



Guía de Inscripción en línea para nuevos estudiantes

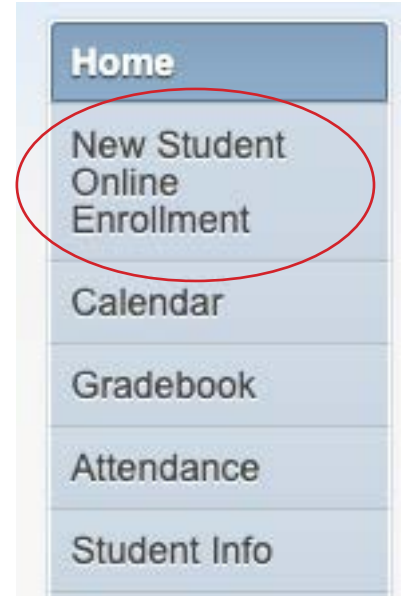
Las familias pueden inscribir a nuevos estudiantes a través del acceso familiar de Skyward desde la comodidad de cualquier computadora en cualquier momento.

Familias actuales:

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Nuevas familias en el distrito:

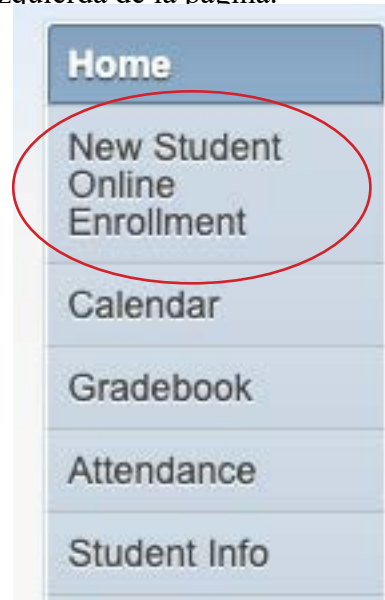
1. Cree una cuenta de Acceso Familiar de Skyward utilizando **la Solicitud de cuenta Skyward de inscripción en línea** para estudiantes nuevos

Al enviar esta solicitud, se iniciará un correo electrónico automático con un enlace, identificación de inicio de sesión y contraseña al portal de inscripción en línea para los nuevos estudiantes. Si el padre / tutor no tiene un correo electrónico, tendrá la opción de agregar su propio nombre de usuario. Se proporciona una contraseña en el mensaje emergente cuando se envía la solicitud de cuenta.

2. Siga el enlace del correo electrónico (si corresponde) e ingrese el nombre de usuario y la contraseña en la página de inicio de sesión de **Skyward**.



3. Haga clic en el enlace **Inscripción en línea** para estudiantes nuevos (**New Student Online Enrollment**) en la esquina de arriba a la izquierda de la página.



4. Complete la información del estudiante. Los campos marcados con un * requieren entrada o la aplicación no se enviará.

Instructions for completing the student application
 Answer the questions to progress through the application form. Click 'Save and Continue to Fill Out Application' to save your progress and stay on this screen. Click 'Save and go to Summary Page' to save your progress and return to the summary page. Click 'Leave WITHOUT Saving' to return to the summary page without saving.

Step 1: Student Information

* Last Name: _____ * First Name: _____ Middle Initial: _____
 Name Suffix: _____ Name Prefix: _____ Nickname: _____ * Gender: _____
 Gender Identity: _____
 * Date of Birth: _____ Age: _____ Birth City: _____ * Birth State: _____
 * Birth Country: _____ Birth County: _____
 * Second Phone: _____ Third Phone: _____ Home Email: _____
 Does student live within this school district? * Mom's Maiden Name: _____
 * Federal State Ethnicity (select all that apply): None Selected (Select Federal/State Ethnicity)
 * State Race (select all that apply): None Selected (Select State Race)
 * Language Spoken Most: _____ Native Language: _____
 * Language Spoken at Home: _____
 * Military Family Status: _____
 * Has student attended a state school?: _____ * Has student attended this district previously?: _____
 Previous School District: _____ School in the District Student Previously Attended: _____

If you are enrolling a Kindergarten, you will be contacted with a start date.
 You are enrolling your student into the Next School Year (2023 - 2024)
 First Day of School (2023/2024) * Expected Enrollment Date: _____
 * Expected Grade Level: _____ * Expected School to Enroll Into: _____ [Elementary School Boundary Map](#)

I authorize this student's information to be distributed for the purposes of Military usage
 I authorize this student's information to be distributed for the purposes of Higher Ed usage
 I authorize this student's information to be distributed for the purposes of Public usage
 I authorize this student's information to be distributed for the purposes of District usage
 I authorize this student's information to be distributed for the purposes of Local usage

Additional Information (up to 250 characters) (no HTML allowed): _____
Maximum characters: 250; Remaining characters: 250

[Complete Step 1 and move to Step 2: Family/Guardian Information](#) [Complete Step 1 Only](#)

Elija la escuela donde desea inscribir a su hijo.

- BIG LAKE ELEMENTARY SCHOOL
- CASCADE MIDDLE SCHOOL
- CENTRAL ELEMENTARY SCHOOL
- CLEAR LAKE ELEMENTARY SCHOOL
- Don't Know
- EVERGREEN ELEMENTARY SCHOOL
- GOOD BEGINNINGS CENTER
- LYMAN ELEMENTARY SCHOOL
- MARY PURCELL ELEMENTARY SCHOOL
- SAMISH ELEMENTARY SCHOOL
- SEDRO-WOOLLEY HIGH SCHOOL
- STATE STREET HIGH SCHOOL
- STATE STREET HS - JOB CORPS

5. Complete la información de la familia / tutor. Los campos marcados con un * requieren entrada o la aplicación no se enviará.

Your Family information has been imported onto the application.

All the fields not specific to the student have been pre-populated. Any changes needed, will be conducted by the Registrar.

* Primary Phone: (360) [redacted] Should the District keep this number confidential?

* Family Home Language: English

Print Hard Copy Report Cards

Home Address: House #: [redacted] Street Name: [redacted] SUD: [redacted] #: [redacted]
 P.O. Box: [redacted] Address 2: [redacted] City: SEDRO WOOLLEY State: WA Zip Code: 98284
 Should the District keep this address confidential?

Mailing Address: (if different than home address) House #: [redacted] Street Name: [redacted] SUD: [redacted] #: [redacted]
 P.O. Box: [redacted] Address 2: [redacted] City: [redacted] State: [redacted] Zip Code: [redacted]

For the guardian listed, complete any remaining fields related to the student.

* Last Name: [redacted] * First Name: [redacted] Middle Name: [redacted]
 Name Suffix: [redacted] Name Prefix: [redacted] Date of Birth: [redacted] Gender: Male

* Relationship to Child: [redacted] Marital Status: [redacted]
 * Does this guardian have custody of the child?: [redacted] * Is this guardian allowed to pick up the student from school?: [redacted]

Cell Phone: (360) [redacted] Work Phone: (360) [redacted] Contact Email Address: [redacted]
 Language: [redacted] Occupation: [redacted]
 Employer: [redacted]

For the guardian listed, complete any remaining fields related to the student.

* Last Name: [redacted] * First Name: [redacted] Middle Name: [redacted]
 Name Suffix: [redacted] Name Prefix: [redacted] Date of Birth: [redacted] Gender: Female

* Relationship to Child: [redacted] Marital Status: [redacted]
 * Does this guardian have custody of the child?: [redacted] * Is this guardian allowed to pick up the student from school?: [redacted]

Cell Phone: [redacted] Work Phone: (360) [redacted] Contact Email Address: [redacted]
 Language: [redacted] Occupation: [redacted]
 Employer: [redacted]

6. Complete la información médica / dental.

Alergy/Medical Condition: [redacted]

Physician Last Name: [redacted] Physician First Name: [redacted] Physician Middle Name: [redacted]
 Name Suffix: [redacted] Name Prefix: [redacted] Physician Phone: [redacted]

Dental Last Name: [redacted] Dental First Name: [redacted] Dental Middle Name: [redacted]
 Name Suffix: [redacted] Name Prefix: [redacted] Dental Phone: [redacted]

Hospital: [redacted] Hospital Phone: [redacted]

Insurance: [redacted] Insurance Phone: [redacted]

Insurance Policy Number: [redacted]

7. Agregue contactos de emergencia que no sean los tutores al seleccionar "Sí, quiero agregar otro registro de contacto de emergencia".

Step 4: Emergency Contact Information

Instructions for completing Emergency Contact Information
 You may enter up to four contacts. Please do not enter guardians as emergency contacts.

Do you have other Emergency Contacts to add for this student?

8. Vacunas: ingrese las vacunas que figuran en los registros de inmunización de su hijo o en el formulario de Certificado de inmunización estandarizado (CIS), disponible a través de la oficina de su médico, el sitio web del Departamento de Salud del Estado de WA o la secretaria de su escuela. El personal de la escuela revisará las inmunizaciones para verificar su cumplimiento y las comparará con las vacunas cargadas.

Instructions for entering Immunization Information

***** IMPORTANT *****

The State of Washington **REQUIRES** a completed **CERTIFICATE OF IMMUNIZATION (CIS)** that is medically verified or Certificate of Exemption on file prior to your child beginning school per WAC-246-105-030.

Here are some examples of medically verified immunization records with links for your convenience:

- 1. A completed Certificate of Immunization Status (CIS) signed by a health care provider. Find the CIS form by visiting <https://www.doh.wa.gov/SGCI> and clicking on "Certificate of Immunization Status."
- 2. A CIS filed out by you or another parent/guardian with medical records attached.
 - 1. A CIS printed by a health care provider or school from the Washington State Immunization Information System.
 - 2. A CIS printed from MyIR which is a free Department of Health online tool that allows families to view and print their official immunization records themselves. Go to <https://wa.myir.net/register> to begin the sign-up process.

If you are requesting an exemption from one or more of the immunization requirements, you must provide the school a completed Certificate of Exemption.

Asterisk (*) denotes a required immunization

Immunization	Date 1	Date 2	Date 3	Date 4	Date 5	Date 6	Date 7
Diphtheria, Tetanus							
Diphtheria, Tetanus acellular Pertussis							
Hepatitis B							
Inactivated Polio Vaccine							
Measles, Mumps, Rubella							
Tetanus-Diphtheria							
Tetanus, Diphtheria and Pertussis							
Vaccines							

9. Se solicita que se carguen documentos adicionales desde su computadora. Haga clic en "Elegir archivo" ("Choose File") para seleccionar los documentos guardados (archivos escaneados o de imágenes) para cargarlos desde su computadora. Si no tiene los documentos en formato electrónico, comuníquese con la escuela de su hijo para entregar copias impresas.

Instructions for completing the Requested Documents

Use the Browse buttons to locate a file to upload that corresponds to the description on the same line.

Birth Certificate : No file chosen

Cert of Immunization: No file chosen

Proof of Residency : No file chosen

10. Una vez que se hayan completado todos los formularios, seleccione "Enviar solicitud al distrito" que genera las siguientes ventanas emergentes. *Todos los pasos deben completarse antes de que se pueda enviar una solicitud.

Submit Application to the District

*** All steps must be Completed before an Application can be Submitted ***

Si tiene preguntas sobre cualquiera de los documentos requeridos para la inscripción, no dude en llamar para hablar con el personal de la oficina de la escuela de su hijo.

- Big Lake (360) 855-3525
- Clear Lake (360) 855-3530
- Central (360) 855-3560
- Evergreen (360) 855- 3545
- Lyman (360) 855-3535
- Mary Purcell (360) 855-3555
- Samish (360) 855-3540
- Cascade Middle School (360) 855-3520
- Sedro-Woolley High (360) 855-3510
- State Street High School (360) 855-3550
- Connections Academy (360) 855-3553
- Good Beginnings (360) 855-3868