

# New to Fort Bend ISD Family

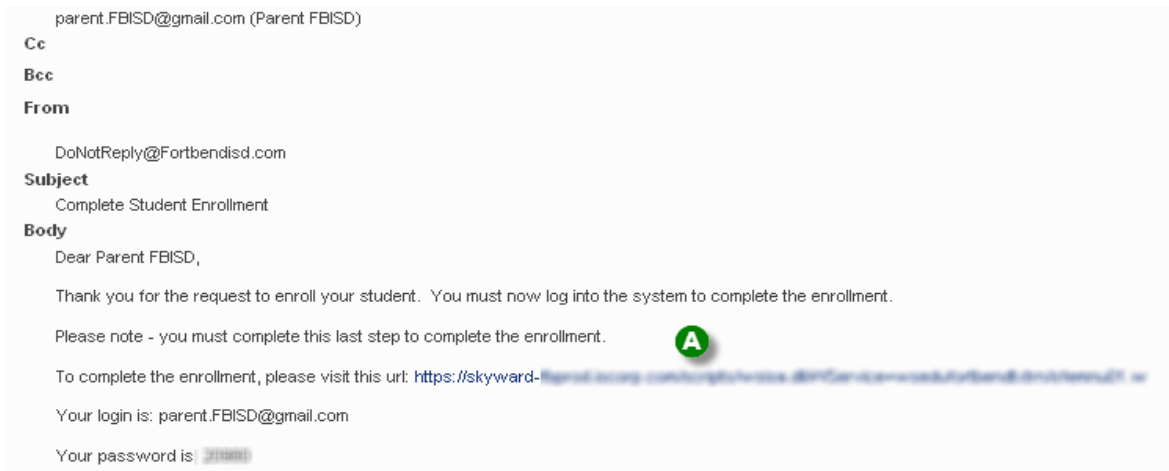
## Student Registration Part 2 of 2

### Introduction

**Audience:** Parent/Guardians of **New** to FBISD Students.

**Purpose:** To enter student information online prior to making an appointment with the school.

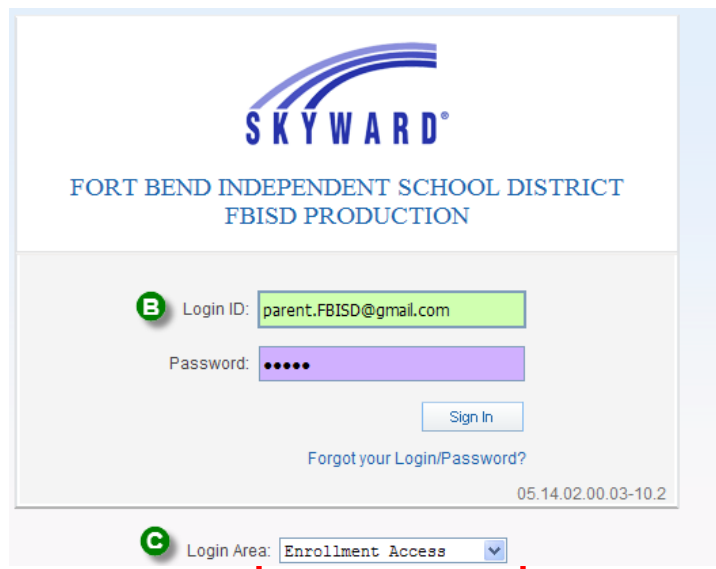
- A.** After requesting the FBISD Student Enrollment (see part 1 of New to District Student Online Enrollment) portal account, you will receive an email with the link to the enrollment site to enter your login and password.



**Note:** Continue to use the URL link in this email any time you wish to access an incomplete application or to complete an additional application.

### Login

- B.** Use the login and password from your email to login to enroll your student.
- C.** Be sure the **Login Area** is set to **Enrollment Access**. Press Enter.



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### Step 1

- 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**.

- G. After entering the student's birthdate, a popup screen will display concerning the expected student grade level. **The school that your student will attend will determine the appropriate grade level for your student.** Click **OK**.

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- H.** Continue entering information in Step 1 Student Information. After all information has been updated, click **Complete Step 1 and move to Step 2: Family Guardian Information** to continue to the next step. Or use one of the buttons mentioned above.

Does student live within this school district?  
 Social Security Number:  State ID:   
 Is Student Hispanic/Latino?  
 \* Federal Race (select all that apply):  
 American Indian or Alaskan Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White  
 \* Language Spoken Most:  \* Language Spoken at Home:   
 \* Language District should use:   
 Has student attended a state school?  Has student attended this district previously?  
 Previous School District:  School in the District Student Previously Attended:   
 You are enrolling your student into the Next School Year (2014 - 2015)  
 First Day of School (08/25/2014) \* Enrollment Date:   
 \* Expected Grade Level:   
 Additional Information: (on the Student for the District)   
Maximum characters: 5000, Remaining characters: 5000

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**

- I.** Continue with Step 2 to enter information for the Primary Guardian and the Family this Student lives with. Note that the information populates on the first guardian from the portal account request that you requested.
- J.** Be sure to check the box that this guardian will be considered an Emergency Contact.

**1** Enter Information for the Primary Guardian and the Family this Student lives with

**Enter Information for the Family this Student lives with**

\* Primary Phone:   Should the District keep this number confidential?

House #:  Direction:  Street Name:  Apartment:

\* Home Address: P.O. Box:  Address 2:  City:  State:  Zip Code:

Should the District keep this address confidential?

Mailing Address: (if different than home 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:  \* First Name:  Middle Name:

Name Suffix:  Name Prefix:

\* Relationship to Child:  Social Security Number:

Does this guardian have custody of the child?  Is this guardian allowed to pick up the student from school?  
**J**  Should this guardian also be considered an Emergency Contact?

Cell Phone:  Work Phone:  Contact Email Address:

Language:  Employer:

Work Hours:

**K**  
**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

- K.** 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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- 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 2 and move to Step 3: Medical/Dental Information**. Or you may click **No, Complete Step 2 Only** if you need to

**L** Are there other Legal Guardians who live at a different address?

**Yes, 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**

### Step 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 record.
- N. Click **Complete Step 3 and move to Step 4: Emergency Contact Information** or **Complete Step 3 Only** if you wish to complete the application at another time.

**Step 3: Medical/Dental Information** Edit View Only Save Save and Collapse Step

**M**

Physician Last Name: Jain Physician First Name: M Physician Middle Name:

Name Suffix:  Name 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:

**N**

**Complete Step 3 and move to Step 4: Emergency Contact Information** **Complete Step 3 Only**

### Step 4: Emergency Contact Information

- O. In Step 4 you will enter **Emergency Contact Information** for the student. If you marked the guardians entered in step 2 to be emergency contacts, they will be already pre-populated in this step. You can remove contacts by clicking **Removing this Emergency Contact**.
- P. Do you have other emergency contacts to add for this student? If so, click **Yes, I want to Add another Emergency Contact Record**, if no further contacts click **No, Complete Step 4 and move to Step 5: Additional District Forms**.

**Step 4: Emergency Contact Information** Edit View Only Save Save and Collapse Step

**O**

**Enter the Information for Emergency Contact #1** Remove this Emergency Contact

\* Last Name: FBISD \* First Name: Parent Middle Name:

Is this contact allowed to pick up the student from school?

Contact Email Address: parent.FBISD@gmail.com \* Primary Phone: (281) 555-1212 Cell Phone:

Work Phone:

Relationship to Child: Father

Employer:

**P**

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

**Yes, 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**

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### Step 5: Additional District Forms

Q. In Step 5 you will enter information in FBISD additional forms.



#### **Special Note:**

Step 5 will not become available to open and complete unless all previous steps have been completed. Verify that there is a “Date Completed” date stamp next to each step. If one is missing open the step and select the “complete this step” button. Once Steps 1-4 have been completed, Step 5 will become available.

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.

#### Step 5: Additional District Forms

Edit

View Only

Save

Save and Collapse Step



#### Instructions for completing the Additional District Forms

Step 5 contains the Fort Bend ISD Enrollment Forms that must be completed prior to your appointment to enroll your student at the school.

After Step 5, review that each step has been completed and then click the Submit Application to the District button.

Asterisk (\*) denotes a required form



Required Form:	Falsification Notice	<input type="checkbox"/>	This form has not been completed
* Required Form:	Student Residency Questionnaire	<input type="checkbox"/>	This form has not been completed
* Required Form:	Food Allergy Information	<input type="checkbox"/>	This form has not been completed
* Required Form:	Special Programs	<input type="checkbox"/>	This form has not been completed
* Required Form:	Parent Consent Form	<input type="checkbox"/>	This form has not been completed
* Required Form:	Student Medical Information	<input type="checkbox"/>	This form has not been completed
* Required Form:	Home Language Survey FBISD	<input type="checkbox"/>	This form has not been completed

Complete Step 5

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- S.** As you complete each district form, it will have the checkbox checked and the text **Form has been completed.**
- T.** After each form has the completed check, you will be able to click **Complete Step 5.**

Asterisk (\*) denotes a required form



- \* Required Form: **Falsification Notice**  This form *has been completed*
- \* Required Form: **Student Residency Questionnaire**  This form *has been completed*
- \* Required Form: **Food Allergy Information**  This form *has been completed*
- \* Required Form: **Special Programs**  This form *has been completed*
- \* Required Form: **Parent Consent Form**  This form *has been completed*
- \* Required Form: **Student Medical Information**  This form *has been completed*
- \* Required Form: **Home Language Survey FBISD**  This form *has been completed*



**Complete Step 5**

### Submitting to the District

- U.** If you haven't completed all the steps in the enrollment process, the button to submit the application to the district **will not be available.** Review the steps and complete where necessary.



Submit Application to the District

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

Save and Continue to Fill Out Application

Save and go to Summary Page

Print Application

Leave WITHOUT Saving

- V.** When you have completed all the steps of the enrollment process, the button will be available.

**Submit Application to the District**



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

- W.** After submitting to the district, a confirmation popup will be received. If you are ready to submit the application for your student, click **Submit Application.** To continue working on the application, click **Cancel and Keep Screen Open.**

Confirm

Submitting will allow FORT BEND INDEPENDENT SCHOOL DISTRICT - TRAIN to review and process this application. After submitting you will only be able to view this application and will not be able to make any further changes.

Are you sure you want to submit this application to FORT BEND INDEPENDENT SCHOOL DISTRICT - TRAIN?

**Submit Application**



**Cancel and Keep Screen Open**

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- X. You will receive a popup with further instructions.

Complete Enrollment information is found at:

<http://www.fortbendisd.com/site/Default.aspx?PageID=1020>

School attendance zone information is found at:

<http://www.fortbendisd.com/Page/271>

**Application Submitted**

The application has been successfully submitted.

Check your home address to verify the school locations your student will attend at: <http://www.fortbendisd.com/departments/Operations/zoning/sch>

After verifying, contact the appropriate school to make an enrollment appointment.

Things to take to the school during your appointment:

Grades 1-12 Registration

To enroll a student in grades 1-12, the following is required:

- \*birth certificate or its equivalent (for students younger than age 12)
- \*most recent report card or grade transcript,
- \*immunization records,
- \*proof of residence, including a deed, lease or mortgage agreement, a recent utility bill (water, gas, electric),
- \*a student's social security card (will be requested) or state assigned ID number, and
- \*a government issued photo ID of the student's parent or guardian, which provides their FBISD address (TX Driver's License/ID Card)

Kindergarten Registration

To register a child for kindergarten, parents will need a copy of their child's birth certificate (or its equivalent), immunization records, social security card, and proof of residence which should include a deed, lease or mortgage agreement, a current utility bill (gas, water or electric) and an unexpired Texas driver's license or other government provided photo ID of the parent or guardian. In addition, a child must be five (5) years of age on or before September 1 to enroll in kindergarten.

For more information regarding kindergarten registration, please contact the school in which your child will enroll.

To register a child for Prekindergarten, parents will need a copy of their child's birth certificate (or its equivalent), immunization records, and proof of current utility bill (gas, water or electric) or an unexpired Texas driver's license (or other government provided photo ID of the parent or guardian) that contains the FBISD address of the parent or guardian. In addition, a child must be five (5) years of age on or before September 1 to enroll in PreK.

Also, since FBISD does not provide transportation for the PreK program, parents may register their child at any PreK campus. For more information, please contact the district at 281-634-1140.

<http://www.fortbendisd.com/departments/administration/dept-of-school-leadership/enrollment>

**Y**

OK

### Adding another student

- Y. To add another student application, select **Click to Enroll Additional Student**.

SKYWARD Online Enrollment Access

Parent FBISD Exit

Select Language

**FORT BEND**  
INDEPENDENT SCHOOL DISTRICT  
New Student Enrollment Applications: Summary Page

Your Un-submitted Enrollment Applications

There are no un-submitted enrollment applications to list.

**Z** [Click to Enroll Additional Students](#)

Your Submitted Enrollment Applications

Student Name	Applicant Status/Options
Student Elementary FBISD	The district is currently reviewing the application, please select one of the following options: <a href="#">View the Submitted Application</a>

### End Process