New Student Online Registration Family with Existing FBISD Family Access

Enrolling a New Student Through Your Existing Family Access Account

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/family-access

Home > Departments and Services > Skyward Family Access
Skyward Family Access



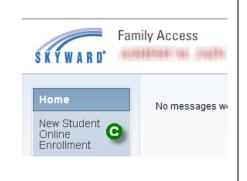
Login to Family Access

Login ID: Password:

B. Enter your Skyward Family Access Login ID, Password and then click Sign In.

New Student Online Enrollment

C. On the blue frame on the left, click New Student Online Enrollment.



FORT BEND INDEPENDENT SCHOOL DISTRICT FBISD PRODUCTION

Sign In

Forgot your Login/Password?

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Enrolling a New Student Through Your Existing Family Access Account

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.

e and Continue to Fill Out Application	Save and go to Summary Page	Print Application	Leave WITHOUT Saving
Inctions for completing the student applied of the questions to progress through the Save and Continue to Fill Out Application Save and go to Summary Page to save y Leave WITHOUT Saving to return to the s	cation application form. ' to save your progress and stay on this scree our progress and return to the summary page summary page without saving.	n. 2.	
(*) denotes a required field Please	Note: Only one step may be edited at a time		
1: Student Information Edit	View Only Save and	I Collapse Step	
uctions for completing Student Information	tion		
ring a check in a blank box indicates "Yes	". Leaving the blank box empty indicates "No"		
🕒 * Last Name: FBISD	* First Name: Student	Middle Name: Eleme	ntary
Name Suffix: Vame Prefit		,	
* Date of Birth: 06/01/2005	Birth City:	Birth State:	
Birth Country:	Birth County:		
	within this school district?		
	wann ans scrool district?		



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level. <u>The sc</u> Click OK .	hool that your student will attend will determine the appropriate grade level for your stude
	e Level has been updated 🗱
Attention! The	e Expected Grade Level has been updated to 03. I on your student's date of birth (06/01/2005) and the School Year selected to enroll into (Next Year).
If the Expecte	d Grade Level is not correct, please change it to the appropriate Grade Level your student is enrolling into.
	O
	ОК
	ering information in Step 1 Student Information. After all information has been updated, o
	ep 1 and move to Step 2: Family Guardian Information to continue to the next step. Or us
of the buttons	s mentioned above.
Casial Casual March	Does student live within this school district?
Social Security Number.	
• Federal Race	Is Student HispanicLatino?
(select all that apply)	American Indian or Alaskan Native
	Black or African American
	Native Hawaiian or Other Pacific Islander
	White
Language Spoken Most	ENGLISH Language Spoken at Home: ENGLISH
* Language District	Chief IGH
should use:	
100000000000000000000000000000000000000	Has student attended a state school? Has student attended this district previously?
Previous School District	LCISD School in the District Student Previously Attended: Huggins
You are enrolling your a	tudent into the Next School Year (2000)
First Day of School	
* Expected Grade Leve	4 03 📉
Additional Information: (on the Student for the	
(diffure 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.

Enter Informati	on for the Family t	his Student lives	with			
* Primary Phone: (28	1) 555-1212	Should the District ke	ep this number confiden	iial?		
He			t Name: Sweetwater Blvd		ment:	
* Home Address: P.(D. Box:	Address 2:	City: Sugar Lan	State:	X Zip Code:	77479
		istrict keep this addres				J
	use #:	Direction: Stree	t Name:	Apar	ment:	
Mailing Address: Ho (if different than home address) P.(1	Address 2:	City:	State:	Zip Code:	:
	,	,				1
			Family this Student			
* Last Nam Name Suff			First Name: Parent	Middle Na	ime:	
* Relationship to Chil		 Social Security Nu 	mber:			
				an allowed to pick up the stu	udent from school?	
•			d an Emergency Contac			
Cell Phon	e:	Work Phone:	Cont	act Email Address: parent.FE	BISD@gmail.com	
Languag	e:	•	Employer:			
Work Hour	s:			ß		
		Are there ot	her Legal Guardian	s who live at this add	'ess?	
other Legal Gua				o add another g	uardian rec	cord to this family, c
				o add another g	uardian rec	cord to this family, c
	ardians live at	this address	i .			cord to this family, c
other Legal Gua	ardians live at	this address	Irdians who live a	t a different address	\$?	
	ardians live at	this address	Irdians who live a		\$?	No, Complete Step 2 Only
other Legal Gua	ardians live at	this address	Irdians who live a	t a different address	\$?	
other Legal Gua	Are there who lives at a Differen	this address other Legal Gua It Address No, C). Irdians who live a omplete Step 2 and mo	t a different address	s? Ital Information	No, Complete Step 2 Only
o Add a Legal Guardian v Are there other	Are there Are there who lives at a Different Legal Guardia	this address other Legal Gua It Address No, C ans who live	s. Indians who live a omplete Step 2 and mi at a different a	t a different address we to Step 3: Medical/Der address? If so, c	s? Ital Information	
o Add a Legal Guardian v Are there other Guardian who li and move to Ste	Are there Are there who lives at a Different Legal Guardia ves at a Diffe ap 3: Medical	this address other Legal Gua It Address No, C ans who live rent Address /Dental Inforr	ardians who live a complete Step 2 and ma at a different a b. If there are 1	t a different address we to Step 3: Medical/Der address? If so, c	and Information lick Yes, I v Jardians, cl	No, Complete Step 2 Only want to Add a Lega
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o Add a Legal Guardian v Are there other Guardian who li and move to Ste	Are there Are there who lives at a Different Legal Guardia ves at a Diffe ap 3: Medical	this address other Legal Gua It Address No, C ans who live rent Address /Dental Inforr	ardians who live a complete Step 2 and ma at a different a b. If there are 1	t a different address we to Step 3: Medical/Der address? If so, c	and Information lick Yes, I v Jardians, cl	No, Complete Step 2 Only want to Add a Lega lick No, Complete S
o Add a Legal Guardian v Are there other Guardian who li and move to Ste	Are there Are there who lives at a Different Legal Guardia ves at a Diffe ap 3: Medical	this address other Legal Gua It Address No, C ans who live rent Address /Dental Inforr	ardians who live a complete Step 2 and ma at a different a b. If there are 1	t a different address we to Step 3: Medical/Der address? If so, c	and Information lick Yes, I v Jardians, cl	No, Complete Step 2 Only want to Add a Lega lick No, Complete S
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o Add a Legal Guardian v Are there other Guardian who li and move to Ste	Are there Are there who lives at a Different Legal Guardia ves at a Diffe ap 3: Medical	this address other Legal Gua It Address No, C ans who live rent Address /Dental Inforr	ardians who live a complete Step 2 and ma at a different a b. If there are 1	t a different address we to Step 3: Medical/Der address? If so, c	and Information lick Yes, I v Jardians, cl	No, Complete Step 2 Only want to Add a Leg lick No, Complete

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Fort Bend ISD

ent Information Systems

Step 3	
М.	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.
	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 Name Prefix: Physician Phone: (281) 555-5555 Dentist Last Name: Reintz Dentist First Name: R Dentist Middle Name:
	Name Suffix: V Name Prefix: V Dentist Phone: (713) 444-4444
	Hospital: Memorial Hermann
	Insurance: Insurance Phone:
	Insurance Policy Number:
	Complete Step 3 and move to Step 4: 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 you
	wish to complete the application at another time.
Step 4	4: Emergency Contact Information
0	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.
	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. Patent Middle Name.
	Contact Email Address: parent FBISD@gmail.com
	Work Phone:
	Employer. 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
Ρ.	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.
1	



Otom On Madian I/D

Step 5: Additional	District Forms	
 R. You must clic each form, el S. Click Completion 	ectronically sign and date the form and	onal forms. pen the form, complete the information requested on I then Save the form. Repeat for each form. ach form. If the Complete Step 5 button is not available,
Step 5: Addit	ional District Forms Edit View Only	Save and Collapse Step
Step 5 contains	r completing the Additional District Forms s the Fort Bend ISD Enrollment Forms that must be con view that each step has been completed and then click	npleted prior to your appointment to enroll your student at the school. the Submit Application to the District button.
Asterisk (*) de	notes 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
	rm has the completed check, you will b	
Asterisk (*) denote	s a required form	
* Form 1)	Falsification Notice	Form 1 has been completed
* Form 2)	Student Residency Questionnaire	Form 2 has been completed
* Form 3)	Food Allergy Information	Form 3 has been completed
* Form 4)	Special Programs	Form 4 has been completed
* Form 5)	Parent Consent 14-15	Form 5 has been completed
		Complete Step 5
	cumentation Type: End User How-To Guid	e Page 6 of 8

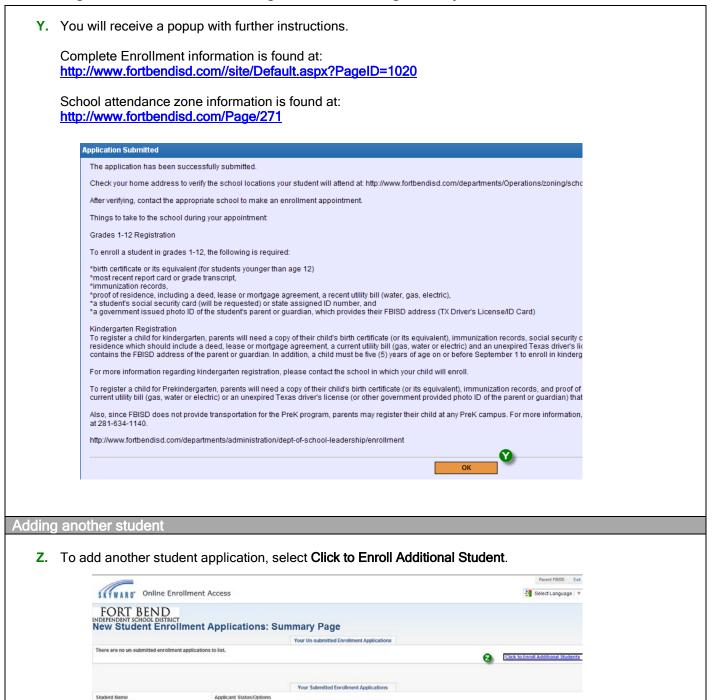


dist	ict <u>will not be available</u> . Review the steps and complete where necessary.
	* All steps must be Completed before an Application can be Submitted *
	Save and Continue to Fill Out Application Save and go to Summary Page Print Application Leave WITHOUT Saving
N. Wh	en you have completed all 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 *
арр	
арр	* All steps must be Completed before an Application can be Submitted * r submitting to the district, a confirmation popup will be received. If you are ready to submit the ication for your student, click Submit Application. To continue working on the application, click Cance Keep Screen Open.
арр	* All steps must be Completed before an Application can be Submitted * r submitting to the district, a confirmation popup will be received. If you are ready to submit the ication for your student, click Submit Application. To continue working on the application, click Cance Keep Screen Open.
арр	* All steps must be Completed before an Application can be Submitted * r submitting to the district, a confirmation popup will be received. If you are ready to submit the ication for your student, click Submit Application. To continue working on the application, click Cance 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



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End Process

Student Elementary FBISD



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