Adding a New to FBISD Student to Your Family Using Family Access

#### Introduction Audience: Parent/Guardians with Family Access Accounts Purpose: To add a new to FBISD Student to Your Family Online. Login A. Parents will access the FBISD Website to begin the process. Click on the login to Family Access box. http://www.fortbendisd.com/departments/technology/family-access Fam Login to Family Access B. Enter your Skyward Family Access Login ID, Password and then click Sign In. FORT BEND INDEPENDENT SCHOOL DISTRICT FBISD PRODUCTION Login ID Password: Sign In 8 Forgot your Login/Password? New Student Online Enrollment C. On the blue frame on the left, click New Student Online Family Access Enrollment. Home No messages wi New Student С Online Enrollment



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Step 1: New Student Enrollment Application

- **D.** Welcome to New Student Enrollment at FBISD. You will begin to complete the enrollment application for your student with **Step 1: Student Information**.
- E. Enter information into each field. Be sure to enter the student's **full legal name as is printed on the birth certificate**. Fields marked with an asterisk \* are required fields and the step cannot be completed without entering the information in these fields. The application itself cannot be submitted to the district if all steps have not been completed.
- F. Several buttons are available for use at the top of the application. Save and Continue to Fill Out Application, Save and go to Summary Page, Print Application and Leave WITHOUT Saving.

	Save and go to Summary Page	Print Application	Leave WITHOUT Saving
Instructions for completing the student applic Answer the questions to progress through the a Click 'Save and Continue to Fill Out Application' Click 'Save and go to Summary Page' to save y Click 'Leave WITHOUT Saving' to return to the s	ation application form. to save your progress and stay on this screer our progress and return to the summary page. ummary page without saving.	L.	
terisk (*) denotes a required field Please Step 1: Student Information Edit	Note: Only one step may be edited at a time View Only Save Save and	Collapse Step	
Instructions for completing Student Informat Entering a check in a blank box indicates "Yes"	ion . Leaving the blank box empty indicates "No".		
Last Name: FBISD Name Suffix: Name Prefix     Date of Birth: 06/01/2005 Birth Country: Does student live v	First Name: Student     First Name: Student     Gender: Female     Birth City:     Birth County:     vithin this school district?	Middle Name: Eleme	entary
fter entering the student's l evel. <u>The school that your s</u> Click <b>OK</b> .	pirthdate, a popup screen tudent will attend will dete	will display concerning	g the expected student gr
After entering the student's l evel. <u>The school that your s</u> Click OK. Expected Grade Level has been up	pirthdate, a popup screen tudent will attend will dete	will display concerning	g the expected student gr grade level for your stud
After entering the student's level. <u>The school that your s</u> Dick OK. Expected Grade Level has been up Attention! The Expected Grade Level has been up	pirthdate, a popup screen tudent will attend will dete dated evel has been updated to 03. late of birth (06/01/2005) and the s	will display concerning rmine the appropriate School Year selected to enro	g the expected student gr grade level for your stud %



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Н.	Continue entering information in Step 1 Student Information. After all information has been updated, click <b>Complete Step 1 and move to Step 2: Family Guardian Information</b> to continue to the next step. Or use one of the buttons mentioned above.
	Code Student live within this school district?  Social Security Number; S55554444 State ID: Sta
	Previous School District     LLSD     School in the District Student Previously Attended.     Pruggens       You are enrolling your student into the Next School Year (2014 - 2015)     Imagens     Imagens       Imagens     First Day of School (08/25/2014)     * Enrollment Date (08/25/2014)       * Expected Grade Level (03)     Imagens
	Additional Information: (on the Student for the District Maximum characters: 5000, Remaining characters: 5000
01	Complete Step 1 and move to Step 2: Family/Guardian Information Complete Step 1 Only
Step 2	: Enter Information for the Primary Guardian and the Family this Student lives with
 J.	Note that the information populates on the first guardian from the portal account request that you requested. Be sure to check the box that this guardian will be considered an Emergency Contact.
	Enter Information for the Primary Guardian and the Family this Student lives with
	Enter Information for the Family this Student lives with
	Primary Phone: (281) 555-1212 Should the District keep this number confidential?
	House #: [2405 Direction:] Street Name: ]sweetwater Bivd Apartment:
	Home Address. P.O. Box: Address 2: City: Sugar Land State: IX Zip Code: 1//4/9
	Lisung # Disartian: Chart News Andress Considential?
	Mailing Address: House #. Direction. Street Name. Apartment.
	P.O. BOX Address 2. City. State. Zip Code.
	Enter Information for the Primary Guardian of the Family this Student lives with
	Last Name:  FBISD + First Name:  Parent Middle Name:       Name Suffix Name Prefix      Name Prefix
	* Relationship to Child: Father Social Security Number:
	Does this guardian have custody of the child? Is this guardian allowed to pick up the student from school?
	Cell Phone: Work Phone: Contact Phone: Contact Final Address: Darent FBISD@gmail.com
	Language: Employer.
	Work Hours:
	Are there other Legal Guardians who live at this address?
	Yes, I want to Add another Legal Guardian who lives at this address No other Legal Guardians live at this Address
к.	Are there other Legal Guardians who live at this address? If so, click Yes, I want to Add another Legal
	Guardian who lives at this address. If you do not want to add another guardian record to this family, click No other Legal Guardians live at this address.



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Are there other Legal Guardians who live at a different address?
es, I want to Add a Legal Guardian who lives at a Different Address No, Complete Step 2 and move to Step 3: Medical/Dental Information No, Complete Step 2 Only
L. Are there other Legal Guardians who live at a different address? If so, click Yes, I want to Add a Legal Guardian who lives at a Different Address. If there are no other legal guardians, click No, Complete Step and move to Step 3: Medical/Dental Information. Or you may click No, Complete Step 2 Only if you need complete the application at another time.
ep 3: Medical/Dental Information
M. Step 3 of the process is to enter Medical/Dental Information for your student. No fields are required in this section, but enter helpful phone numbers and names of your healthcare providers. This does have to be entered on each student that you enroll because the system stores this information on each student recommended.
Step 3: Medical/Dental Information Edit View Only Save Save and Collapse Step
Physician Last Name: Jain Physician First Name: M Physician Middle Name:
Name Suffix: Vame Prefix: Physician Phone: (281) 555-5555
Dentist Last Name: Reintz Dentist First Name: R Dentist Middle Name:
Name Suffix: Name Prefix: Dentist Phone: (713) 444-4444
Hospital: Memorial Hermann
Insurance: Insurance Phone:
Insurance Policy Number.
Complete Step 3 and move to Step # Emergency Contact Information Complete Step 3 Only
N Click Complete Step 3 and move to Step 4: Emergency Contact Information or Complete Step 3 Only if w
wish to complete the application at another time.
n A. Encourses of Contest Information
p 4: Emergency Contact Information
<b>O.</b> In Step 4 you will enter <b>Emergency Contact Information</b> for the student. If you marked the guardians enter in step 2 to be emergency contacts, they will be already pre-populated in this step. You can remove contact by clicking <b>Removing this Emergency Contact</b> .
Step 4: Emergency Contact Information Edit. View Only Save Save and Collapse Step Enter the Information for Emergency Contact #1 Remove this Emergency Contact
Last Name: FBISD     First Name: Parent     Middle Name:
Contact Email Address: parent FBISD@gmail.com   Primary Phone: Phinary Phinary Phone: Phinary Phinary Phone: Phinary Phinary Phone: Phinary Phinary Phinary Phone: Phinary Phinary Phone: Phinary Phinar
Work Phone:
Employer.
Do you have other Emergency Contacts to add for this student?
res, I want to Add another Emergency Contact Record No, Complete Step 4 and move to Step 5: Additional District Forms No, Complete Step 4 Only P. Do you have other emergency contacts to add for this student? If so, click Vec I want to Add another
Emergency Contact Record, if no further contacts click No, Complete Step 4 and move to Step 5: Addition



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Step 5: Additional District Forms

- **Q.** In Step 5 you will enter information in FBISD additional forms.
- **R.** You must click the orange button on each form to open the form, complete the information requested on each form, electronically sign and date the form and then **Save** the form. Repeat for each form.
- S. Click Complete Step 5 when you have completed each form. If the Complete Step 5 button is not available, you have not completed each form.

Instructions for Step 5 contains	completing the Additional District Forms he Fort Bend ISD Enrollment Forms that must be c	ompleted prior to your appointment to enroll your student at the school.
After Step 5, revi	ew that each step has been completed and then clie	k the Submit Application to the District button.
Asterisk (* ) den	otes a required form	
* Form 1)	Falsification Notice	Form 1 has not been completed
* Form 2)	Student Residency Questionnaire	Form 2 has not been completed
* Form 3)	Food Allergy Information	Form 3 has not been completed
* Form 4)	Special Programs	Form 4 has not been completed
* Form 5)	Parent Consent 14-15	Form 5 has not been completed
<ul> <li>T. As you completed.</li> <li>U. After each for</li> </ul>	ete each district form, it will have the m has the completed check, you will	Complete Step 5 checkbox checked and the text Form has been be able to click Complete Step 5.
<ul> <li>T. As you completed.</li> <li>U. After each for</li> <li>Asterisk (*) denotes</li> </ul>	ete each district form, it will have the m has the completed check, you will a required form	Complete Step 5 checkbox checked and the text Form has been be able to click Complete Step 5.
T. As you completed. Completed. U. After each for Asterisk (*) denotes * Form 1)	ete each district form, it will have the m has the completed check, you will a required form Falsification Notice	S Complete Step 5 checkbox checked and the text Form has been be able to click Complete Step 5.
T. As you completed. Completed. U. After each for Asterisk (*) denotes Form 1)	ete each district form, it will have the m has the completed check, you will a required form Falsification Notice Student Residency Questionnaire	S Complete Step 5 checkbox checked and the text Form has been be able to click Complete Step 5.
T. As you completed. Completed. U. After each form Asterisk (*) denotes a * Form 1) * Form 2) * Form 3)	ete each district form, it will have the m has the completed check, you will a required form Falsification Notice Student Residency Questionnaire Food Allergy Information	Complete Step 5 checkbox checked and the text Form has been be able to click Complete Step 5. Form 1 has been completed ↓ Form 2 has been completed ↓ Form 3 has been completed
T. As you completed. Completed. U. After each form Asterisk (*) denotes a Form 1) Form 2) Form 3) Form 4)	ete each district form, it will have the m has the completed check, you will a required form Falsification Notice Student Residency Questionnaire Food Allergy Information Special Programs	© Complete Step 5 checkbox checked and the text Form has been be able to click Complete Step 5. ♥ Form 1 has been completed ♥ Form 2 has been completed ♥ Form 3 has been completed ♥ Form 4 has been completed
T. As you completed. Completed. U. After each form Asterisk (*) denotes a * Form 1) * Form 2) * Form 3) * Form 4) * Form 5)	ete each district form, it will have the m has the completed check, you will a required form Falsification Notice Student Residency Questionnaire Food Allergy Information Special Programs Parent Consent 14-15	S Complete Step 5 checkbox checked and the text Form has been be able to click Complete Step 5. Form 1 has been completed Form 2 has been completed Form 3 has been completed Form 4 has been completed Form 5 has been completed
T. As you completed. U. After each form Asterisk (*) denotes a * Form 1) * Form 2) * Form 3) * Form 4) * Form 5)	ete each district form, it will have the m has the completed check, you will a required form Falsification Notice Student Residency Questionnaire Food Allergy Information Special Programs Parent Consent 14-15	Complete Step 5 Checkbox checked and the text Form has been be able to click Complete Step 5.  Form 1 has been completed Form 2 has been completed Form 3 has been completed Form 4 has been completed Form 5 has been completed Form 5 has been completed Form 5 has been completed



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#### Submitting to the District

V. If you haven't completed all the steps in the enrollment process, the button to submit the application to the district <u>will not be available</u>. Review the steps and complete where necessary.

	ave and Continue to Fill Out Application Save	and go to Summary Page	Print Application	Leave WITHOUT Saving
V. Wher	you have completed all the sto	eps of the enrollment	process, the button will b	e available.
	Submit A	opplication to the Distri	ct 🕠	
	* All steps must be Complete	ed before an Applicatio	on can be Submitted *	
. After applic <b>and k</b>	submitting to the district, a con cation for your student, click <b>Su</b> <b>(eep Screen Open</b> .	firmation popup will b Ibmit Application.To	be received. If you are reacontinue working on the a	ady to submit the pplication, click <b>Car</b>
	Confirm			×
	Submitting will allow FOF review and process this a this application and will <u>n</u>	RT BEND INDEPEN application. After su tot be able to make	DENT SCHOOL DISTR bmitting you will only be any further changes.	ICT - TRAIN to able to view
	Are you sure you want to SCHOOL DISTRICT	submit this applicat	tion to FORT BEND IND	EPENDENT
I				
ł	Submit Application	)	Cancel and Kee	p Screen Open



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Y. You will receive a popup with further instructions.

//WWW.TOTIDENCISC.COM/CEDa tion Submitted	irtments/Operations/zoning/school-attendance-zones
application has been successfully submitted.	
ck your home address to verify the school locati	ons your student will attend at: http://www.fortbendisd.com/departments/Operations/zoning/schc
verifying, contact the appropriate school to mak	e an enrollment appointment.
ngs to take to the school during your appointmen	
des 1-12 Registration	
enroll a student in grades 1-12, the following is r	equired:
th certificate or its equivalent (for students young	er than age 12)
ost recent report card or grade transcript, imunization records,	
roof of residence, including a deed, lease or more student's social security card (will be requested)	gage agreement, a recent utility bill (water, gas, electric), or state assigned ID number, and
government issued photo ID of the student's pare	ent or guardian, which provides their FBISD address (TX Driver's License/ID Card)
ndergarten Registration	d
sidence which should include a deed, lease or mo ontains the FBISD address of the parent or guardia	a a copy of their child's birth certaincate (of its equivalent), infinitunization records, social security c ortgage agreement, a current utility bill (gas, water or electric) and an unexpired Texas driver's lid an. In addition, a child must be five (5) years of age on or before September 1 to enroll in kinderg
or more information regarding kindergarten registr	ation, please contact the school in which your child will enroll.
o register a child for Prekindergarten, parents will n urrent utility bill (gas, water or electric) or an unexpi	eed a copy of their child's birth certificate (or its equivalent), immunization records, and proof of red Texas driver's license (or other government provided photo ID of the parent or guardian) that
so, since FBISD does not provide transportation fo 281-634-1140.	r the PreK program, parents may register their child at any PreK campus. For more information,
tp://www.fortbendisd.com/departments/administra	tion/dept-of-school-leadership/enrollment
	06
	<u>un</u>
other student	
add another student application	on, select Click to Enroll Additional Student.
	Parent FBISD Exit
WARD Online Enrollment Access	🚼 Select Language   🔻
FORT BEND	
ARRENT DENT N. HUNDER U. I.	
w Student Enrollment Applications:	Summary Page

Your Submitted Enrollment Applications

The district is currently reviewing the application, please select one of the following options



End Process

Student Name

Student Elementary FBISD

Addi Z

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Applicant Status/Options

w the Submitted Applicat