

NEW STUDENT ONLINE ENROLLMENT-PARENT TUTORIAL

New Student Online Enrollment (NSOE) allows you the convenience of initiating the enrollment process of your student from any computer, at any time.

Already have a Family Access Account? Log into your Family Access Account and select the New Student Online Enrollment Tab. Skip to **step # 7** below

New to the District? Start with **step # 1**.

1. Type <http://lynden.wednet.edu/> into your browser.
2. Click on the "[Parent Guide for Enrollment](#)" on the district homepage.

New Student On-Line Registration

New Student Online Enrollment is Open

[Parent Guide for Enrollment](#)

3. This takes you to "Steps for Parents/Guardian New to the District: Requesting a Family Access Account" link. Click the Skyward icon and if needed, use the "Select Language" dropdown to translate to a language other than the defaulted language of English.



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 system.

Welcome to the Lynden School District 2016-17 New Student Online Enrollment process. This form is the first step to enrolling your new student. Complete this form in order to request an account.

Before you can use New Student Online Enrollment to enroll your incoming student, you must create a user account. Please enter the requested information below to create an account.

* If you have an email address, please enter it where promoted. A login name will be created for you based on your email address.

* If you do not have an email address, please check "I don't have an email" and enter your desired login name.

* Your student's school of assignment is determined by the parent's or legal guardian's permanent place of residency. Please refer to the District Boundary Maps if you are not sure which school boundary you reside in.

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

* Enter Legal First Name:

* Enter Legal Last Name:

Enter Legal Middle Name:

Enter Legal Name Prefix: Enter Legal Name Suffix:

Enter contact information

☐ I don't have an email

* Enter Email Address:

* Re-type Email Address:

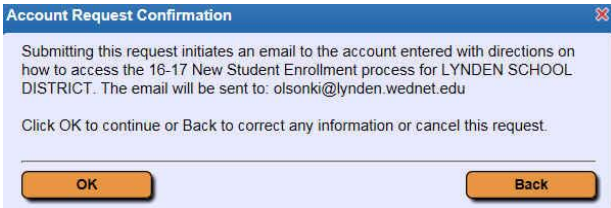
* Enter Primary Phone Number:

Asterisk (*) denotes a required field

[Click here to submit Account Request](#)

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4. Enter information and “Click here to Submit Online Enrollment Account Request” to generate an e-mail with instructions on how to continue the request.



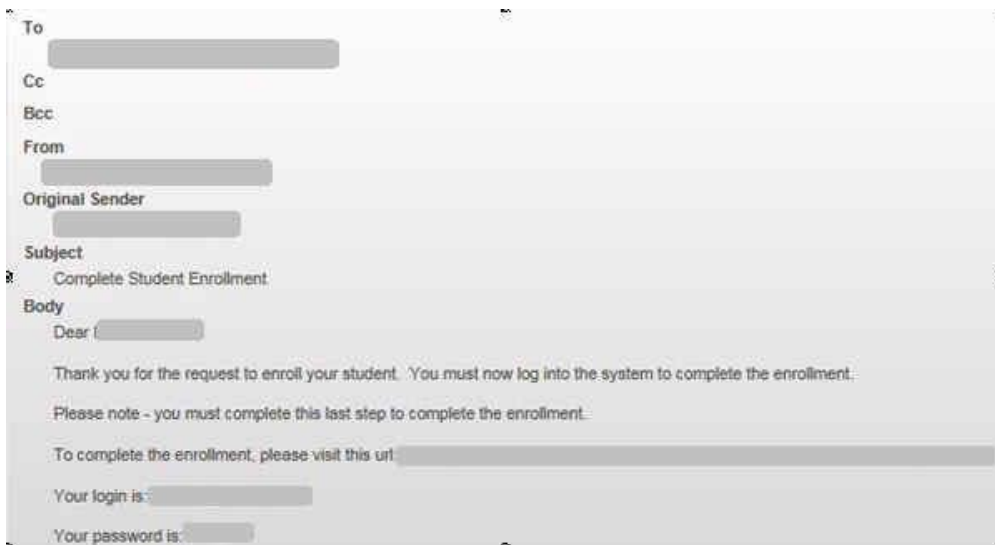
Account Request Confirmation

Submitting this request initiates an email to the account entered with directions on how to access the 16-17 New Student Enrollment process for LYNDEN SCHOOL DISTRICT. The email will be sent to: olsonki@lynden.wednet.edu

Click OK to continue or Back to correct any information or cancel this request.

OK Back

5. This request generates a temporary account only linked to NSOE; not to be confused with Family Access which will be generated and emailed upon completion of enrollment.



To: [Redacted]

Cc:

Bcc:

From: [Redacted]

Original Sender: [Redacted]

Subject: Complete Student Enrollment

Body:

Dear [Redacted],

Thank you for the request to enroll your student. You must now log into the system to complete the enrollment.

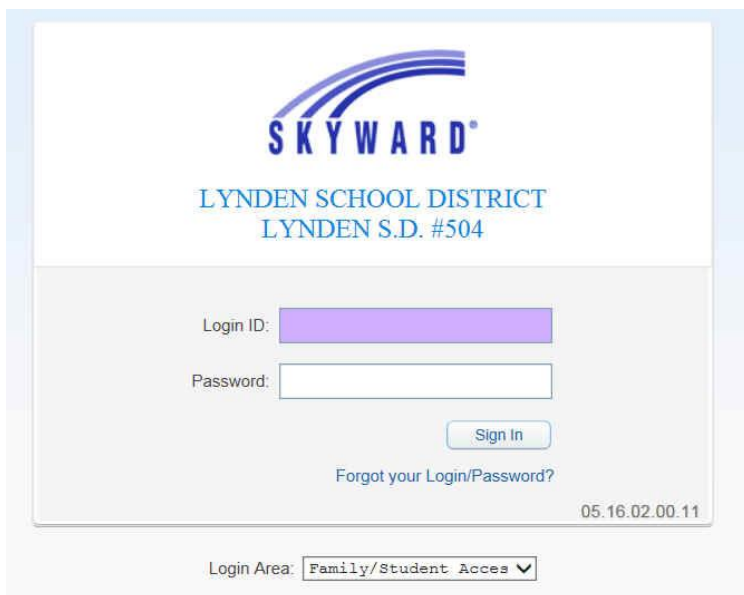
Please note - you must complete this last step to complete the enrollment.

To complete the enrollment, please visit this url: [Redacted]

Your login is: [Redacted]

Your password is: [Redacted]

6. Follow the link in the email and enter the login and password to gain access to the application form.



SKYWARD®

LYNDEN SCHOOL DISTRICT
LYNDEN S.D. #504

Login ID: [Redacted]

Password: [Redacted]

Sign In

[Forgot your Login/Password?](#)

05.16.02.00.11

Login Area: Family/Student Access ▼

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7. Fill in the Student Information. Use the “Select Language” dropdown to translate to a language other than the default language of English. Fields denoted with an * require input or application will not submit.

SKYWARD Online Enrollment Access Select Language

New Student Enrollment: Application Form

[Save and Continue to Fill Out Application](#) [Save and go to Summary Page](#) [Print Application](#) [Leave WITHOUT Saving](#)

Instructions for completing the student application
Answer the questions to progress through the application form.
Click 'Save and Continue to Fill Out Application' to save your progress and stay on this screen.
Click 'Save and go to Summary Page' to save your progress and return to the summary page.
Click 'Leave WITHOUT Saving' to return to the summary page without saving.

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

Step 1: Student Information

[Edit](#) [View Only](#) [Save](#) [Save and Collapse Step](#)

* Last Name: * First Name: Middle Name:
Name Suffix: * Gender:
* Date of Birth: * Birth Country:
Social Security Number:
☐ Is Student Hispanic/Latino?
* Federal Race: (select all that apply)
☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
* Language Spoken Most:
☐ Has student attended a state school? ☐ Has student attended this district previously?
Previous School District: School in the District Student Previously Attended:

Expected Grade Level has been updated
Attention! The Expected Grade Level has been updated to 10
This is based on your student's date of birth (12/18/1998) and the School Year selected to enroll into (Current Year).
If the Expected Grade Level is not correct, please change it to the appropriate Grade Level your student is enrolling into.
[OK](#)

Test test test test

* What School Year are you enrolling your student into? ☒ Current School Year (2014 - 2015) ☐ Next School Year (2015 - 2016)
* Expected Enrollment Date ☐ First Day of School (08/24/2015)
(The first day of school is 08/25/2014) * Expected Enrollment Date
* Expected Grade Level * Expected School to Enroll into **If elementary, choose the school closest to your home residence.**
☒ I authorize this student's information to be distributed for the purposes of Military usage ?
☒ I authorize this student's information to be distributed for the purposes of Directory usage ?
Additional Information: (on the Student for the District)
Maximum characters: 5000, Remaining characters: 5000

[Complete Step 1 and move to Step 2: Family/Guardian Information](#) [Complete Step 1 Only](#)

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8. Fill in Family/Guardian Information. Fields denoted with an * require input or application will not submit.

Step 1: Student Information Edit View Only Date Completed: 02/06/2015

Step 2: Family/Guardian Information Edit View Only Save Save and Collapse Step

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

Enter Information for the Family this Student lives with

* Primary Phone: (999) 999-9999 ☐ Should the District keep this number confidential?

* Family Home Language:

* Home Address (No PO Box): House #: Direction: Street Name: Apartment:
P.O. Box: Address 2: City: State: Zip Code:
☐ Should the District keep this address confidential?

Mailing Address: (if different than home address) House #: Direction: Street Name: Apartment:
P.O. Box: Address 2: City: State: Zip Code:

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

* Last Name: * First Name: Middle Name:
Name Suffix: * Date of Birth: * Gender:
* Relationship to Child: * Marital Status:
☐ Does this guardian have custody of the child? ☐ Is this guardian allowed to pick up the student from school?
☐ Should this guardian also be considered an Emergency Contact?
Second Phone: Work Phone: * Contact Email Address:

Are there other Legal Guardians who live at this address?

Yes, I want to Add another Legal Guardian who lives at this address No other Legal Guardians live at this Address

Custody, emergency contact, and pickup boxes, if applicable.

Select to add another legal guardian's information if living at same address

Select if no other legal guardians live at same address.

Once "No other Legal Guardians live at this Address" has been selected, the following options appear.

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: Emergency Contact Information

No, Complete Step 2 Only

Select to add another legal guardian's information living at different address

Select to save and minimize Step 2 and open Step 3

Select to save and minimize Step 2

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9. Add Emergency Contacts other than guardian(s). Fields denoted with an * require input or application will not submit.

Step 3: Emergency Contact Information [Edit](#) [View Only](#) [Save](#) [Save and Collapse Step](#)

Enter the Information for Emergency Contact #1 [Remove this Emergency Contact](#)

* Last Name: * First Name:

* Primary Phone: Second Phone: Work Phone:

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

[Yes, I want to Add another Emergency Contact Record](#) [No, Complete Step 3 and move to Step 4: Immunization Information](#) [No, Complete Step 3 Only](#)

Select to add
another Emergency
Contact

Select to save and
minimize Step 3
and open Step 4

Select to save
and minimize
Step 3

10. Any of the steps may be reviewed and edited if need be.

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

Step 1: Student Information Edit View Only	Date Completed: 02/06/2015
Step 2: Family/Guardian Information Edit View Only	Date Completed: 02/06/2015
Step 3: Emergency Contact Information Edit View Only	Date Completed: 02/06/2015
Step 4: Immunization Information Edit View Only	Date Completed: 02/06/2015

[Submit Application to the District](#)

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

[Save and Continue to Fill Out Application](#) [Save and go to Summary Page](#) [Print Application](#) [Leave WITHOUT Saving](#)

Please note: Custom Forms also need to be completed as part of each entity's registration process. Follow prompts and steps similar to those indicated above.

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12. Once all forms are completed, select “Submit Application to District” which generates the following pop-up windows.

Confirm

Submitting will allow Wylie ISD to review and process this application. After submitting you will only be able to view this application and will not be able to make any further changes.

Are you sure you want to submit this application to Wylie ISD?

[Submit Application](#) [Cancel and Keep Screen Open](#)

Application Submitted

The application has been successfully submitted.

Thank you for beginning the enrollment processes for Wylie ISD. Please contact the Registrar at the campus you are enrolling your child in. To help expedite this process please bring all required documentation when meeting with the campus Registrar.

Required Documentation:

- Proof of Residency - Contract/lease agreement or most current utility bill (water, gas, or electric)
- Birth Certificate
- Immunization Records
- Social Security Card
- Report card or transcript from the school most recently attended
- Drivers License of parent/legal guardian
- Previous school records

[OK](#)

The submitted application may be viewed and additional student applications may be completed on the Summary Page.

New Student Enrollment Applications: Summary Page

[Your Un-submitted Enrollment Applications](#)

There are no un-submitted enrollment applications to list. [Click to Enroll Additional Students](#)

[Your Submitted Enrollment Applications](#)

Student Name	Applicant Status/Options
Patty Perry	The district is currently reviewing the application, please select one of the following options: View the Submitted Application

To expedite the process please gather proof of residency (rental agreement, utility bills, etc.), immunizations, birth certificate and applicable court documents (if needed). Your school will notify you when their office is open and receiving these final pieces of enrollment documentation.