Dickinson ISD Online Student Registration Instructions – Skyward Family Access

Dickinson ISD has updated the required back to school registration process. We will now utilize Skyward Family Access to verify and update student, family, emergency, and health information.

1st: Log in to Family Access with your Family Access Login ID and password

Go to the **Dickinson ISD website** (www.dickinsonisd.org) and use the Skyward Family Access link in the bottom left corner:

SKYWARD - Access Login

Your one Family Access account allows you to access all of your children.

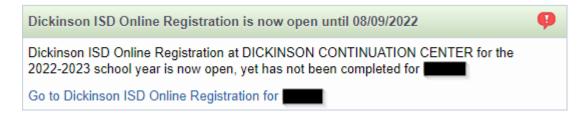
If you do not have a Family Access Login ID, you can request one by contacting your child's campus. Campus phone numbers are listed on the main Dickinson ISD home page by clicking on the **Campuses** link and then selecting your child's school campus from the list.

NOTE: Only **Family #1** will be able to **make changes** to your child's information. Family #1 is **determined by the address where the student resides.**

2nd: Click on the "Go to Online Registration" link.

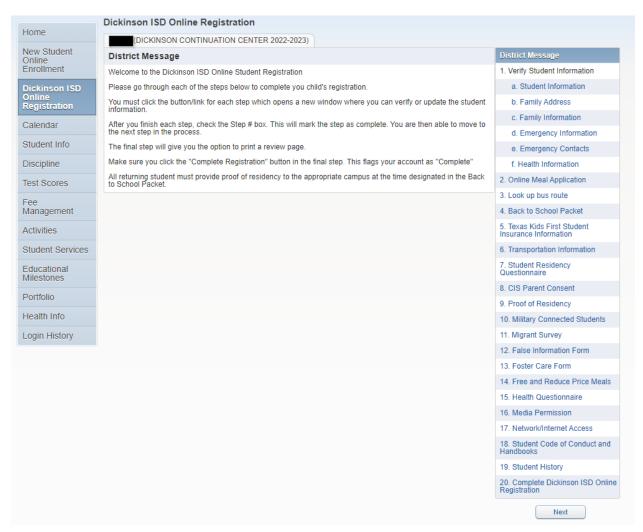
**YOU MUST COMPLETE THIS REGISTRATION PROCESS FOR EACH CHILD.

The following section will display on the main page when you log in to Family Access:



To begin the registration process, click the link that says Go to Dickinson ISD Online Registration

3rd: When you click on the Online Registration link, the screen below displays. Follow the directions carefully as you navigate through the steps. You must complete each step in order.



When you have **completed** each step in the registration process, **check the box for that step that reads**, "I have **completed this step**". You will not be able to proceed to the next step until you have completed the previous step. To move from step to step press the **Next Step** button.

For each step:

Click the button/link which opens a new window where you will verify or update information

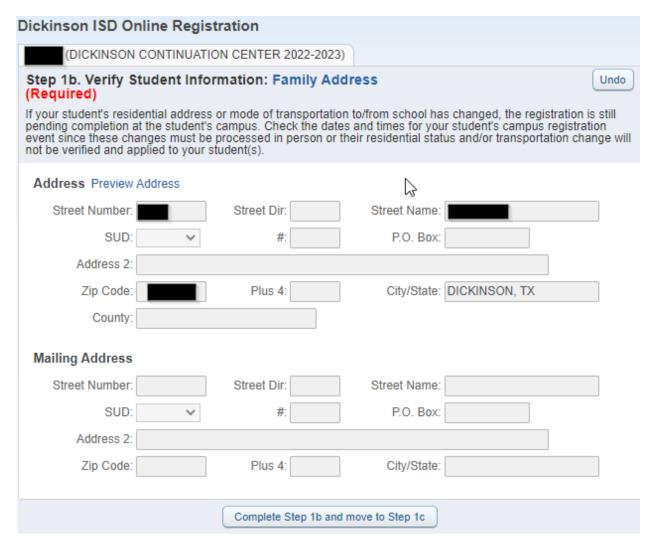
Follow the directions for that step. Enter/Update information. Click the SAVE button.

Check the box for each step to mark that step as Complete.

Dickinson ISD Online Registratเช้า (DICKINSON CONTINUATION CENTER 2022-2023) Step 1a. Verify Student Information: Student Information Undo (Required) If your student's residential address or mode of transportation to/from school has changed, the registration is still pending completion at the student's campus. Check the dates and times for your student's campus registration event since these changes must be processed in person or their residential status and/or transportation change will not be verified and applied to your student(s). General Information First: Middle: Suffix: Last: Birthday: Gender: Male Other Name: Language: SPANISH Race: HISPANIC Do you have internet access? □ Do you have a device to access eLearning material? Home Phone: Ext: Cell Ext: ~ Ext: v School Email: Home Email: Birth County: Galveston Birth State: TX - TEXAS Birth Country: USA Federal Impact Aid Rank/Civilian: Uniformed Service/Civilian: Country of Service: Place of Employment: Lives on Federal Property: Allow Publication of Student's Name for: [?] Higher Ed: Yes ∨ Military: No Public: Yes ∨ Internet: Yes v Complete Step 1a and move to Step 1b

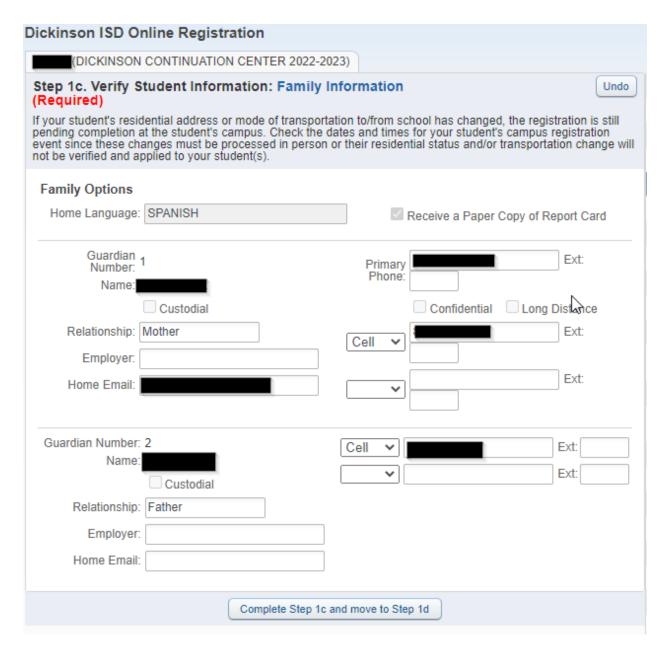
Verify that your student's information is correct in this screen. If you need to change phone numbers, you will have to contact your child's school.

When done click the button at the bottom of the screen that reads: Complete Step 1a and move to Step 1b; the following screen will appear:



Verify that your child's address is still the same. If the address has changed, you will need to contact your child's school and provide a proof of residency document.

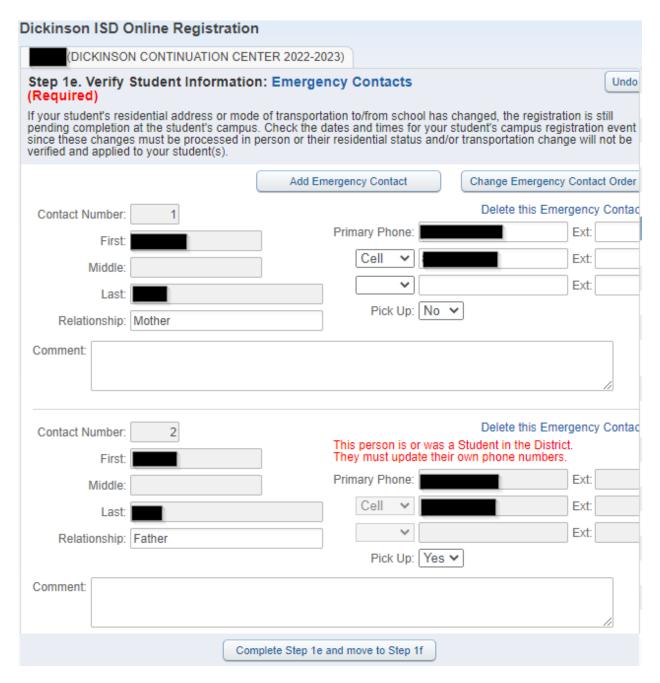
When finished click on the button that reads Complete Step 1b and move to Step 1c. The following screen will appear:



Verify and make any changes to this screen. When done click the button that reads Complete Step 1c and move to Step 1d. The following screen will appear:



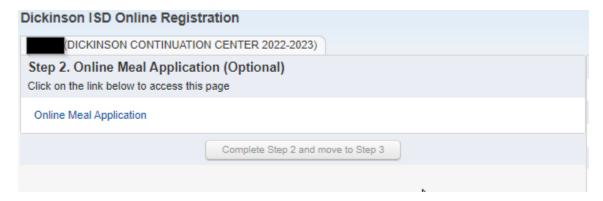
Verify or enter your child's physician information. When done click the button that reads Complete Step 1d and move to Step 1e. The following screen will appear:



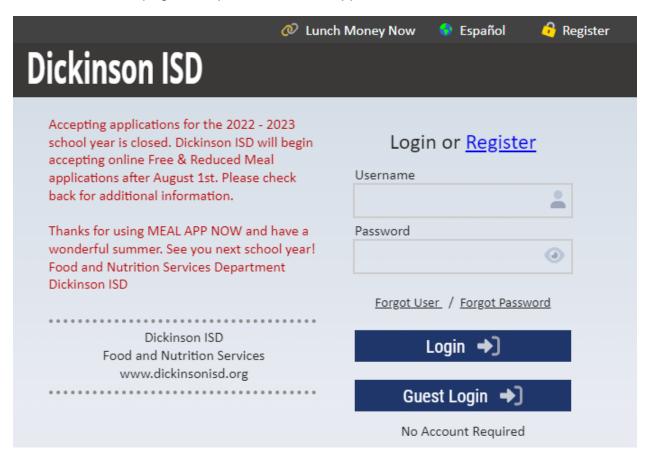
In this screen, you can edit or update your child's emergency contacts. When done click on the button that reads Complete Step 1e and move to Step 1f. The following screen will appear:

Dickinson ISD Online Registration (DICKINSON CONTINUATION CENTER 2022-2023) Step 1f. Verify Student Information: Health Information Undo (Required) If your student's residential address or mode of transportation to/from school has changed, the registration is still pending completion at the student's campus. Check the dates and times for your student's campus registration event since these changes must be processed in person or their residential status and/or transportation change will not be verified and applied to your student(s). Health Problems: Allergy Notes: Medication Notes: Hospital Notes: Vision Notes: Hearing Notes: Other Concerns: Complete Step 1f and move to Step 2

This screen is for review only and shows any health conditions that we have on file for your child. If you need to change this information, contact your school's nurse. When done reviewing the information click the button that reads Complete Step 1f and move to Step 2. The following screen will appear:

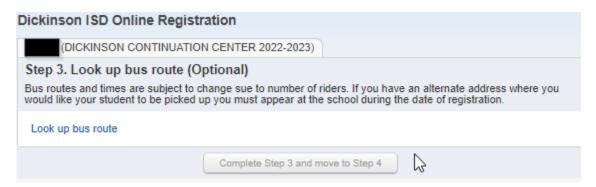


This is the first of several screens that are links to other web pages. This is an optional step and needs to be filled out for students who will participate in our food and nutrition program. To complete the step, click on the link that reads Online Meal Application. A new web browser page will open to the meal application.



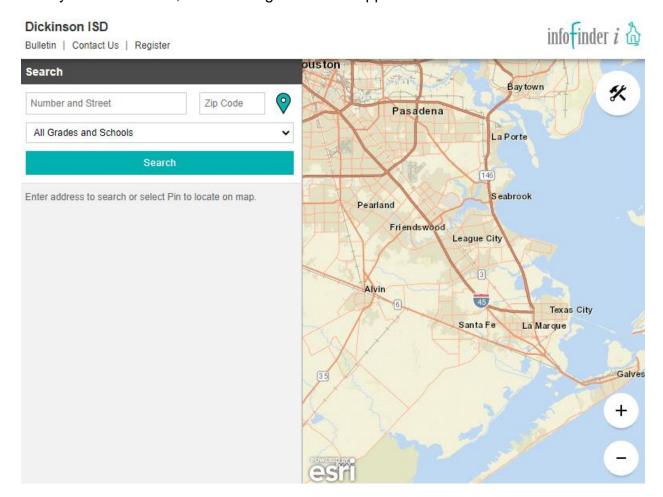
Fill the application out if you wish and when done, close the browser window. If your child will not be participating in the meal program then you can just close the browser.

When done click the button that reads Complete Step 2 and move to Step 3. The following screen will appear:

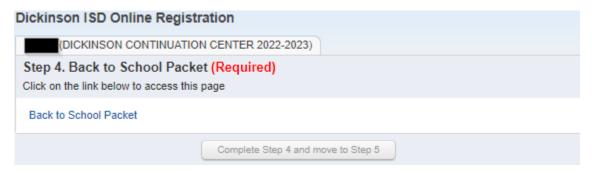


This is again an optional step. By clicking on the link that reads Look up bus route, you can determine which bus route your child will be on once face-to-face instruction begins.

After you click the link, the following screen will appear in a new browser window:



You must click on the link even if you do not wish to look up the route. When done click the button that reads Complete Step 3 and move to Step 4. The following screen will appear:



This is a required step. Click on the link that reads Back to School Packet to review important information about the upcoming school year, such as supply lists, code of conduct, student handbooks and more. When you click the link, the following screen will appear in a new browser window:



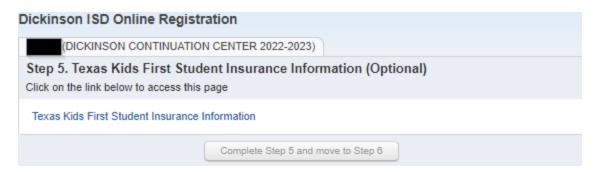








When done reviewing the back to school information, close the browser window. Then click on the button that reads Complete Step 4 and move to Step 5. The following screen will appear:



This is an optional step. You will have to click on the link that reads Texas Kids First Insurance Information to get the web page to display:



Available Coverage Plans



When done, close the web browser window and click the button that reads Complete Step 5 and move to Step 6. The following screen will appear:

Dickinson ISD Online Registration		
(DICKINSON CONTINUATION CENT	ER 2022-2023)	
Step 6. Transportation Information	(Required)	
Click on the link below to access this page		
Print		View Full Screen
DICKINSON INDEPENDENT SCHOOL DISTRIC	Transportation Information	
*How will the student arrive at school?		
$\overline{}$		
If the student will ride the bus, where is the	pickup location?	
~		
If an alternate location, please provide the nemergency contact).	ame and address (the before-school provide	er must be an
Name		
		TX
Street Address	City	State Zip Code
Bus addresses must be within the same att for all other campuses.	endance zone for PK–8 grade campuses ar	nd within the district
*How will the student leave school to go l	home?	
~		
If the student will ride the bus, where is the	drop-off location?	
~		
If an alternate location, please provide the nemergency contact).	ame and address (the after-school provider	must be an
Name		
		TX
Street Address	City	State Zip Code
Bus addresses must be within the same atte for all other campuses.	endance zone for PK–8 grade campuses ar	nd within the district
Com	plete Step 6 and move to Step 7	

The Transportation Information Form is required to be filled out for your student each year.

When done, close the browser window and click on the button that reads Complete Step 6 and move to Step 7. The following screen will appear:

Student Legal Name: Phone Number: Current DISD Campus: DICKINSON CONTINUATION CENTER		DICKINSON INDE	PENDENT	SCHOOL DISTR	ICT	
DICKINSON CONTINUATION CENTER Current Address: How long has the student lived at the current address: City and Zip Code: Date of Birth: Cender: Male Last Date Attended: Last Date Attended: Last Date Attended: Last Date Attended: Cender: Male C						
How long has the student lived at the current address: Current Grade Level: 12	Student Legal Name:		Phone	Number:		
DISD Student ID%: Last School Attended: Last Date of Birth: Cender: Male Cambridge Conders on with whom the student resides: Relationship to student: Signature (Type in your name to indicate signature): Date: Presenting a false record or falsifying information for envolument purposes is an offense under Section 37.10, Penal Code. Envolument of the child under false becamens subjects the person to liability for tation or other costs. TEC 23.002/03/td. This questionnaire is intended to address the McKinney-Vento Homeless Education Assistance Improvements Act (42 U.S.C. 11435). The answers to this relationship determine the services the student may be elligible to receive. Does this student live in a home, apartment, or trailer that is owned, leasted, or rented by their parent or legal guardian? V. Name of Natural Disaster (fapplicable): Note the home, apartment, or trailer where the student lives have access to utilities (running water, electricity, gas)? V. Name of Hotel/Motel if living in a Hotel/Motel: If living in own home, apartment, or trailer affected by a natural disaster briefly explain and indicate the name of the natural disaster: If other please briefly explain: CAMPUS FERSONNEL CAMPUS FERSONNEL	Current Address:			t address:	_	Current Grade Level: 12
Last Date Attended: Last Date Attended: Name of person with whom the student resides: Relationship to student: Signature (Type in your name to indicate signature): Date: Date: Date: Date: Date: Date indicate signature of pullifying information for envolument purposes is an offense under Section 37.10, Penal Code. Envolument of the child under false locuments subjects the person to liability for tation or other costs. TEC 25.002(3)(d). The answers to this residency information help determine the services the student may be eligible to receive. Does this student live in a home, apartment, or trailer that is owned, leased, or rented by their parent or legal guardian? Name of Natural Dataster (if applicable): Does the home, apartment, or trailer where the student lives have access to utilities (running water, electricity, gas)? Name of Hotel/Motel if living n a Hotel/Motel: If living in own home, apartment, or trailer affected by a natural disaster briefly explain and indicate the name of the natural disaster: If other pleasse briefly explain: CAMPUS PERSONNEL CAMPUS PERSONNEL	City and Zip Code:					
Name of person with whom the student resides: Relationship to student: Date: Date:	DISD Student ID#:		Date of	f Birth:		Gender: Male 🗸
Signature (Type in your name to indicate signature): Date: Date: Date: Description of publishing information for envollment purposes is an offense under Section 37.10, Penal Code. Envollment of the child under false locuments subjects the person to liability for tation or other costs. TEC 25.002(3)(d). This questionnaire is intended to address the McKinney-Vento Homeless Education Assistance Improvements Act (42 U.S.C. 11435). The answers to this residency information help determine the services the student may be eligible to receive. Does this student live in a home, apartment, or trailer that is owned, leased, or rented by their parent or legal guardian? Name of Natural Disaster (if applicable): Does the home, apartment, or trailer where the student lives have access to utilities (running water, electricity, gas)? Where is the student presently living? Name of Hotel/Motel if living n a Hotel/Motel: If living in own home, apartment, or trailer affected by a natural disaster briefly explain and indicate the name of the natural disaster: (Please provide the following information for school-age siblings of the student who reside at the same address: chool Use Only-ID# Legal Name Grade Level School Date of Birth CAMPUS PERSONNEL	Last School Attended		Last D	ate Attended:		
Date: Presenting a fulse record or fulsifying information for enrollment purposes is an offense under Section 37.10, Penal Code. Enrollment of the child under fulse documents subjects the person to liability for tution or other costs. TEC 25.002(5)(4). This questionnaire is intended to address the McKinney-Vento Homeless Education Assistance Improvements Act (42 U.S.C. 11435). The answers to this residency information help determine the services the student may be eligible to receive. Does this student live in a home, apartment, or trailer that is owned, leasted, or rented by their parent or legal guardian? Name of Natural Disaster (f applicable): Does the home, apartment, or trailer where the student lives have access to utilities (running water, electricity, gas)? Where is the student presently living? Name of Hotel Motel if living n a Hotel Motel: If living in own home, apartment, or trailer affected by a natural disaster briefly explain and indicate the name of the natural disaster: If other pleasse briefly explain: Please provide the following information for school-age siblings of the student who reside at the same address: chool Use Only-ID# Legal Name Grade Level School Date of Birth CAMPUS PERSONNEL						
This questionnaire is intended to address the McKinney-Vento Homeless Education Assistance Improvements Act (42 U.S.C. 11435). The answers to this residency information help determine the services the student may be eligible to receive. Does this student live in a home, apartment, or trailer that is owned, leased, or rented by their parent or legal guardian? Name of Natural Disaster (if applicable): Does the home, apartment, or trailer where the student lives have access to utilities (running water, electricity, gas)? Where is the student presently living? Name of Hotel/Motel if living in a Hotel/Motel: If living in own home, apartment, or trailer affected by a natural disaster briefly explain and indicate the name of the natural disaster: If other pleasse briefly explain: Please provide the following information for school-age siblings of the student who reside at the same address: chool Use Only-ID# Legal Name Grade Level School Date of Birth CAMPUS PERSONNEL	<u> </u>		Date:			
If other pleasse briefly explain: Please provide the following information for school-age siblings of the student who reside at the same address: Chool Use Only-ID#	This quality is the student land to the student land land land land land land land land	person to liability for tuition or other costs. TEC 25.0 testionnaire is intended to address the McKinney-Ve The answers to this residency information help ive in a home, apartment, or trailer that is owned, let rent address temporary due to loss of housing, econo Name of Natural Disaster (if applicable): retment, or trailer where the student lives have access the presently living?	02(3)(d). nto Homele determine ased, or ren omic hardsh	ess Education Assi the services the str ted by their paren sip, or natural disa	stance Improve udent may be e it or legal guar aster? (Ex. fire,	ements Act (42 U.S.C. 11435). digible to receive. dian? flood, lost job, divorce, eviction, etc.)
Flease provide the following information for school-age siblings of the student who reside at the same address: Charles C	If living in ow	1 home, apartment, or trailer affected by a natural d	isaster brie	fly explain and inc	dicate the nam	e of the natural disaster:
chool Use Only-ID# Legal Name Grade Level School Date of Birth CAMPUS PERSONNEL	If other pleass	e briefly explain:				
CAMPUS PERSONNEL	5. Please provide the f School Use Only-ID#					Date of Birth
			<u> </u>			
					o amail the form t	a isllan@dickinsawisd.org

The Student Residency Questionnaire is required to be filled out for your student each year. You will most likely want to click the View Full Screen option in order to see the form fully to more easily enter your information.

Once you have completed the form click the Exit Full Screen button. When done click on the button that reads Complete Step 7 and move to Step 8. The following screen will appear:



CIS PARENT CONSENT / RELEASE OF INFORMATION School Year 2022-2023

CI19-2

For english complete page 1, Si necesitas una copia en Espanol por favor preguntale al la escuela de tu hijo/a

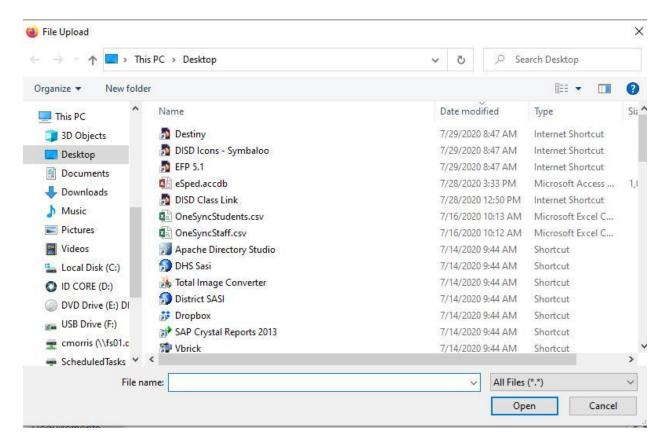
Consent to Participate:			
1. I give permission for my child (nat			to participate in the Communities In
Schools (CIS) program for the 2022 guidance/counseling, educational sup	2-2023 school year. Servic	es my child may receive inclu	ide but are not limited to supportive
guidance/counsening, educational sup	oport, tutoring, mentoring,	enrichment activities, referra	us to other agencies, and other:
I give permission for my child to c and determine progress.	omplete surveys and/or asse	essments administered by CI	S to guide service planning
3. I acknowledge that this consent is consent will still apply to the extent t			CIS staff, in writing, except that prior
Consent to Release of Information: 4. I give permission for CIS to provice	do and obtain the following	information about my shild ((nama):
4.1 give permission for CLS to provide	_	•	as Education Agency and/or the CIS
National Office: grade reports, atten free/reduced lunch status, health-rel:	dance records, test scores, d	lisciplinary information, clas	
5. I acknowledge that the informatio tracking and reporting purposes, and			
6. I acknowledge that the records an and used only for the purpose indica		er this consent will be kept co	onfidential to the extent permitted by law
7. I acknowledge that the release of r	ecords under this consent is	subject to any limitations p	laced by federal and state law.
8. I acknowledge that this consent all five years and may be shared during			from this year will be retained for up to that will help my child.
I acknowledge that the records rel student's family).	eased concerning the stude	nt may contain references to	other persons (i.e., members of the
	abase and a case file.I auth		on of services provided to my child is formation provided for the purposes noted
11. I acknowledge that I have the rig releasing agency, subject to any appl			this consent upon request in writing to the
		in the above information and	d other information noted below from the
following individuals or organization			Information to be Released
	Individual/Organization		Information to be Released
	Individual/Organization		Information to be Keleased
Is my child eligible for free or reduced pr CIS may use photograph(s) or video foota			
,			
My signature below gives permission for my of information related to my student and to p National Office and/or the released agents id	provide the above types of it		
and or the research agents to			
I release Communities In Schools and its em my child during his/her participation in the p			
Schools program.			

The CIS Parent Consent form only needs to be filled out for students who participated in the Communities in Schools program last year. You will most likely want to click the View Full Screen option in order to see the form fully to more easily enter your information.

Once you have completed the form click the Exit Full Screen button. When done, or if you do not need to fill out the form, click the Complete Step 8 and move to Step 9 button. The following screen will appear:



This year we are allowing Parents to provide Proof of Residency electronically. If you have the ability to scan or take a photo of your proof of residency document, you can upload it from this screen. The document can be in any image format or a PDF document. To upload the document click the Browse button. A file explorer window will appear:



Browse to the folder that contains your document and once it is selected, press the Open button. When done, or if you do not have an electronic copy of your Proof of Residency press The Complete Step 9 and move to Step 10 button. Note that if you do not have an electronic copy of this document, you will still have to provide one to your child's school. Call the campus to ask for details of when you can bring this in.

After pressing the Complete button, you will see the following screen:



Military Connected Student Form

The Texas Legislature requires to collect data regarding students who are Military Connected. Schools must recognize and extend certain privileges to students who are military dependents and assist military dependent students in the transition process of changing schools when their military parents are reassigned and forced to relocate.

Student Name:	Grade: 12	Student ID:
Student Date of Birth: Sch	hool Name:	
The term "dependent", with respect to a member of a un an unmarried child of the member, an unmarried person and is dependent on the member for over one-half of the separated by the necessity of military service or to receivincapacitation, or under such other circumstances as the and is not a dependent of a member under any other particular and the service of the	who is placed in e person's suppo ve institutional c e Secretary cond	n the legal custody of the member ort, resides with the member unles are as a result of disability or cerned may by regulation prescribe
Please check only one box:		
Grades K −12 Student is a dependent of an Active Duty member of Marine Corps, or Coast Guard). (TEA Code 1)	the United State	es military(Army, Navy, Air Force,
☐ Student is a dependent of a member of the Texas Na (TEA Code 2)	tional Guard (A	rmy,Air Guard, or State Guard).
Student is a dependent of a member of a reserve fore Force, Marine Corps, or Coast Guard). (TEA Code 3)	ce in the United	States military (Army, Navy, Air
☐ Student is a dependent of a former member of US mimilitary. (TEA Code 5)	ilitary, Texas Na	tional Guard, or reserves of US
Student was a dependent of a member of a military of was killed in the line of duty. (TEA Code 6)	or reserve force	in the United States military who
Prekindergarten ☐ Prekindergarten student is a dependent of:		
 an active duty uniformed member of the Army, Na an activated/mobilized uniformed member of the Reserve con activated/mobilized member of the Reserve con Force, or Coast Guard; who are currently on active on active duty (TEA Code 4) 	Texas National (Imponents of the	Guard(Army, Air Guard, or State e Army, Navy, Marine Corps, Air
☐ Student is none of the above (TEA Code 0)		
Parent/Legal Guardian Signature		
Date		

The Military Connected Status needs to be filled out for all students whether or not they are a military dependent. You may need to click View Full Screen to see the entire form.

Complete the form, then Exit Full Screen button. Next press the Complete Step 10 and move to Step 11 button. The following screen will appear:

Dickinson ISD O	nline Regist	ration			
(DICKINSON	CONTINUATIO	N CENTER 2022-202	23)		
Step 11. Migrant	Survey (Req	juired)			
					can click on the view full click the exit full screen
Print					View Full Screen
DICK	NSC DEPENDENT SCHOO	DN L DISTRICT Migrant S	urvey		
Student Name			Loc	cal ID	
Campus	DICKINSON CO	NTINUATION CENTER	R		
Your child may qualify Dickinson ISD is coop employed in the agricu	erating with the l	Migrant Student Educ			tain qualifications. udents of family members
*Have you done season dairy work, or meat p			g-related work (e.	g., field work	k, canneries, lumbering,
*Have you moved beto	ween school distr	icts and/or states duri	ng the last 3 years	s due to econo	omic necessity?
*Do you have a child v School Equivalency (F				chool diplom	na or Certificate of High
~					
*Signature of Parent/I	Legal Guardian		*Date		
		Complete Step 11 ar	nd move to Step 1	2	

The Migrant Survey form must be completed for all students whether or not they are considered a migrant student. You may need to click View Full Screen to view the entire form.

Once the form is completed, Exit Full Screen. Next, click the Complete Step 11 and move to Step 12 button. The following screen will appear:

Dickinson ISD Online Registration	
(DICKINSON CONTINUATION CENTER 2022-2023)	
Step 12. False Information Form (Required)	
Print	™ View Full Screen
DICKINSON INDEPENDENT SCHOOL DISTRICT False Information	
Please read the following information carefully before electronically	signing below:
Education Code 25.002 (d) When accepting a child for enrollment, the school district shall inform the the child that presenting a false document or false records under this section 37.10, Penal Code, and that enrollment of the child under false documents tuition or costs under Section 25.001(h).	on is an offense under Section
Education Code 25.001 (h) In addition to the penalty provided by Section 37.10, Penal Code, a person information on a form required for enrollment of a student in a school dist student is not eligible for enrollment in the district but is enrolled on the b person is liable, for the period during which the ineligible student is enroll (1) the maximum tuition fee the district may charge under Section (2) the amount the district has budgeted for each student as mainter	rict is liable to the district if the asis of the false information. The led, for the greater of: 25.038; or
Dickinson I.S.D. may enforce these codes to the fullest extent.	
I have read the preceding Education Code statements and fully under falsification of documentation.	stand the consequences of
Signature of Parent/Legal Guardian	Date
Driver License/State ID Number	State
Complete Step 12 and move to Step 13	

The False Information form must be completed for all students.

When done click the button that reads Complete Step 12 and move to Step 13. The following screen will appear:



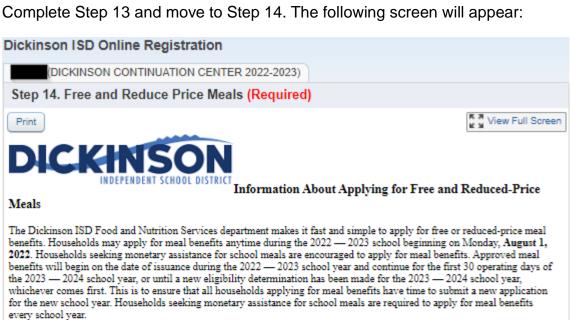
Foster Care Form

enrolled students who are in foster care.
Student Name:
Grade: 12 Student ID:
School Name: DICKINSON CONTINUATION CENTER
Parent / Guardian Name:
Date:
Student is currently in the conservatorship of the Department of Family & Protective Services. Please attach a copy of the Texas DFPS Placement Authorization Form or a court order that designate the student is in foster care. (TEA Code 1)
Prekindergarten student was previously in the conservatorship of the Department of Family and Protective Services following an adversar hearing held as provided by Section 26.201, Family Code. Please attach a copy of the Texas DFPS and CPS verification letter. (TEA Code 2)
Student is none of the above. (TEA Code 0) If yes, STOP. Do not complete the remainder of this form.
If the student is is currently in the conservatorship of the Department of Family & Protective Services, please complete the information below:
Foster Parent/Placement Name:
Foster Parent/Placement Address:
CPS/Child-Placing Agency Name:
Date Placed with Agency:
Agency Contact Name:
Phone Number:
Last School Attended:
Current Grade: 12
Information on the status of parental rights:
Does the student have an IEP?
Does the student have a 504 plan?
Date student presented for enrollment:

Enrollment Certifications

The Foster Care form must be completed for all students whether or not they are in Foster Care. You may need to click View Full Screen to view the entire form.

When done click the Exit Full Screen button and then click the button that reads



Click here to applyfor the meal benefit.s

To manage cafeteria funds and monitor student accounts, please visit LunchMoneyNow.

For more information and to view the district's charging policy, please visit our website

USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;
- fax: (202) 690-7442; or
- email: program.intake@usda.gov.

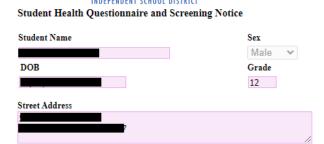
This intitution is an equal opportunity provider.

*I have read and acknowledged the information on this form.

USDA Nondiscrimination Statement

The Free and Reduce Price Meals form is required to be filled out for your student each year. You will most likely want to click the View Full Screen option in order to see the form fully to more easily enter your information.

When done click on the button that reads Complete Step 14 and move to Step 15. The following screen will appear:



The Texas Department of State Health Services Screening Guidelines:

Vision and hearing screenings take place in Pre-K, Kindergarten, 1st, 3rd, 5th, and 7th grade. A photo screening device can be used to screen students at any age for risk factors that may lead to vision disorders. Spinal screenings occur with girls in the fall of 5th and 7th grade, and with boys in the fall of 8th grade. Students will also be screened if they are new to the district or have never been previously screened. Parents are notified of screening results ONLY if follow-up is required.

Texas Risk Assessment for Type 2 Diabetes in Children:

During vision/hearing screenings of 1st, 3rd, 5th, and 7th graders, our nursing staff will assess children for the acanthosis nigricans marker, a skin condition that signals high insulin levels. Children who are positively identified with the marker undergo additional assessments of body mass index (BMI), BMI percentile, and blood pressure. Referrals are issued to the parents of these children, alerting each parent of their child's risk factors and encouraging further evaluation from a health professional.

Head Lice

Dickinson ISD is committed to working with families on this frustrating problem and requests that you periodically screen your child to facilitate the early detection of head lice.

School nurses screen individual children for head lice when suspected. Siblings of a child with an infestation will be screened as well. Entire class screenings will NOT be conducted, as they are not proven to be an effective means to prevent further infestation and are not recommended by the American Academy of Pediatrics. If lice are found on a child, the parent is notified to pick the child up for treatment.

To return to school, the child must be lice-free and must be accompanied by a parent to the school nurse's office to be cleared before re-entry into the classroom. Students may only receive 4 excused absences due to head lice during the school year.

Health Questionnaire:

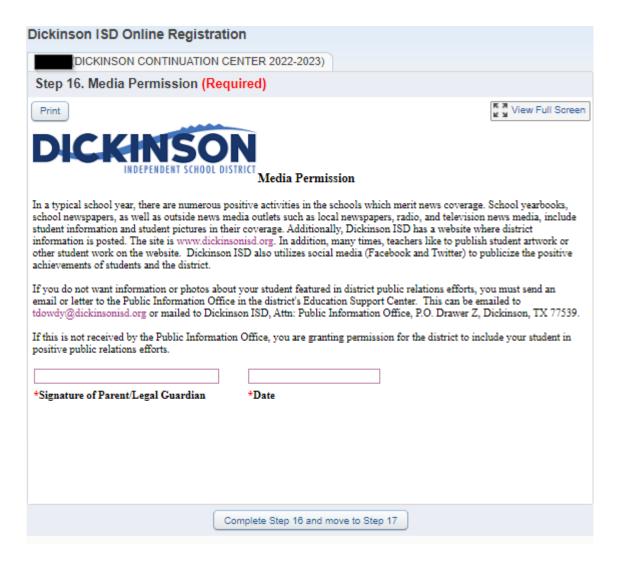
It is important for the health and safety of your student that school personnel have COMPLETE and CURRENT information regarding your student's health. If your child has a medical condition, or medical changes occur during the school year, it is the parent/guardian's responsibility to notify the school nurse and update this information. All forms for medical conditions must be updated every year by the student's physician. Parents are expected to share the student's health condition(s) with the student's teacher(s).

**HEALTH INFORMATION MAY BE SHARED WITH SCHOOL AND EMERGENCY PERSONNEL ON A NEED-TO-KNOW BASIS.

***IN THE EVENT OF AN EMERGENCY, I HEREBY AUTHORIZE DICKINSON INDEPENDENT SCHOOL DISTRICT OFFICIALS TO SECURE MEDICAL TREATMENT. I UNDERSTAND THE STUDENT IS GENERALLY TRANSPORTED BY AMBULANCE TO THE NEAREST EMERGENCY CARE FACILITY. I WILL NOT HOLD THE SCHOOL DISTRICT OR ITS EMPLOYEES FINANCIALLY RESPONSIBLE FOR THE EMERGENCY CARE AND/OR

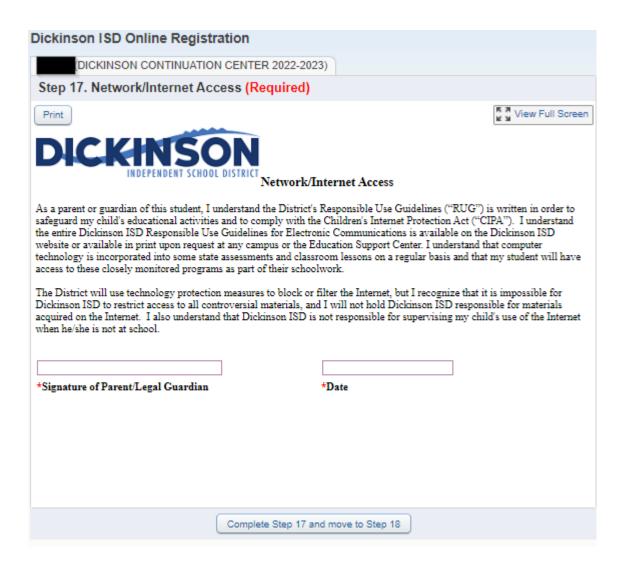
The Student Health Questionnaire form is required to be filled out for your student each year. You will most likely want to click the View Full Screen option in order to see the form fully to more easily enter your information.

When done click on the button that reads Complete Step 15 and move to Step 16. The following screen will appear:



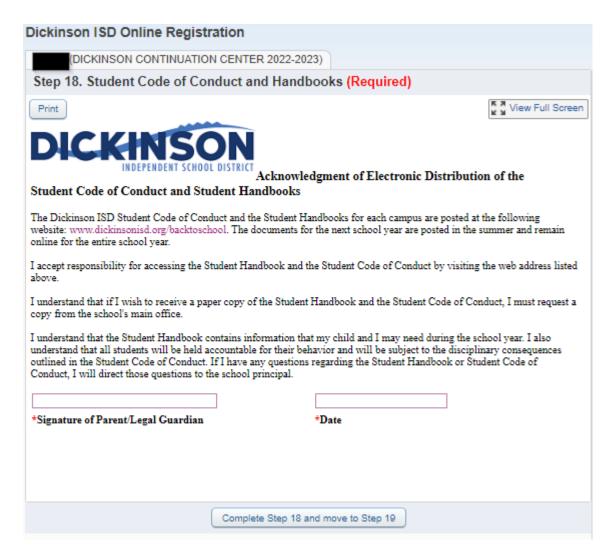
The Media Permission form is required to be filled out for your student each year.

When done click on the button that reads Complete Step 16 and move to Step 17. The following screen will appear:



The Network/Internet Access form is required to be filled out for your student each year.

When done click on the button that reads Complete Step 17 and move to Step 18. The following screen will appear:



The Student Code of Conduct and Handbooks form is required to be filled out for your student each year.

When done click on the button that reads Complete Step 18 and move to Step 19. The following screen will appear:

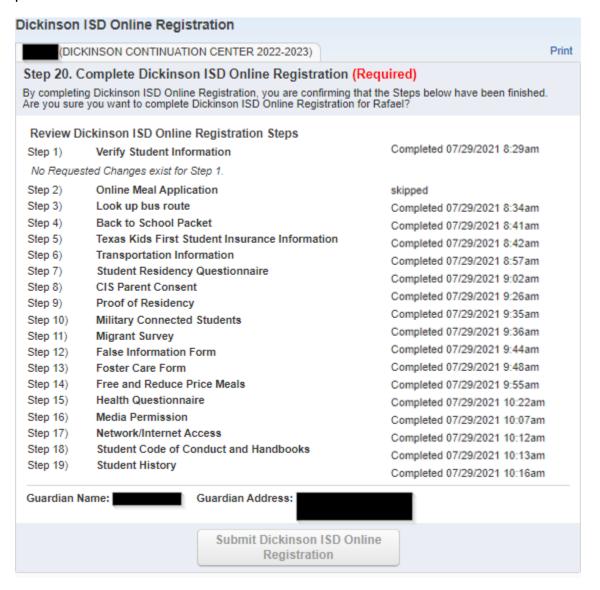


*Was the student expelled or assigned to a Disciplinary Alternative Education Program (DAEP) at the time of withdrawal from prior school/district?				
▼ State of the st				
*Did the student qualify for special education services at their last school?				
If yes, how did they qualify and what services were provided (mark all that apply):				
☐ Learning Disability ☐ Orthopedic Impairment ☐ Speech Impairment ☐ Visual Impairment				
☐ Emotionally Disturbed ☐ Traumatic Brain Injury ☐ Autism ☐ Intellectual Disability				
Multiple Disabilities — Auditory Impairment — Deaf/Blind — Other Health Impaired				
Check any other programs your student qualified for at their last school:				
□ Dyslexia □ 504 Services □ Gifted and Talented □ Bilingual				
ESL (English as a Second Language)				
*Has the student ever repeated a grade?				
Grade(s) Repeated (Include Name of School(s) if applicable)				
9th Grade Entry Date (if applicable) School				
*Was the student born somewhere other than the United States of America, its territories, or military bases?				
If yes: Date student arrived in the USA Date student entered USA schools				
Number of Years in USA Schools Number of Years of Education Outside of the United				
Number of Tears in USA Schools Number of Tears of Education Outside of the United				
47. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				
*Has the student lived outside the U.S. for two or more consecutive years?				
When the student lived outside the U.S. did he/she attend school regularly?				
Yes, the student attended school regularly in all previous grades outside the USA				
Please specify				
No, the student missed significant portions of one or more school years as specified. Please specify grade and time period of missed school including month and year. Example: grade 2, Jan. 2013 through May 2013. Do not include periods of absence that lasted less than one month. Do not include regularly scheduled school holidays or vacations.				
Is there anything you would like the school counselor to know?				
TO BE COMPLETED BY SCHOOL PERSONNEL				

The Student History form is required to be filled out for your student each year. You will most likely want to click the View Full Screen option in order to see the form fully to more easily enter your information.

When done Exit full screen and click on the button that reads Complete Step 19 and move to Step 20. The following screen will appear:

After completing the final step, the **Complete Online Registration** window, shown below, is displayed. This is a review of the steps performed during the registration process.



Click the Submit Dickinson ISD Online Registration button. Clicking this button marks the student's registration as "Complete" and finalizes the online registration process.

After you click on the "Submit Online Registration" button, you will be shown the following message indicating that online registration has been completed:



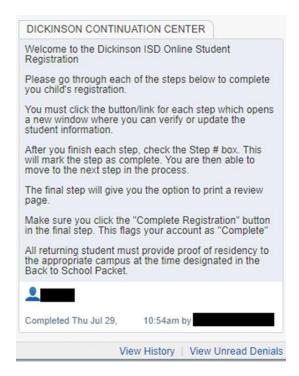
If you have more the one student, you will need to complete the registration process again for each remaining student.

If you need to make a change before the online registration window closes:

If you find that you need to make any changes before the online registration window closes, you can click the Dickinson ISD Online Registration link in the left column.

Dickinson ISD Online Registration

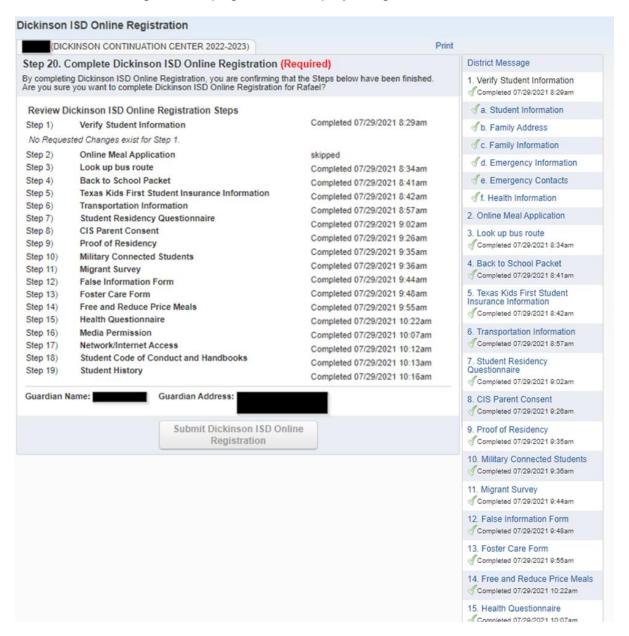
The Online Student Registration screen then displays. Click on the student's name at the bottom to re-open the online registration for that student.



After clicking the student's name, a new page will appear.

To make edits to a completed online registration you will need to click the button "Mark Dickinson ISD Online Registration as not completed"

The final online registration page will be displayed again:



Click on the STEP where you need to edit information. Click the Edit Step button at the bottom of the screen. Once you have made the changes, you will need to click the Complete Step button at the bottom of the screen.

Also, you will need to **re-do the FINAL STEP. Click the **Submit Online Registration button** to finalize the registration and flag that student's registration as complete