige Hirsch
phirsch@watertowncsd.org
836 Sherman St.
Watertown, NY 13601
Fax: 315-779-5575
Ph: 315-785-3760

HOME SCHOOL

Cristina Nichols/Bridget Finster
homeschool@watertowncsd.org
1351 Washington St.
Watertown, NY 13601
Fax: 315-785-6855
Ph: 315-785-3708

COMMITTEE ON SPECIAL EDUCATION (CSE)

Watertown City School District
1351 Washington St.
Watertown, NY 13601
Fax: 315-661-4140
Ph: 315-785-3728 or 315-785-3726

RESIDENCY QUESTIONNAIRE

Student Name: Grade: DOB:
Address:
School Entering: Gender: ☐ Male ☐ Female
Home Phone: Cell Phone: ☐ Non-Binary

The answer you give below will assist the district in determining what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they do not have the documents normally needed, such as: proof of residency, school records, immunization records or proof of age. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Is your current address a temporary living arrangement? ☐ Yes ☐ No

Is this temporary living arrangement due to loss of housing, economic hardship, or similar reason? ☐ Yes ☐ No

If you answered YES to both questions above, please complete the remainder of this form.
If you answered NO, you may STOP HERE and print, sign & date below.

Where is the student currently living? (Please check one below)

- ☐ In a shelter
☐ With another family or other person (sometimes referred to as "doubled-up")
☐ In a hotel/motel
☐ In a car, park, bus, train or campsite
☐ Other temporary living situation (please describe):

Print Name of Parent/Guardian/Student or
Unaccompanied homeless youth

Date

Signature of Parent/Guardian/Student or
Unaccompanied homeless youth

Eligibility screen for Migrant Education services

*** Migrant Education Program services are free of charge and may include tutoring, assistance with health needs, educational field trips, summer programs, parent involvement activities, adult education, emergency assistance and referrals to other services as needed. ***

Has your family moved to a different school district in the last 3 years? YES _____ NO _____

In the last three years, **has the parent or guardian** of the child enrolling **done farm work as a paid job?**
(Did they work on a dairy farm, planting, picking/harvesting fruits or vegetables, food processing or packaging, logging or tree farming?) YES _____ NO _____

If yes, what farm did you work on? _____ Where? _____ When? _____



If you can answer **YES** to **BOTH** of the above questions, your family **MAY** qualify for Migrant Education services. To be contacted by a Migrant Education recruiter, please complete the information below.

Child's name _____ D.O.B. _____ Grade _____

Child's name _____ D.O.B. _____ Grade _____

Child's name _____ D.O.B. _____ Grade _____

Child's name _____ D.O.B. _____ Grade _____

Parents/ Guardians

Mother's name _____ Father's Name _____

Home Address _____ Home Phone # _____
(Street Address)

_____ Work or Message # _____
(city, town or village) (Zip)

School District _____ School Building _____

School Contact Person _____ Contact Number _____

Other Useful information (directions, farm names, best time to contact, etc.) _____

To submit this referral, please fax to the CiTi BOCES at (315) 908-0148 or mail to the address above. For more information, please call the Migrant Program at 315-963-4265. Thank you for your assistance.

Cuestionario de Elegibilidad para Servicios de Educación Migrante

*** Servicios del Programa de Educación Migrante son gratuitos y pueden incluir tutoría, ayuda con necesidades de salud, viajes educacionales, programas del verano, actividades de involucrar a los padres, educación para adultos, ayuda de emergencia y referidos a otros servicios como necesario. ***

¿Ha mudado su familia a un distrito escolar diferente en los últimos 3 años? Sí _____ NO _____

¿En los últimos 3 años ha trabajado un padre o guardián en granja como: lechería, plantando, cosechando frutas o legumbres, el procesamiento o empacar de comida, corta de árboles o cultivo de árboles? Sí _____ NO _____

Si UD dijo que si, ¿en que granja? _____ ¿Donde? _____ ¿Cuándo?



Si Usted contestó que **SÍ** a **AMBOS** preguntas de arriba, su familia **PUEDE** calificar para servicios de Educación Migrante. Para estar contactado por una reclutadora del Programa de Educación Migrante, favor de llenar la información de abajo.

Nombre del niño(a) _____ Fecha de Nacimiento _____ Grado _____

Nombre del niño(a) _____ Fecha de Nacimiento _____ Grado _____

Nombre del niño(a) _____ Fecha de Nacimiento _____ Grado _____

Nombre del niño(a) _____ Fecha de Nacimiento _____ Grado _____

Padres/ Guardianes

Nombre de la Mamá _____ Nombre del Papá _____

Dirección de la Casa _____ Numero de teléfono en casa _____
(Dirección de la Calle)

_____ # de teléfono del trabajo o de Mensaje _____
(Ciudad o Pueblo) (Código Postal)

Distrito escolar _____ edificio escolar _____

Persona para contactar _____ numero para contactar _____

Otra información Útil (direcciones, nombres de granjas, mejor hora de llamar, etc.) _____

Para someter este referido, favor de mandarlo por fax al BOCES de CiTi a (315) 908-0148 o mandar por correo al dirección de arriba. Para más información, favor de llamar al Programa Migrante a 315- 963-4265. Gracias.



WATERTOWN CITY SCHOOL DISTRICT

Our Children, Our Future!

Our school community uses ParentSquare as a simple and safe way for our members to connect.

With ParentSquare Parents and Guardians may

- Receive all school and classroom communication via email, text or app
- View the school and classroom calendar and RSVP for events
- Submit attendance notes
- Learn about opportunities within our community

ParentSquare may be used on any device. Download the free mobile app for Android or iOS.

You can also connect via a computer at: www.parentsquare.com

Activate your Account

- Upon enrollment (or at the start of the school year) you will receive an invitation email or text
- Click the link to activate your account.

ParentSquare may be used on any device. Download the free mobile app for Android or iOS and you can also use it from a computer at: www.parentsquare.com

Helpful Tips for Parents & Guardians:

1 Activate Account

Click the link in your invitation email/text or sign up on ParentSquare.com or via the ParentSquare app.

3 Set Preferences

Click your name in the top right to visit your account page and set your notification and language preferences.

5 Appreciate Posts

Click 'Appreciate' in your email/ app or website to thank a teacher or staff for a post. Teachers love the appreciation.

7 Participate

Click 'Sign Ups & RSVPs' in the sidebar to see available opportunities. Click bell on top to check your commitments.

9 Find People

Click 'Directory' in the sidebar to find contact information for teachers and parents (not available at all schools).

2 Download App

It's easy to stay in the loop with the ParentSquare app. Download it now from the App store or Google Play.

4 Get Photos & Files

Click 'Photos & Files' in sidebar to easily access pictures, forms and documents that have been shared with you.

6 Comment or Reply

Click 'Comment' in app or website to privately ask a question about the post that your teacher or school sent.

8 Join a Group

Click 'Groups' in the sidebar to join a group or committee at your school to participate or to stay up-to-date.

10 Get in Touch

Click 'Messages' in the sidebar to privately get in touch with staff, teachers and parent leaders.



ParentSquare

Links to install
the mobile app



ParentSquare Community Groups



Interested community members are welcomed to sign up for a variety of communications. With this feature, family and community members, including those who are not parents, guardians, students, or staff can sign up for communications in a variety of categories. This feature is helpful to families new to our schools in becoming acclimated with activities in our community even before students are enrolled in school. Community Groups also helps to ensure that members of our community have the option to choose the types of community posts of interest to them. This makes it easier for our building and district posts to focus on topics focused on the activities of our schools.

Join a Community Group

1. Find the Community Group links below for each of our school building location(s).
2. Click the relevant link(s) to join groups for each building and complete an online form, checking groups you wish to join.
3. Click "submit" at the bottom of the page.
4. Once completed, a confirmation email will be received, prompting account activation prior to being added to the selected groups and posts from the groups will show up for you automatically in ParentSquare.

Knickerbocker



North



Ohio



Sherman



Starbuck



H.T. Wiley



Case Middle



Watertown High



District

