

Directions for Online Enrollment

Go to the school's website www.deforestschoools.org

Hover over 'Schools' then click on Early Childhood. Scroll down to the bottom of the page.



If you are currently a Skyward Family Access user

Click on this icon.

If you **currently** have a Skyward Family Access account, click on the Skyward icon at right, log in, and look for the "Online Enrollment" tab.



Then look for this tab in your Family Access. It is on the left side.



Jump ahead in the directions to **Filling out the application**.

If you are entering the DeForest Area School District for the first time

Click on this icon.

If your family is **entering the DeForest Area School District for the first time**, please click on the New Student Skyward Online Enrollment icon at right to get started.



When the Online application opens, this is the first screen you will see.

Online Enrollment Access

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New Student Enrollment: Account Request

This form is the first step to enrolling your new student online. Complete it to request an account that you will use to log in to a secure Online Enrollment system.

Complete required fields to request an account to enroll your students.

Enter the name of the legal parent/guardian of the student you want to enroll

* Guardian Legal First Name:

* Guardian Legal Last Name:

Guardian Legal Middle Name:

Guardian Legal Name Prefix: Guardian Legal Name Suffix:

Guardian contact information

* Guardian Email Address:

* Re-type Email Address:

* Guardian Primary Phone Number:

Address:

* House #: Direction: * Street Name: Apartment:

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

Complete the security dialog

I'm not a robot

reCAPTCHA
Privacy - Terms

Asterisk (*) denotes a required field

[Click here to submit Online Enrollment Account Request](#)

1. Enter the First Name, Last Name, Email Address, and Re-type Email Address, Primary Phone Number and Address of the person completing the form. The person completing the form MUST be a legal guardian of the student they are enrolling.
2. Select the box saying, "I am not a robot".
3. Select "Click here to submit Online Enrollment Account Request."
4. A "Complete Student Enrollment" email will be sent to the email provided on this screen.

The Complete Student Enrollment email you received will provide you with a personal link to begin your online enrollment application. Do not delete the email until you have submitted the application. You may need to access the application link if you need to save and return to the application, or if the application times out before you have submitted a completed application.

Clicking the link and entering the Username and Password provided in the email will bring you to a page to begin a New Student Enrollment application.

Filling out the application: You will now navigate through the application. The application is broken into sections. You will select each section below to enter information. Each section must be completed before you can move on to the next section.

Asterisk (*) denotes a required field Please Note: Only one step may be edited at a time

Step 1: Student Information	Edit	View Only
Step 2: Family/Guardian Information	Edit	View Only
Step 3: Medical/Dental Information	Edit	View Only
Step 4: Emergency Contact Information	Edit	View Only
Step 5: Immunization Information	Edit	View Only
Step 6: Requested Documents	Edit	View Only
Step 7: Additional District Forms	Edit	View Only

When entering information in the application:

- Read the directions listed in each area.
- Do not use all capital letters
- Red asterisk* indicates required information
- Be sure to **“Save”** periodically so you don’t lose information you’ve already entered.
- When you have completed a section, select **“Complete Step ___ and Move on to Step ___”** to save and move on. ALL sections must be completed before Step 7 opens.

Step 1: Student Information

Enter student information for the student you are enrolling.

Step 1: Student Information

Edit View Only Save Save and Collapse Step

Instructions for completing Student Information

If your child does not have a middle name please put NA in the field.

If you don't know your previous school district or school put Don't Know.

Form fields for student information including Last Name, First Name, Middle Name, Name Suffix, Name Prefix, Gender, Date of Birth, Home Email, Local Race, Federal Race, Language Spoken Most, and Home Language Survey.

All 4K student's home school will be the Holum Education Center (180). This is for state purposes only. Your child will attend 4K at one of our partner sites. If you are enrolling a younger sibling or you are not sure which elementary school your child will be attending please choose "Not Sure" as the school.

Thanks.

You are enrolling your student into the Current School Year (2020 - 2021)

Form fields for enrollment information including Expected Enrollment Date, Expected Grade Level, and Expected School to Enroll into.

Complete Step 1 and move to Step 2: Family/Guardian Information Complete Step 1 Only

- 1. Enter Legal Last Name, Legal First Name, Middle Name, Suffix (if applicable), Name to use in the classroom
2. Enter Student Gender from the drop down, and Gender Identity (if applicable)
3. Enter the student's Date of Birth
4. Select the student's race from the drop down.
5. Answer the question: Is Student Hispanic/Latino?
6. Select Federal Race
7. Select Language Spoken Most
8. Click the link to fill out the Home Language Survey

Home Language Survey
The Wisconsin HLS Form
Purpose
The information on this form helps us identify students who may need help to develop the English language skills necessary for success in school.
Section 1
1. Was the first language used by this student English?
2. When at home, does this student hear or use a language other than English more than half of the time?

- 9. Answer three questions related to military service.
10. Enter the Expected Enrollment Date.
11. Select the student's Expected Enrollment Grade from the drop down.

12. Select the Expected School to Enroll from the drop down.
13. Click “Complete Step 1 and move to Step 2” or “Complete Step 1 Only”

Step 2: Family/Guardian Information

Parents, guardians, step-parents and foster parents of the student should be entered into this area. If there is a split household, the “primary” parent should enter the information of the other parent including their phone numbers and address.

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

Enter Information for the Family this Student lives with

* Primary Phone:

* Family Home Language:

House #: Direction: Street Name: SUD: #:

* Home Address: P.O. Box: Address 2: City: DeForest State: WI Zip Code: 53532

County: DANE COUNTY Township:

Mailing Address: (if different than home address) House #: Direction: Street Name: SUD: #:

P.O. Box: Address 2: City: State: Zip Code:

Enter Information for the Primary Guardian of the Family this Student lives with Remove this Guardian

* Last Name: * First Name: Middle Name:

Name Suffix: Name Prefix:

* Relationship to Child:

* Does this guardian have custody of the child? Please click if this parent has custody of the child. * Is this guardian allowed to pick up the student from school? Please click to tell us this parent can pick up the child.

Should this guardian also be considered an Emergency Contact? Please click to automatically add to Emergency contacts.

Work Phone: Cell Phone: Contact Email Address:

Language: Employer:

Enter Information for a Guardian of the Family this Student lives with Remove this Guardian

* Last Name: * First Name: Middle Name:

Name Suffix: Name Prefix:

* Relationship to Child:

* Does this guardian have custody of the child? Please click if this parent has custody of the child. * Is this guardian allowed to pick up the student from school? Please click to tell us this parent can pick up the child.

Should this guardian also be considered an Emergency Contact? Please click to automatically add to Emergency contacts.

Work Phone: Cell Phone: Contact Email Address:

Language: Employer:

Are there other Legal Guardians who live at this address?

Yes, I want to Add another Legal Guardian who lives at this address

Family Demographics

1. Enter the following information for the family of the student you are enrolling: Primary Phone, Family Home Language, Primary Home Address
2. Enter the following information for the Primary Guardian of the family the student lives with:
 - a. Last Name, First Name, Relationship to Child
 - b. Work Phone, Cell Phone, Contact Email Address
 - c. Answer the following questions:
 - i. Does this guardian have custody of the child?*
 - ii. Is this guardian allowed to pick up the child from school?*
 - d. Check the box if this guardian should also be considered an Emergency Contact.
3. Select “Add another Legal Guardian who Lives at this Address” to add an additional guardian who LIVES AT THE SAME ADDRESS.
4. Once completed with Legal Guardians who live at the same address as the student, select “Yes, I want to add a legal guardian who lives at a different address” or select an option to complete the section.

Are there other Legal Guardians who live at this address?

Yes, I want to Add another Legal Guardian who lives at this address

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

**If you indicate that a Legal Guardian DOES NOT have custody or that the guardian is NOT ALLOWED to pick the student up from school, please provide any legal documentation that is pertinent to current custody arrangements.

Step 3: Medical/Dental Information

Step 3: Medical/Dental Information

Allergy/Medical Condition: Is this condition critical info that staff should be alerted to?

Physician Last Name: Physician First Name: Physician Middle Name:

Name Suffix: Name Prefix: Physician Phone:

Dentist Last Name: Dentist First Name: Dentist Middle Name:

Name Suffix: Name Prefix: Dentist Phone:

* Hospital: Hospital Phone:

1. Enter Allergy/Medical Condition information for student, and check the box if the condition is critical for staff to be alerted to.
2. Enter Physician Last Name, First Name, and Phone Number
3. Enter Dentist Last Name, First Name, and Phone Number
4. Enter the Hospital you would like your child taken to in the event of an emergency and a contact phone number.
5. Click the button to “Complete Step 3 and Move to Step 4” or “Complete Step 3 Only”

Step 4: Emergency Contact Information

Emergency contacts are important. You can have up to four emergency contacts. Please add at least one contact that is NOT a parent or guardian. By listing someone as an emergency contact, you are giving the district permission to contact them about your child in an emergency, in the event that we cannot reach a parent/guardian.

If you would like parents/guardians and spouses as emergency contacts, be sure to check the field “Should this guardian also be considered an emergency contact?” in Step 2.

Step 4: Emergency Contact Information

Instructions for completing Emergency Contact Information

You can have up to four emergency contacts. Please add at least one contact other than the parents/guardians. By listing someone as an emergency contact, you are giving the school permission to contact them about your child in an emergency, in the event that we cannot reach a parent/guardian.

IF YOU WANT YOU AND YOUR SPOUSE TO BE EMERGENCY CONTACTS YOU MUST CHECK THE FIELD “Should this guardian also be considered an Emergency Contact? Please click to automatically add to Emergency contacts”.

Enter the Information for Emergency Contact #1

* Last Name: * First Name: * Is this contact allowed to pick up the student from school?:

Contact Email Address: * Primary Phone: Cell Phone:

Work Phone:

* Relationship to Child: Relationship Comment:

Enter the Information for Emergency Contact #2

* Last Name: * First Name: * Is this contact allowed to pick up the student from school?:

Contact Email Address: * Primary Phone: Cell Phone:

Work Phone:

* Relationship to Child: Relationship Comment:

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

1. Enter the information for Emergency Contact #1: Last Name, First Name, Primary Phone Number, Relationship to the child. Select from the drop down menu whether they are allowed to pick the student up from school.
2. Enter the same information for Emergency Contact #2
3. Click the button “Yes, I want to add another Emergency Contact Record” or “No, Complete Step 4 and Move to Step 5” or “No, Complete Step 4”

Step 5: Immunization Information

Information regarding a student's health information will only be shared with staff who need to know in order to assist your student in school. Please upload your child's immunization record document in the Request Documents Area.

Step 5: Immunization Information

Instructions for entering Immunization Information

Information regarding your child's health condition will be shared with staff who need to know to assist your child in school. Please upload your child's immunization document in the district forms area.

Has your child had Chickenpox? Chickenpox Illness Date:

1. Answer the question: Has your child had Chickenpox? If so, please enter an illness date
2. Click the button "Complete Step 5 and Move to Step 6" or "Complete Step 5 Only"

Step 6: Requested Documents

In order to complete enrollment for a new student, several documents must be provided. In this section, please provide proof of a child's age and residency in the DeForest Area School District. These documents may be uploaded or you may show documents to a school official.

Step 6: Requested Documents

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.

Upload Custody Documents only if applicable.

Proof of age and residency are required to complete enrollment. These documents may be uploaded below or you may show documents to school official.

- **Child's Age Verified (original of one of the following presented):**
 - **Birth Certificate** - You can obtain a legal birth certificate from the Register of Deeds in the county that your child was born in. [WI Register of Deeds by County](#)
 - **Current Passport**
 - **State ID or Driver's License**
- **Proof of Residency (one of the following):**
 - **Lease Agreement with current address, names of people residing at the address, effective date and all parties signatures.**
 - **Current Utility Bill (within 45 days); gas, electric, cable, or city/village water with name and current address.**
 - **Home Purchase Agreement or Offer to Purchase with the name of buyer and seller, and current address.**
 - **Recent correspondence from a governmental entity with the name and current address. (I.E. Tax bill, assessment letter, department of motor vehicles.)**
 - **Recent correspondence on a wage statement or W2 year-end earnings statement with name and current address.**
 - **Exceptions may be made for a homeless student (as defined in the McKinney-Vento Act).**

Custody Documents: No file chosen
Immunization Record: No file chosen
Proof of Age: No file chosen
Proof of Residency : No file chosen

1. Upload any current Custody Documents, if applicable.
2. Upload your child's Immunization Record. If you need a copy, please go to the Wisconsin Immunization Registry. <https://www.dhfwir.org/PR/clientSearch.do?language=en>
3. Upload Proof of Age. Acceptable documents include:
 - a. Birth Certificate: If you do not have your child's birth certificate, you can obtain a legal birth certificate from the Register of Deeds in the county your child was born in. <https://www.wrdaonline.org/>
4. Upload Proof of Residency. Acceptable documents include:

- a. Lease agreement with current address, names of people residing at the address, effective date and all parties signatures.
- b. Current utility Bill (within 45 days): gas, electric, cable, or city/village water with name and current address
- c. Home Purchase Agreement or Offer to Purchase with the name of the buyer, seller, and current address
- d. Recent correspondence from a governmental entity with the name and current address (i.e. tax bill, assessment letter, DMV)
- e. Recent correspondence on a wage statement or W2 year-end earnings statement with name and current address.

**Exceptions may be made for a homeless student, as defined by the McKinney-Vento Act.

Step 7: Additional District Forms

Please complete the following additional forms to help us better support you and your student.

1. 4K students ONLY - Program Placement Survey
2. 4K students ONLY- Transportation Application
3. Residency Questionnaire
4. Health Questionnaire
5. Programming and Other School Options

Submit and Complete Online Registration Application

1. Once ALL of seven sections have been completed and the appropriate documentation has been uploaded, you may click the button at the bottom of the Application Form screen that says, **“Submit Application to the district.”**
2. After submitting an application to the district, you will be taken back to the **New Student Enrollment Applications: Summary Page**. If you have additional students to enroll, select **“Click to enroll additional students”** in the upper right corner.
3. Once you have submitted all your enrollment applications, you will receive a confirmation email indicating the online application(s) was submitted. A District Enrollment Specialist will review the application and contact you if there are any errors.