

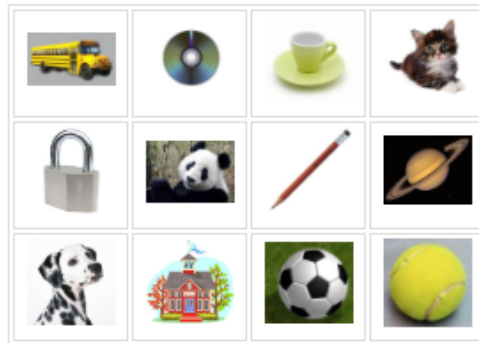
## Montclair Public Schools

### STUDENT REGISTRATION PORTAL - DETAILED INSTRUCTIONS

- This registration portal is used to collect basic information about your child before you come to Central Office for grades K – 8, or Montclair High School for grades 9 - 12 to complete the registration process. Please fill out all information requested. By filling out all information you will save time when you meet with the Registrar. **Be sure to include at least 2 emergency contacts, your child's Doctor, Dentist and Hospital.**
- Do not use this portal if your child is enrolled in Pre-School (DLC) with the Montclair Public Schools.
- This portal is not used for 9<sup>th</sup> grade re-registration.
- As part of the registration process you will be asked to choose an appointment to come in to present your paperwork and complete the process. You must make a separate appointment for each child. Make the appointments consecutive if they are at the same location.

**Welcome to Open Registration.**

**Be sure you have reviewed the Registration packet before continuing.**



**For security purposes; please click on the Planet to get started.**

Note, each time you log on to the portal, the picture you need to click on will change.

February, 2020

- The screen below will then be displayed on your computer.
- If you are using Google Chrome you have the ability to change the language of the registration portal.
- Click Add Student to start the process.

The screenshot shows the English version of the registration portal. At the top, there is a header with the Montclair Public Schools logo and the text "Montclair Public Schools Open Registration". To the right of the header is a "Select Language" dropdown menu. Below the header is a navigation bar with the following links: "Register Students", "Contacts and Addresses", "Documents", "Home Language Survey", "Review and Submit", and "Logout". The main content area contains the following text:

**Step 1:** Add each new student you would like to register. Be sure to fill out all of the fields, as this will speed up the in person part of the registration process. NOTE: the grade level designation for Kindergarten is KF.

For grades PK - 8 choose Registration Holding as your school.  
For grades 9 - 12 choose Montclair High School

If you are registering for THIS school year (2019-20) leave the year as 2019-20, and choose the grade and appropriate school designation your child will be attending THIS school year.

If you are registering for NEXT school year (2020-21) change the year to 2020-21, and choose the grade and appropriate school designation your child will be attending NEXT school year.

Do not register in this portal if your child is already enrolled in the Montclair Public Schools.  
THIS PORTAL IS NOT USED FOR 9th GRADE RE-REGISTRATION

At the bottom of the page, there is a message that says "No students have been entered." and a green button labeled "Add Student".

The screenshot shows the Spanish version of the registration portal. At the top, there is a header with the Montclair Public Schools logo and the text "Montclair Pública Escuelas Abiertas de registro". To the right of the header is a "Spanish" dropdown menu. Below the header is a navigation bar with the following links: "Registro Estudiantes", "contactos y direcciones", "Documentos", "Encuesta sobre el idioma", "Revisar y enviar", and "Salir". The main content area contains the following text:

**Paso 1:** Agregue cada nuevo estudiante que desea registrar. Asegúrese de rellenar todos los campos, ya que esto acelerará la parte en la persona del proceso de registro. NOTA: la designación del nivel de grado para el Kinder es KF.

Para los grados PK - 8, seleccione Registro del Holding como su escuela.  
Para los grados 9 - 12 Montclair elegir Secundaria

Si se registra para este año escolar (2019-20) abandonan el año 2019-20, y elija la designación de escuela primaria y apropiada a su hijo va a asistir a la escuela este año.

Si se registra para el año escolar NEXT (2020-21) cambiar el año de 2020-21, y elegir la designación de la escuela primaria y apropiada a su hijo va a asistir a la escuela el próximo año.

No se registre en este portal si su hijo ya está inscrito en las escuelas públicas de Montclair.  
EL PORTAL no se utiliza para el 9º grado de re-registro

At the bottom of the page, there is a message that says "no se han introducido los estudiantes." and a green button labeled "Añadir Estudiante".


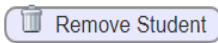

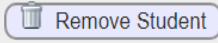
FILL OUT THIS FORM AND THEN HIT THE 'SAVE STUDENT' BUTTON  
\* DENOTES REQUIRED FIELDS

Registering for School Year*	2019-20
Choose "Registration Holding" for Grades 3F, 4F - Early intervention and K - 8 or "Montclair High School" for Grades 9 - 12*	REGHOLD - Registration Holding
Anticipated Grade Level*	KF
Student First Name*	<input type="text"/>
Middle Name:	<input type="text"/>
Student Last Name*	<input type="text"/>
Nick Name:	<input type="text"/>
Ethnicity*	<input checked="" type="radio"/> Hispanic <input checked="" type="radio"/> Not Hispanic
Select one or more races*	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian / Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian native/other Pacific Islander
Birth Sex*	<input type="text"/>
Gender Preference:	<input type="text"/>
Municipality*	MONTCLAIR TOWN
Date of Birth*	<input type="text"/> Age: <input type="text"/>
City of Birth:	<input type="text"/>
State of Birth:	<input type="text"/>
Country of Birth*	<input type="text"/>
Date First Enrolled in US School (if born outside the US):	<input type="text"/>
Date of First Entry to US	<input type="text"/>
Date of First Entry to US	<input type="text"/>
Primary Language spoken by student*	<input type="text"/>
Language spoken by family at home*	<input type="text"/>
Enter your School Preference in ranked order. 6 DIFFERENT preferences for Elementary, or 3 DIFFERENT preferences for Middle. ** DO NOT CHOOSE THE SAME SCHOOL FOR ALL PREFERENCES** School Preference 1	<input type="text"/>
School Preference 2	<input type="text"/>
School Preference 3	<input type="text"/>
School Preference 4	<input type="text"/>
School Preference 5	<input type="text"/>
School Preference 6	<input type="text"/>
Enter your child's last school and address (Street, City, State, Zip) attended (if any)*	<input type="text"/>
Enter your child's last school attended area code and phone number (if any)*	<input type="text"/>
Enter the start and end dates your child attended their last school in the format xx/dd/yyyy*	<input type="text"/>
Has your child ever been in an ESL Program*	<input type="text"/>
Would your child benefit from an ESL program*	<input type="text"/>
What language did your child first learn*	<input type="text"/>
What language do you most frequently speak to your child*	<input type="text"/>
Does your child currently have an IEP*	<input type="text"/>
Does your child currently have a 504*	<input type="text"/>
McKinney Vento Homeless Assistance Act of 2001 - Students who are homeless means individuals lack a fixed, regular and adequate nighttime residence - if you are eligible for assistance choose Yes	<input type="text"/>
If you are homeless enter the date you became homeless in the format mm/dd/yyyy	<input type="text"/>
If you are homeless please choose one of the options that best represents where you are living	<input type="text"/>
Do you give permission for your child to be screened for Kindergarten, If your child is not Kindergarten answer No to the question - Please read the letter attached to the PDF icon next to this question.*	<input type="text"/>

- **Please enter all information using upper and lower case.**
- Choose 2019-20 for the **school year** if you are registering for THIS school year.
- Choose 2020-21 for the **school year** if you are registering for NEXT school year.
- Choose the **grade level** your child will be attending when they start school.
- Select your **school**: If your child is in grades 9 - 12 choose **Montclair High School**, or for grades K - 8 **Registration Holding**.
- Enter your child's legal **first name** as it appears on the birth certificate.
- Enter your child's legal **middle name** as it appears on the birth certificate.
- Enter your child's legal **last name** as it appears on the birth certificate.
- Enter any **Suffix** such as Jr., Sr., II, III, IV, etc. as it appears on the birth certificate.
- If your child has a **nickname** you want the school to use, enter it in the nickname field.
- Check off Hispanic if your child's ethnicity is Hispanic.
- Choose your child's **race**. You can choose more than one race. If you choose Hispanic you must choose one race.
- Choose your child's **Gender**.
- Choose the Municipality you live in. Default is Montclair.
- Enter your child's **Date of Birth**. Verify the date by checking the age.
- Enter your child's **City of Birth** if born in the United States.
- Enter your child's **State of Birth** if born in the United States. NJ is the first item in the drop-down list.
- Enter the **Country** in which your child was born. United States is the first item in the drop-down list.
- If your child was born outside of the United States enter the **Date your child first enrolled in a United States public school**. If your child never attended public school leave this field blank.
- Choose the **Primary language spoken by your child**. English is the first item in the drop-down.
- Choose the **Language spoken by family at home**. English is the first item in the drop-down.
- **School Preference**.
  - If your child is entering grades 9 – 12 skip this section.
  - If your child is entering grades 6 – 8 rank your school preference for each of our middle schools. Enter this data under **School Preference 1 – 3**.
  - If your child is entering grades K – 5 rank your school preference from each of our 7 elementary schools. **Enter data under School Preference 1 – 6**.
  - **NOTE: HILLSIDE ELEMENTARY is grades 3 – 5 ONLY.**
  - **NOTE: NISHUANE ELEMENTARY is grades K – 2 ONLY.**
  - **DO NOT ENTER THE SAME SCHOOL MORE THAN ONE TIME.**
- Enter your **child's last school and address (Street, City, State, Zip) attended**. If your child has never attended any school enter NONE. **Do not press enter, use comas between the Street, City and State.**

- Enter your child's last school attended area code and phone number or **NONE** if never attended school.
- Enter the dates your child attended school last in the format mm/dd/yyyy. If your child has never attended any schools enter NONE.
- Choose Yes if **your child has ever attended an ESL – English as a second language program** in another district; otherwise choose No.
- Choose Yes if you feel **your child would benefit from an ESL – English as a Second Language program**; otherwise choose No.
- Choose the **language your child first learned**.
- Choose which **language you most frequently speak to your child**.
- Choose Yes or No to the question **Does your child currently have an IEP**.
- Choose Yes or No to the question **Does your child currently have a 504**.
- Read the **McKinney Vento** question and Choose Yes if you are homeless and need assistance.
- If you are homeless, enter the **date you became homeless**.
- If you are homeless, choose one of the choices from the drop-down that best represents **where you are living**.
- If your child is in grade Kindergarten please read the letter regarding Kindergarten screening, and answer Yes to the question in order to **give permission to have your child screened**. If your child is not in Kindergarten answer No to the question.
- Click the **Save Student** button after checking your information.

- After you add each student a summary screen will be displayed.
- If all required fields have been entered, the status will indicate Completed.
- If a field is missing the status will indicate Missing fields. You will NOT be able to submit your registration information if there are missing fields.
- From the summary screen you can:
  - Add Another Student.
  - Modify a student you have added.
  - Remove a student you have added.
  - Advance to the Next screen if you have entered all of your children you wish to register.

STUDENTS WHO YOU HAVE ENTERED							
STATUS		LAST	FIRST	MIDDLE	DOB	AGE	
Completed	1.	Wilson	Mary	Jane	1/11/2000	18	 
Missing fields	2.	Smith	Harry				 

[Add Another Student](#)

If you have entered all of your students, then click the 'Next Screen' button below

[Advance to Next Screen](#)

- You will now be asked to enter the child’s home address, along with information for the primary guardian living with the child. Please follow the instructions listed in Step Two below in regards to the order guardians should be entered.
- Click the “Add Primary Address and Primary Parent/Guardian” button to continue.

**Step 2:** Please fill in the student and guardian address and contact information below. You must enter the legal address where the child lives, and not a mailing address.

The first Parent/Guardian entered should be the child's primary caregiver who lives with the child in Montclair and acts as the primary guardian for contact.



If there is a second Parent/Guardian who lives in the same house, they should be listed second.

Any other Parent/Guardian that lives at another address MUST be listed after all Parent/Guardians living with the child have been entered.

Anyone not listed will not be able to have any contact with the child at school, and will not be able to register for a Parent Access account.

PRIMARY ADDRESS AND PRIMARY PARENT/GUARDIAN  
REQUIRED\*

Add Primary Address and Primary Parent/Guardian

SECTION 1:  ADD THE STUDENT'S PRIMARY ADDRESS	
House # *	<input type="text" value="75"/>
Street Name*	Alexander Ave [75 - 123 (odd)] - (C1) <input type="checkbox"/> Override:
Apt #	<input type="text" value="A1"/>
City*	<input type="text" value="Montclair"/>
State*	<input type="text" value="NJ"/>
Zip*	<input type="text" value="07042"/>
County	<input type="text" value="Essex"/>
SECTION 2:  GUARDIAN AT PRIMARY ADDRESS	
Prefix*	<input type="text" value="Mrs."/>
First Name*	<input type="text" value="Mary"/>
Last Name*	<input type="text" value="Wilson"/>
Relationship to Student*	<input type="text" value="Mother"/>
Primary Phone*	<input type="text" value="973-555-1212"/> <input type="text" value="Home"/>
Additional Phone	<input type="text" value="732-888-1234"/> <input type="text" value="Cell"/> Cell Provider <input type="text" value="Verizon"/>
Additional Phone 2	<input type="text"/> <input type="text" value="Home"/>
Primary Email	<input type="text" value="mary.smith@gmail.com"/>

- Enter the primary guardian’s house number.
- Choose the primary guardian’s street from the drop-down. Be sure to also choose the street based upon your house number. Every address and street in Montclair is listed. NO NOT click the override button for the primary guardian.
- In the example above you live on Alexander Ave and your house number is between 75 – 123 and is odd.

Street Name Alexander Ave [75 - 123 (odd)] - (C1) ▼

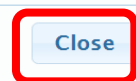
- Enter any apartment number.
- Enter guardian’s city.
- State is defaulted to NJ.
- Enter guardian’s zip code.
- County is defaulted to Essex.
- Enter the guardian’s prefix i.e. Mr. Mrs., Ms., Miss, Dr.
- Enter the guardian’s first and last name using upper and lower case.
- Choose the guardian’s relationship to student: Mother, Father, Step Mother etc.
- Enter the guardian’s home, work, and cell numbers including cell provider. You can choose the type of phone you are adding.
- The first number entered should be the primary number you want us to reach you on.
- Enter the guardian’s primary email address in lower case. This email will be also be used to set up your Parent Access account.
- Click the **“Save Primary Contact Information”** button.

**Step 3:** Review the Guardians that you have entered. Please make any corrections or add any other contacts you would like to include.

The primary contact must have a phone number and email address listed.

Be sure you have included:

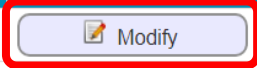
- \*\* at least 1 emergency contact and a phone number other than a parent or guardian
- \*\* your child’s doctor
- \*\* your child’s dentist (if you have one)
- \*\* your child’s hospital (if you have one)



PRIMARY ADDRESS AND PRIMARY PARENT/GUARDIAN REQUIRED*					
	STREET NUMBER	STREET NAME	CITY	STATE	
Primary Address	1	Bloomfield Ave	Montclair	NJ	
	TITLE	FIRST NAME	LAST NAME	PRIMARY PHONE	
Primary Guardian	Mrs.	Mary	Wilson	732-888-1234	Modify

- The screen above will now be displayed.
- After reading the “step 3” message click the **“Close”** button.



PRIMARY ADDRESS AND PRIMARY PARENT/GUARDIAN REQUIRED*					
	STREET NUMBER	STREET NAME	CITY	STATE	
Primary Address	1	Bloomfield Ave	Montclair	NJ	
	TITLE	FIRST NAME	LAST NAME	PRIMARY PHONE	
Primary Guardian	Mrs.	Mary	Wilson	732-888-1234	



ENTER ADDITIONAL PARENTS/GUARDIANS

Add Additional Parent/Guardian

- You can now modify a guardian you have added or you can add additional guardians. It's important that you add all guardians (Mother, Father, Step Mother, Step Father Etc.) to your child's records. Be sure to include their address and phone numbers. If you want them to have a Parent Access account you must also enter an email address for them.
- **Any guardians not listed on the child's records will not be able to have any contact with the child at the school, or pick them up.**

## Additional Guardian lives in Montclair

### Enter Additional Parents/Guardians



SECTION 1:  NEW PARENT/GUARDIAN	
*Prefix	Mr. <input type="text"/>
*First Name	John <input type="text"/>
*Last Name	Wilson <input type="text"/>
*Relationship to Student	Father <input type="text"/>
Primary Phone*	609-555-1212 <input type="text"/>
Cell	<input type="text"/>
Cell Provider	Verizon <input type="text"/>
Additional Phone	<input type="text"/> Home <input type="text"/>
Additional Phone 2	<input type="text"/> Home <input type="text"/>
Primary Email	John.wilson@gmail.com <input type="text"/>
SECTION 2:  ADD PARENT/GUARDIAN ADDRESS	
Existing Address:	75 Alexander Ave [75 - 123 (odd)] - (C1), Montclair, NJ 07042 <input type="text"/>

Save Additional Parent/Guardian Information

Cancel

## Additional Guardian does NOT live in Montclair

### Enter Additional Parents/Guardians

SECTION 1:  NEW PARENT/GUARDIAN	
*Prefix	Mr. <input type="text"/>
*First Name	John <input type="text"/>
*Last Name	Wilson <input type="text"/>
*Relationship to Student	Father <input type="text"/>
Primary Phone*	609-555-1212 <input type="text"/>
Cell	<input type="text"/>
Cell Provider	Verizon <input type="text"/>
Additional Phone	<input type="text"/> Home <input type="text"/>
Additional Phone 2	<input type="text"/> Home <input type="text"/>
Primary Email	John.wilson@gmail.com <input type="text"/>
SECTION 2:  ADD PARENT/GUARDIAN ADDRESS	
Existing Address:	Create new address <input type="text"/>
House #	12 <input type="text"/>
Street Name	Main Street <input type="text"/>
Override:	<input checked="" type="checkbox"/>
Apt #	<input type="text"/>
City	Paterson <input type="text"/>
State	NJ <input type="text"/>
Zip	07502 <input type="text"/>
County	Passaic <input type="text"/>

Save Additional Parent/Guardian Information

Cancel

Add Additional Other Contact

- Enter the guardian’s prefix i.e. Mr. Mrs., Ms., Miss, Dr.
- Enter the guardian’s first and last name using upper and lower case.
- Choose the guardian’s relationship to student: Mother, Father, Step Mother etc.
- Enter the guardian’s home, work, and cell numbers including cell provider.
- Check off which number should be the primary (first) number we try and reach you on.
- Enter the guardian’s primary email address in lower case. This email will be also be used to set up your parent access account.
- If the Guardian lives at the same address as the student you can choose the address from the Existing Address drop-down.
- If the Guardian lives at another address choose the **“Create new address”** option in the drop-down and the screen below will be displayed.
- If the secondary guardian does not live in Montclair check the override button next to the street name so you can type a street name in.
- Be sure to update the city, state, zip, and county information.
- Click the **“Save Additional Parent/Guardian Information”** button.
- The screen will now redisplay with all guardians added so far.
- If there are additional guardians to be added click on Add Additional Parent/Guardian. You can have up to 4 legal guardians.
- If all guardians have been added you can continue on to adding Emergency contacts by clicking the **“Add Additional Emergency Contact”** button.
  - Be sure to add at least 2 emergency contacts.
  - Do **NOT** add a parent or guardian as an emergency contact; they are already listed on the child’s records and assumed to be the first emergency contact we try and reach.

PRIMARY ADDRESS AND PRIMARY PARENT/GUARDIAN REQUIRED*					
	STREET NUMBER	STREET NAME	CITY	STATE	
Primary Address	1	Bloomfield Ave	Montclair	NJ	
	TITLE	FIRST NAME	LAST NAME	PRIMARY PHONE	
Primary Guardian	Mrs.	Mary	Wilson	732-888-1234	

ENTER ADDITIONAL PARENTS/GUARDIANS						
	TITLE	FIRST NAME	LAST NAME	PRIMARY PHONE		
Guardian 2	Mr.	John	Wilson	609-555-1212		

**Add Additional Parent/Guardian**

**ENTER EMERGENCY CONTACTS**

**Add Additional Emergency Contact**

# EMERGENCY CONTACTS

- Emergency contacts should be added in the order in which you wish us to call them in the event we cannot reach one of the guardians. **Do NOT add a guardian as an emergency contact.**
- If you want someone to be able to pick up your child from school make them an emergency contact. Students will not be released to anyone that is not included on their Genesis record.
- Be sure to include at least 2 emergency contacts.
- Include the following information:
  - Prefix (Mr. Mrs., Etc.).
  - First and last name in upper and lower case.
  - Relationship to the student. For example your mother would be the child's Grandmother.
  - Home, cell, or work number.
  - Check off the primary number for the emergency contact.
  - Email address is not needed.
  - Address is not needed.
  - Check off if you want the emergency contact to have permission to pick up your child.
- Click the **“Save Additional Emergency Contact Information”** button.

Enter emergency contacts in order of highest priority to lowest

SECTION 1:	NEW EMERGENCY CONTACT			
Prefix	Mrs. ▾			
*First Name	Sally	*Last Name	Jones	
*Relationship to Student	Grandmother ▾			
Primary Phone*	201-555-1212	Cell ▾	Cell Provider	*Unknown Provider ▾
Additional Phone		Home ▾		
Additional Phone 2		Home ▾		
Primary Email				
	<input checked="" type="checkbox"/> Guardian has given contact permission to pickup student			
SECTION 2:	ADD CONTACT ADDRESS			
Existing Address:				

Save Additional Emergency Contact Information
Cancel

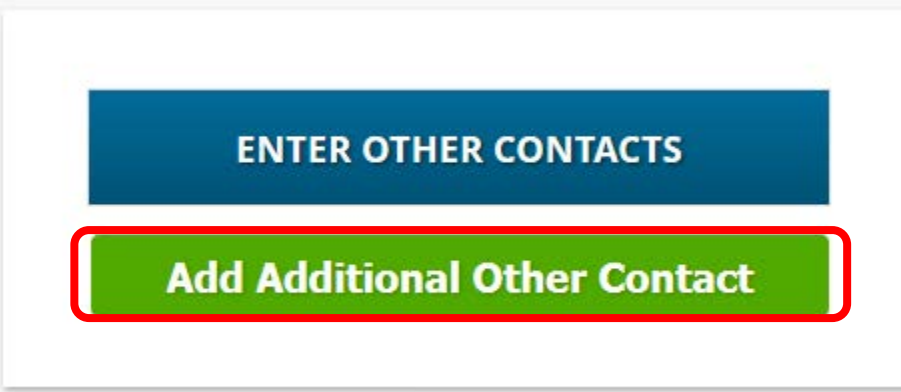
- As you continue to add emergency contacts they will be displayed. You need to have at least 2 emergency contacts on file.

ENTER EMERGENCY CONTACTS						
	TITLE	FIRST NAME	LAST NAME	PRIMARY PHONE		
Emergency 1	Mrs.	Sally	Jones	201-555-1212	Modify Contact	Delete Contact
	TITLE	FIRST NAME	LAST NAME	PRIMARY PHONE		
Emergency 2	Mr.	Mark	Jones	201-666-1212	Modify Contact	Delete Contact

Add Additional Emergency Contact

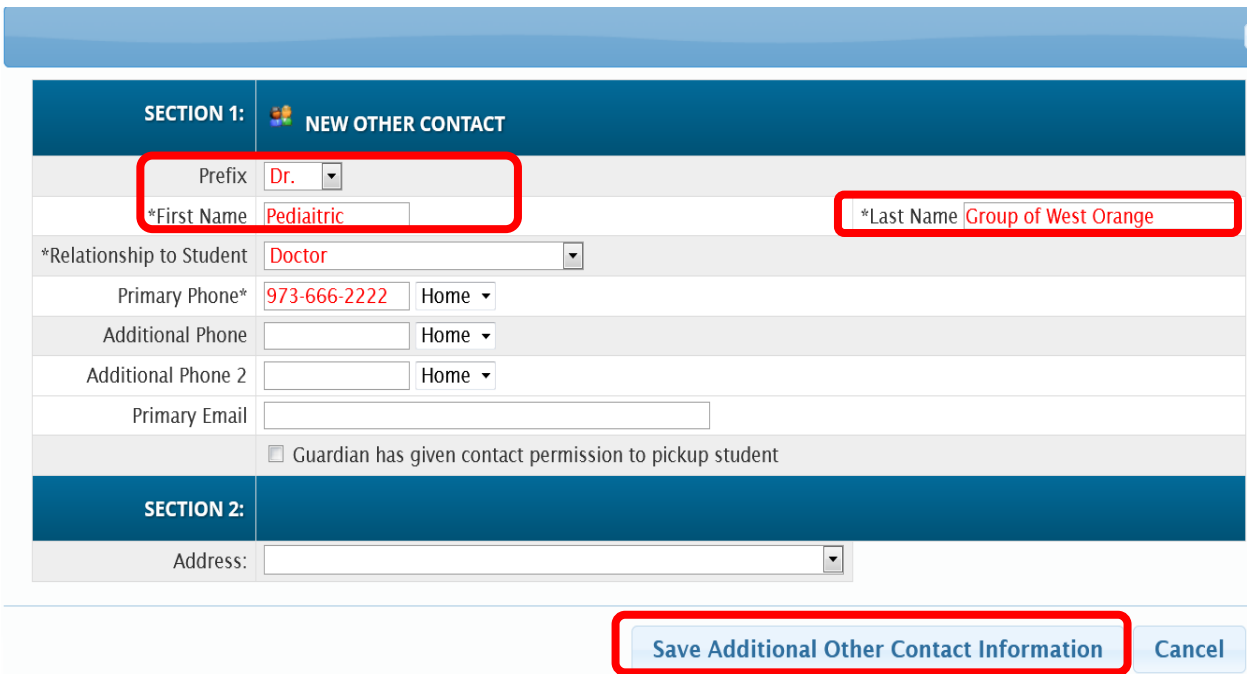
## OTHER CONTACTS

- Do **NOT** add any guardians or emergency contacts under the other contact category.
- **Other contacts are ONLY used for Doctors, Dentists, and Hospitals.**
- Click the “**Add Additional Other Contact**” button.



### DOCTORS

- Click the “**Add Additional Other Contact**” button.
- Choose Dr. as the prefix.
- Enter your medical Doctor’s first and last name.
- If your Doctor is part of a medical group and not a specific Doctor, enter the group name under the first and last name.
- Choose a relationship type of **Doctor**.
- Enter the Doctor’s phone number under **Home Phone**.
- Email and address are not required.
- Click the “**Save Additional Other Contact Information**” button.



SECTION 1: NEW OTHER CONTACT	
Prefix	Dr.
*First Name	Pediatric
*Last Name	Group of West Orange
*Relationship to Student	Doctor
Primary Phone*	973-666-2222 Home
Additional Phone	Home
Additional Phone 2	Home
Primary Email	
<input type="checkbox"/> Guardian has given contact permission to pickup student	
SECTION 2:	
Address:	

**Save Additional Other Contact Information** Cancel

## DENTISTS

- Click the “**Add Additional Other Contact**” button.
- Choose Dr. as the prefix.
- Enter your Dentist’s first and last name. If your Dentist is part of a medical group and not a specific Dentist, enter the group name under the first and last name.
- Choose a relationship type of **Dentist**.
- Enter the Dentist’s phone number under Home Phone.
- Email and address are not required.
- Click the “**Save Additional Other Contact Information**” button.

SECTION 1: NEW OTHER CONTACT	
Prefix	Dr. ▾
*First Name	Robert
*Last Name	Jackson
*Relationship to Student	Dentist ▾
Primary Phone*	973-333-2222 Home ▾
Additional Phone	Home ▾
Additional Phone 2	Home ▾
Primary Email	
<input type="checkbox"/> Guardian has given contact permission to pickup student	
SECTION 2:	
Address:	

[Save Additional Other Contact Information](#) [Cancel](#)

## HOSPITAL

- Click the “**Add Additional Other Contact**” button.
- Enter your preferred Hospital under last name.
- Choose a relationship type of **Hospital**.
- Enter the Hospital’s phone number under Home Phone.
- Email and address are not required.
- Click the “**Save Additional Other Contact Information**” button.

SECTION 1: NEW OTHER CONTACT	
Prefix	▾
*First Name	Mountainside
*Last Name	Hospital
*Relationship to Student	Hospital ▾
Primary Phone*	973-429-6000 Home ▾
Additional Phone	Home ▾
Additional Phone 2	Home ▾
Primary Email	
<input type="checkbox"/> Guardian has given contact permission to pickup student	
SECTION 2:	
Address:	

[Save Additional Other Contact Information](#) [Cancel](#)

- Once you are finished, your Other Contact screen should have:
  - A DOCTOR listed if you have one.
  - A DENTIST listed if you have one.
  - A HOSPITAL listed if you have one.
- You have the ability to Add, Modify, or Delete any contacts.

ENTER OTHER CONTACTS						
	TITLE	FIRST NAME	LAST NAME	PRIMARY PHONE		
Contact 1	Dr.		Pediatric Group of West Orange	973-666-2222	Modify Contact	Delete Contact
	TITLE	FIRST NAME	LAST NAME	PRIMARY PHONE		
Contact 2	Dr.	Robert	Jackson	973-333-2222	Modify Contact	Delete Contact
	TITLE	FIRST NAME	LAST NAME	PRIMARY PHONE		
Contact 3			Mountainside Hospital	973-429-6000	Modify Contact	Delete Contact

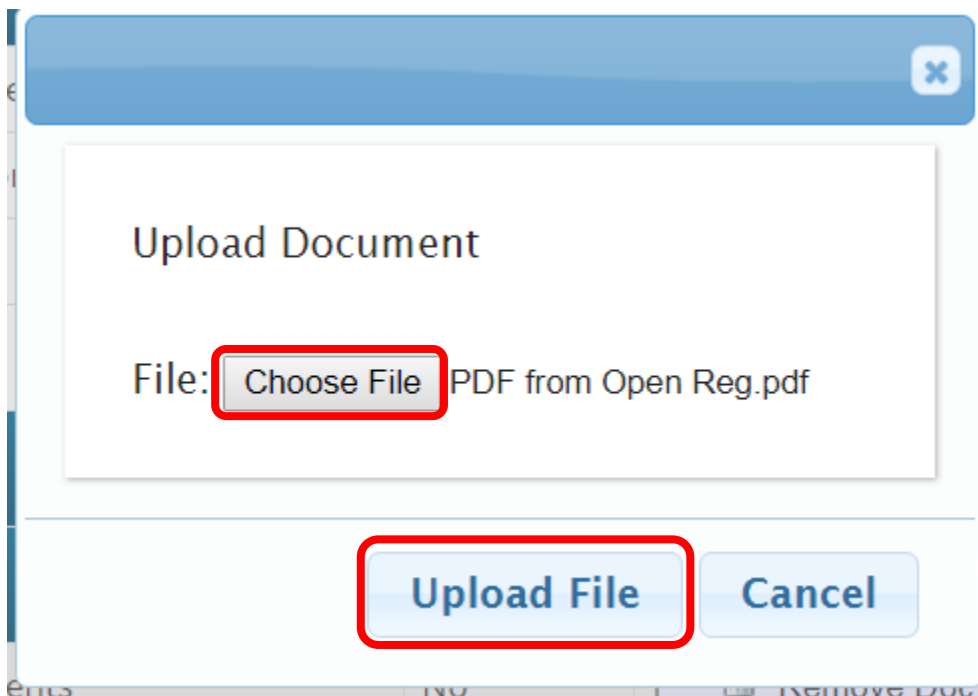
[Add Additional Other Contact](#)

- Once you are satisfied with all of your entries click on the “**Advance to Next Screen**” button.

[Advance to Next Screen](#)

## UPLOADING DOCUMENTS

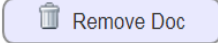


- Parents have the ability to upload some of their required supporting documentation in the registration portal. This will save time during the in person registration process. If you do not have the ability to scan your documents into a PDF, please bring them with you and we will scan them in for you. **The documents MUST be a .PDF file.** The following documents can be uploaded:
  - **Proof of residency:** Refer to the registration website as to what documents are acceptable.
  - **Prior school records (report card and transcripts):**
    - Latest report card
    - Any standardized test scores
    - High School students – unofficial transcript
  - **Custody documents:** If there are any custody documents pertaining to the children.
- Documents are child specific.
- Proof of residency should be uploaded for each child.
- The required column means the documents are not required to be uploaded during this online process. Even if you upload them, you must still bring in original documents to register your children.
- You have the ability to upload or remove a Doc.
- To upload a document click the “Upload Doc” button next to the appropriate document type.
- An “**Upload Document**” box will come up. Choose the file you wish to upload from your computer.
- Click “**Upload File**”.



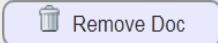




- Once all of your documents are uploaded click on the “**Advance to Next Screen**” button.

**DOCUMENTS FOR MARY WILSON**

DESCRIPTION	REQUIRED		
Proof of residency documents	No	 Remove Doc	Successfully Uploaded
Prior school records (report card and transcripts)	No	 Upload Doc	No Document
Custody documents	No	 Upload Doc	No Document

**DOCUMENTS FOR HARRY SMITH**

DESCRIPTION	REQUIRED		
Proof of residency documents	No	 Remove Doc	Successfully Uploaded
Prior school records (report card and transcripts)	No	 Upload Doc	No Document
Custody documents	No	 Upload Doc	No Document

If you have uploaded all of your documents please click the Next Screen button below

**Advance to Next Screen**

## CHOOSING AN APPOINTMENT

- You must choose an appointment for each of your children.
- Students in grades PK – 8 are registered at our Board Office, 22 Valley Rd.
- Students in grades 9 – 12 are registered at our High School, 100 Chestnut St.
- If you are scheduling students at different locations, allow yourself time to get between the locations.
- Choose the student want to schedule
- Dates highlighted in blue have available appointments. Click on the date you want to choose.
- Use the green arrows to change months

You **MUST** choose a separate appointment for each of your children

Select Student:

- Harry Smith
- Mary Smith

### Appointment Calendar

January 2020						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	
						Key A H

- Will be prompted to choose a time. Click on the time you want

Jan 23 2020 ✕

Select an Appointment  
time from below:

09:00 AM - 10:00 AM

10:00 AM - 11:00 AM


11:00 AM - 12:00 PM

01:00 PM - 02:00 PM

**02:00 PM - 03:00 PM**

Cancel

Confirmation ✕

 Are you sure you want to create an appointment for  
02:00 PM - 03:00 PM?

Ok Cancel


- You now see any appointments scheduled.
- If you want to change an appointment click on Selected Appointment and click delete to change to a new date.
- Click Advance to Next Screen when finished

You MUST choose a separate appointment for each of your children

Select Student:

Harry Smith

Mary Smith

 Selected Appointment

Selected Appointment 

**Start Time:** 02:00 PM

**End Time:** 03:00 PM

**Date:** 01/23/2020

 Delete Appointment

Close

# HOME LANGUAGE SURVEY

- You will now be asked to complete a Home Language Survey for each of your children.
- The survey questions are dependent on how you answer each question.
- Click Begin Survey and answer each question, then choose next or submit depending on the question.
- Click Advance to next screen when both surveys are complete.

Home Language Survey

What was the first language used by the student? Spanish; Castilian

Next

Reset Survey

Close

Home Language Survey

At home, does the student hear or use a language other than English  Yes  
more than half the time?  No

Reset Survey

Close

Home Language Survey

List home language(s) spoken:

Spanish

7/255 Submit

Reset Survey

Close

HOME LANGUAGE SURVEYS		
STUDENT	COMPLETED	
Harry Smith	Yes	<a href="#">Reset Survey</a> <a href="#">View Answers</a>
Mary Smith	No	<a href="#">Begin Survey</a>

Once you have answered the survey(s) above, please click the Next Screen button below

[Advance to Next Screen](#)

- The summary screen gives you one more chance to check all of the information that you have entered.
- The summary screen will also list your appointment times.
- If you have not entered all of the required information you will not be able to submit your registration information.
- Click “**Edit Student Information**” button to edit any incomplete students.

**Student Information**

STUDENT NAME: MARY JANE WILSON				
MARY WILL BE REGISTERING FOR THE 2017-18 SCHOOL YEAR IN GRADE 12				
First Name	Last Name	Age	School	School Year
Mary	Wilson	18	050	2017-18
STUDENT NAME: HARRY SMITH		WARNING STUDENT IS MISSING REQUIRED FIELDS		
HARRY WILL BE REGISTERING FOR THE 2017-18 SCHOOL YEAR IN GRADE 01				
First Name	Last Name	Age	School	School Year
Harry	Smith		REGHOLD	2017-18

**Edit Student Information**

- In the example above one of the students has missing information. You will not be able to submit the registration data until you fill in the missing information
- If all required information has been entered you will see a “**Submit Registration Information**” button at the bottom of the screen.
- Enter your email address to get a confirmation email. This is highly recommended.
- Click on the “**Submit Registration Information**” button.
- This completes the registration process.
- Remember to bring all of the required information listed on the registration website when you come for your appointment. You will not be able to complete the process without this information.

If you would like an e-mail confirmation, enter your email address below.

**Submit Registration Information**

# SUMMARY SCREEN

Register Students   Contacts and Addresses   Documents   Appointments   Home Language Survey   **Review and Submit**   Logout

Please verify that the following information is correct.

If you need to make corrections, just edit the information that you need to correct and then return to this screen by clicking on the 'Review and Submit' tab at the top of the screen.

## Student Information

STUDENT NAME: HARRY JOHN SMITH II

HARRY WILL BE REGISTERING FOR THE 2019-20 SCHOOL YEAR IN GRADE 04

First Name	Last Name	Age	School	School Year
Harry	Smith	10	REGHOLD	2019-20

STUDENT NAME: MARY SMITH

MARY WILL BE REGISTERING FOR THE 2019-20 SCHOOL YEAR IN GRADE 12

First Name	Last Name	Age	School	School Year
Mary	Smith	15	050	2019-20

[Edit Student Information](#)

## Contact Information

### 1. MRS. MARY WILSON , GUARDIAN

Home Phone	Cell Phone	Work Phone	Email	Address
973-555-1212	732-888-1234 Provider:VERIZON		mary.wilson@gmail.com	1 Alexander Ave [75 - 123 (odd)] - (C1) Montclair, NJ 07042

### 2. MR. JOHN WILSON , GUARDIAN

Home Phone	Cell Phone	Work Phone	Email	Address
	609-555-1212 Provider:VERIZON		john.wilson@gmail.com	1 Alexander Ave [75 - 123 (odd)] - (C1) Montclair, NJ 07042

### 3. MRS. SALLY JONES , EMERGENCY

Home Phone	Cell Phone	Work Phone	Email	Address
	201-555-1212 Provider:UNKNOWN			

#### 4. MR. MARK JONES , EMERGENCY

Home Phone	Cell Phone	Work Phone	Email	Address
	201-666-1212 Provider:UNKNOWN			.

#### 5. DR. PEDIATRIC GROUP OF WEST ORANGE

Home Phone	Cell Phone	Work Phone	Email	Address
973-666-2222	Provider:UNKNOWN			.

#### 6. DR. ROBERT JACKSON

Home Phone	Cell Phone	Work Phone	Email	Address
973-333-2222	Provider:UNKNOWN			.

#### 7. MOUNTAINSIDE HOSPITAL

Home Phone	Cell Phone	Work Phone	Email	Address
973-429-6000	Provider:UNKNOWN			.

[Edit Contacts](#)

## Document Information

### DOCUMENTS FOR: HARRY JOHN SMITH II

Description	Required	Upload
Proof of residency documents	No	No Document
Prior school records (report card and transcripts)	No	No Document
Custody documents	No	No Document

### DOCUMENTS FOR: MARY SMITH

Description	Required	Upload
Proof of residency documents	No	No Document
Prior school records (report card and transcripts)	No	No Document
Custody documents	No	No Document

[Edit Documents](#)



## Appointment Information

### APPOINTMENT FOR: HARRY SMITH

Start Time	End Time	Date	Location	Address
02:00 PM	03:00 PM	01/23/2020	Determined on Submit	Determined on Submit

### APPOINTMENT FOR: MARY SMITH

Start Time	End Time	Date	Location	Address
11:00 AM	12:00 PM	01/22/2020	Determined on Submit	Determined on Submit

[Edit Appointments](#)

## Home Language Survey Information

Student	Completed
Harry Smith	Yes
Mary Smith	Yes

[Edit Survey](#)

If you would like an e-mail confirmation, enter your email address below.

[Submit Registration Information](#)