## **Online Registration Instructions**

**"Student Information Section"** Make any changes necessary and then click "Save Section". If there is a field you are unable to change and the information is incorrect, please call the Central Registration office to correct the information. They may be reached at 630-301-5050.

		New Student Informatie	Welcome, Randall
Continuing Student Enrollment 41 - PLEASE REMEMBER - AFTER SAVING THE FORM, RE	TURN TO T		
		< Previous Section Next Section >>>	
Student Information Tab * Student Registration Information - If any information in shaded areas needs to be changed com	act Central	Registration at 630-301-5050.	
Existing Information on File		Enter Any Changes Below	
Current Grade Level * 🌵	Senior	Senior	
First Name 🔹 🔱	Chief	Chief	
Middle Name 🕠			The grade will reflect the current
Last Name \star 🔱	Blackhawl	Blackhawk	_
Generation 🔱		Select V	grade your student is enrolled in.
Gender * 🌵	Male	Male  Female	
Birth Date \star 🌵	1/1/1998	1/1/1998	The system will automatically
Hispanic/Latino Ethnicity *	No	Yes No Unanswered	
Race *	White	Black or African American Hispanic or Latino Native Havailan or Other Pacific Islander Needs Reidentification	enroll them in the next year grade.
Home Language 🛛 🌵	English	Race Instruction English	
		Save Section	
	l	< Previous Section Next Section >>>	

"Address and Phone Section" You will be unable to change an address. You will need to contact the Central Registration office at 630-301-5050 and provide two proofs of residency in order to change the student's address.

You will be able to make any changes needed to the Student Phone Number. You may add, delete, or modify a number. The student must have at least a Primary number listed as the phone type. The primary number can be a home phone or cell phone number. This will be the primary number contacted for general calls coming from the school or district office.

If there are no changes or all changes have been made to this screen then please click "Save Section" and then click the "Next Section" button.

	Existing Information on File		
	Physical Address	Mailing Address Student Phone	
	Apartment Complex	(630)301-5042	
	House Number 1877 Street Prefix West	1877 West	
	Street Name Downer Street Type	Downer	
	Development City Label Aurora	Aurora	
	State Illinois Zip 60554	Autora Illinois 60554	
	2ip 00004	00004	
Enter Any Changes Be	low		
Effective Date			
Physical Address			Mailing Address
Apartment 🔱			Same as Physical Address
Complex 4			
House Number	,		1877
Street Prefix We			West
Street Name U Dow			Downer
	elect 🔻		Select V
Development 4			
City Label	ora		Aurora
State			Illinois 🔻
Zip 4 6055			60554
		2	Enter a chaolum aite in the
Student Phone Number Phone Type		ليخ Phone Number Ext Listing Status Delete	Enter a checkmark in the
Phone type	léfono principal	▼ (630)301-5042 L - Listed ▼	box to delete a number.
Primary / Número de te	Dhana		box to delete a number.
	Phone		Then click the "Delete
Primary / Número de te Add Phone Delete			men ciick the Delete
Add Phone Delete		Save Section	Phone" hutton
Add Phone Delete	new phone		Phone" button.
Add Phone Delete	new phone click the "Add	Save Section	Phone" button.

"Contact Information Section" If you no longer wish to use an emergency contact, then you must click the X to the right of their name. To modify the contact information on a contact record that will remain on the student's

record, click the Edit View icon in to the right of their name. A new page will appear allowing you to make changes. To add a new contact, click the "Add Contact" button. A new page will appear allowing you to enter information. Click the "Save Section" button if there are no changes or all changes have been made. Then click the "Next Section" number.

\*Anyone marked as guardian must be a legal guardian according to the birth certificate or legal documentation. All other contacts must be listed as an emergency contact.

tact Informat							
an and Emerge building evacu	uation and reunification sce			· · · ·		vill also be able to retriev	
Title	First Nam Randall	e Last Name Blackhawk	Contact Type Guardian	Edit/View	Delete	Unchanged	Status
	Amy	Wonderful	Guardian		×	Unchanged	
	Vince	Julian 😼	Guardian		×	Unchanged	
Contact			Save Section				
			<<< Previous Section Next Section >>	>			
Contact Inf		mation: Please supply a list of contacts that the school	or district may notify in case an emergency occurs with	your student and you are unavailable. P	lease note: These contacts will :	also be able to retrieve vor	r student in the event
of a school buil	ilding evacuation and reunific	ation scenario.				state	
Title MR.	Randall	Name Last Name Blackhawk	Contact Type Guardian	Edit/View	Delete	Unchanged	15
Mrs.	Amy	Wonderful	Guardian		×	Unchanged	
Mr.	Vince	Julian	Guardian		×	Unchanged	
			Existing Information on File				
		Contact Corresponden	ce Flags Co Apartment (for G	ontact Address			
		Contact Type - Guardian	Complex (for Gu				
		Name - MR. Randall Black Relationship Label - Father	hawk House Number	(for Guardians only) - 1877			
		Home Language -		Guardians only) - W	Correspondence Flags		
		Language Of Correspondence - English	Street Type (for )	Guardians only) - Downer Guardians only) - Flag Typ	e Guardian Emergency Othe	r	
		Email Address - rblackhawk@sd12 Education Level -		r Guardians only) -			
		Phone Number	City (for Guardia				
			e teléfono principal - (630)301-5050 State (for Guardia Zip (for Guardia				
Contact Types	*						
Contact Type							
Guardian							
Emergency	/				Ch	ange, mo	odify or delete a
Contact Corre	espondence Flags		Contact Address			-	
Title	Mr.	T	Same as Student's mailing address		l ph	one num	ber. All guardian
First Name *	Randal		Apartment (for Guardians only)				-
Middle Name			Complex (for Guardians only) House Number (for Guardians only) 1877		ree	cords mu	st have at least a
Last Name *			Street Prefix (for Guardians only) Wes				
Generation			Street Name (for Guardians only) Down		nri	mary nh	one type listed.
Relationship L Home Langua				elect 🔻	- Pi	mary pri-	one type iisted.
	Correspondence I Englis		Development (for Guardians only)				
		e Language For Mailing	City (for Guardians only) Auro				
Email Addres	rblackt	awk@sd129.org	State (for Guardians only)				
		e Email For Mailing	Zip (for Guardians only) 6055 Contact Phone	4			
	vel 🔱 🛛 Sele	ct 🔻	Contact Phone Phone Type	Phone Number	Ext	Listing S	tatus Delete
Education Lev						Listed •	
Education Lev			Primary / Número de teléfono 🔻 (6	30)301-5050			
Education Lev		_	Add Phone Delete Phone (6	30)301-5050		Libita	
Education Lev	e Contact	_		30)301-5050		Lotto .	

"Additional Information Section" This section will require that you answer YES or NO to any of the medical questions listed. For any question that you provide a "Yes" answer too, please provide a corresponding comment in the text box below your answer. Below the medical questions will be additional questions that must be answered. Please make sure any date fields are enter using the mm/dd/yyyy format. Once you have completed this page, please click the "Save Section" button and then proceed to the "Next Section".

	New Student Information	Welcome, Rar
ontinuing Student Enrollment 41 - PLEA SE REMEMBER - AFTER SAVING THE FORM, RETURN TO THE BOTTOM OF THE FO	RM AND SELECT 'I AGREE' AND 'SUBMIT' IF YOU ARE FINISHED WITH ANY NECESSARY CHANGES.	
<<< Previous Section	Next Section >>>	
CCC Previous Jection	HER SECON >>>	
Additional Information		
lecord saved successfully		
ecord saved successiony	Enter Ann Channes Existing	
	Enter Any Changes Existing Below on File	
	on File	
<<< MEDICAL INFORMATION >>>		
Physician Name	Dr. Thierfelder Dr. Rydtand	
Physician's Phone Number (do not use hyphens)	6303015000 6303015000	
Bone/Joint Problems/Injury/Scoliosis? *	Y • Y	
. Bone/Joint Problems/Injury/Scoliosis-Comment	Tendinitis Tendinitis	
Nabetes *	N T N	
. Diabetes-Comment		
iagnosis of Asthma? *	N T N	
. Diagnosis of Asthma/Medications-Comment		
arlHearing Problems? *	Y • Y	
. Ear/Hearing Problems-Comment		
lovel or Bladder Problems? *	N Y N	
Bowel or Bladder Problems-Comment		
lizziness/Shortness of Breath/Chest Pain with Exercise? *	N T N	
. Dizziness/Shortness of Breath/Chest Pain with Exercise-Comment		
lood Disorders/Hemophilia/Sickle Cell/Other?*	N • N	
. Blood Disorders/Hemophilla/Sickle Cell/Other-Comment		
lead Injury/Concussion/Passed Out? *	Y T Y	
Head Injury/Concussion/Passed Out-Comment		
Nagnosis ADHD/Emotional Concerns? *	N T N	
. Diagnosis ADHD/Emotional Concerns-Comment	Y Y	
eurological/Muscular Problems? *	Y T Y	
. Neurological/Muscular Problems-Comment	N	
leart Problem/Heart Murmur? *	N T N	
Heart ProblemitHeart Murmur-Comment B Skin Test Positive (Past or Present)? *	N T N	
B Skin Test Positive (Past or Present)? * . TB Skin Test Positive (Past or Present)-Comment	n • N	
. ID ONIT RELEVANCE (FAST OF FREE ON THE SERVICE INTERNET		

**"Documents Section"** If you need to provide the school or district with any documentation relating to their enrollment, please click the "Click here to upload new file" link. This link will allow you to browse your computer for documents saved to computer. Once all documents are attached, please click the "Next Section" button.

\*If you are unable to attach electronic file, then hard copies of the documents may be provided to the School or Central Registration office.

	Continuing Student Enrollment 41 - PLEASE REMEMBER - AFTER SAVING THE FORM, RETURN TO THE BOTTOM OF THE FORM AND SELECT 'I AGREE' AND 'SUBMIT' IF YOU ARE FINISHED WITH ANY NECESSARY CHANGES.						
	<<< Previous Section >>>						
_	Documents						
	tems can be Uploaded here vor una publication any additional documentation needed by Central Registration here (i.e. Proof of Residency, Physicals etc) or download any District 120 documentation or forms.						
	Lick here to unload new file						
	<<< Previous Section Next Section >>>						

The final page will allow you to review all changes made. Changes will be highlighted in yellow to make it easier for you to see. If for any reason you need to make another change you may do so on this page or you may click the "Previous Section" button. If everything looks good, you will need to scroll to the bottom of the page and click the "I Agree" checkbox and then hit the "Submit" button. Failing to complete this step will result in an incomplete registration.

riease rist an chirdren in your nome mai are age **Office Use Only**	а 4 от цилет внасате поселнотец и а словтост (2а Ртеослоог ргоуган).	1/25/2017	1/25/2017
Spell Check	Save Section		
Documents			
Items can be Uploaded here You may upload any additional documentatio Click here to upload new file	n needed by Central Registration here (i.e. Proof of Residency, Physic	cals etc) or download any District	129 documentation or forms.
	a screens is accurate and represents the latest information for my stu ice. In addition, the guardian accepts responsibility of notifying the sc 1-5050 if you have any questions.	chool nurse of any changes in the	
	To submit please		

## **Important Contact Information**

Central Registration Office is located at:

1877 S Downer Pl

## Aurora IL, 60506

Devent Hale Deals	630 301 5067
Parent Help Desk	630-301-5067
Central Registration	630-301-5050
Blackhawk Campus	630-301-5355
Fearn Elementary School	630-301-5001
Freeman Elementary School	630-301-5002
Goodwin Elementary School	630-301-5003
Greenman Elementary School	630-301-5004
Hall Elementary School	630-301-5005
Hope D. Wall School	630-301-5008
Jefferson Middle School	630-301-5009
Jewel Middle School	630-301-5010
McCleery Elementary School	630-301-5012
Nicholson Elementary School	630-301-5013
Schneider Elementary School	630-301-5014
Smith Elementary School	630-301-5015
Todd Early Childhood School	630-301-5016
Washington Middle School	630-301-5017
West Aurora High School	630-301-5600