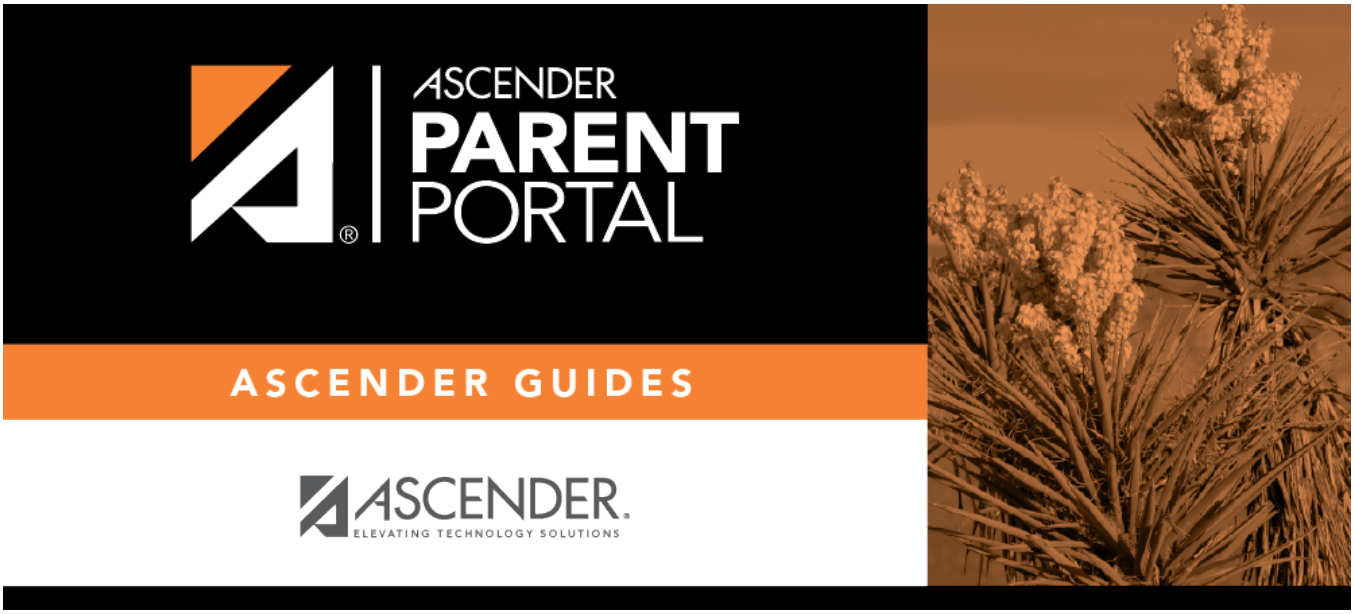

ASCENDER
PARENT
PORTAL
ASCENDER GUIDES
ASCENDER.
ELEVATING TECHNOLOGY SOLUTIONS

# Overview

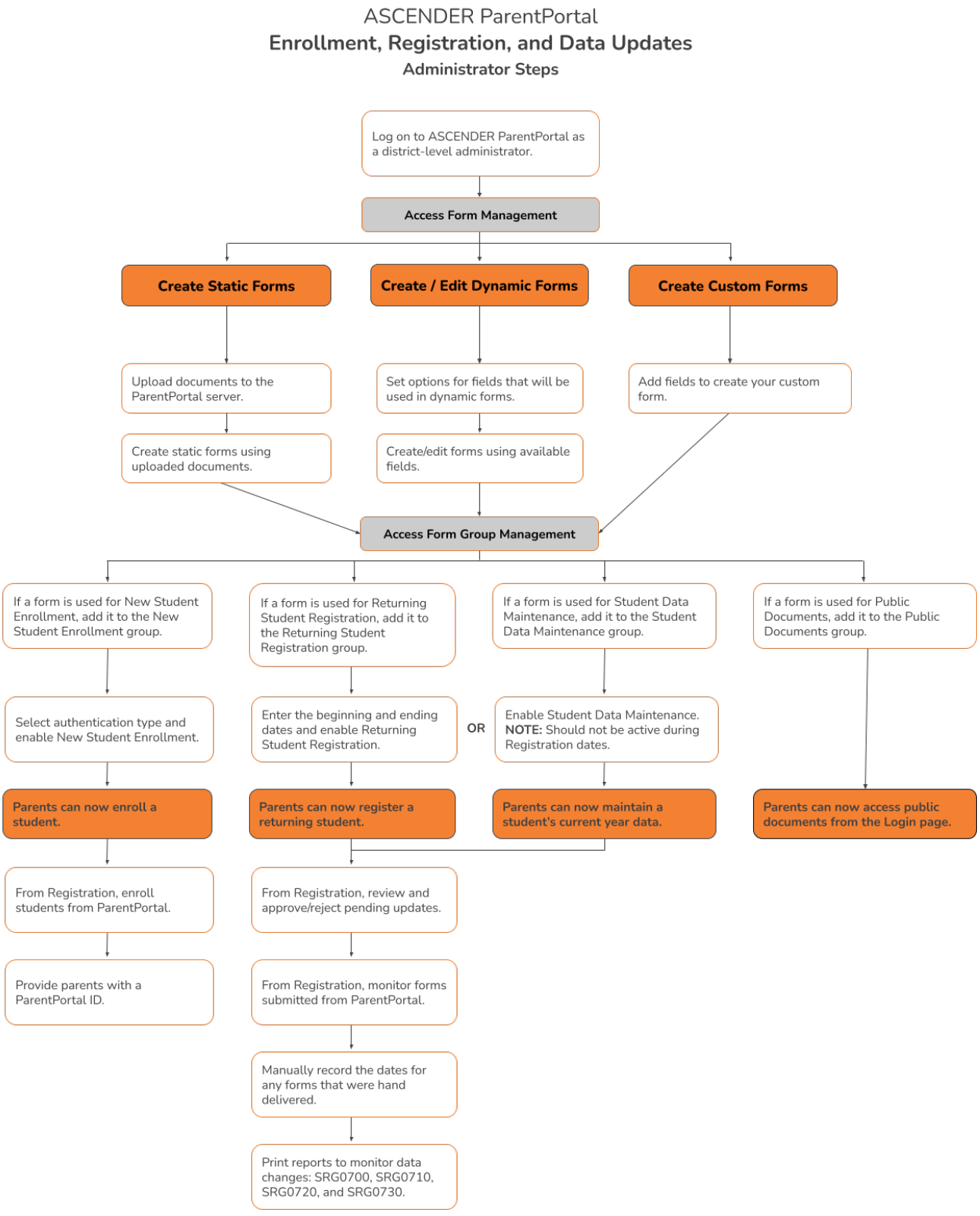
# Table of Contents

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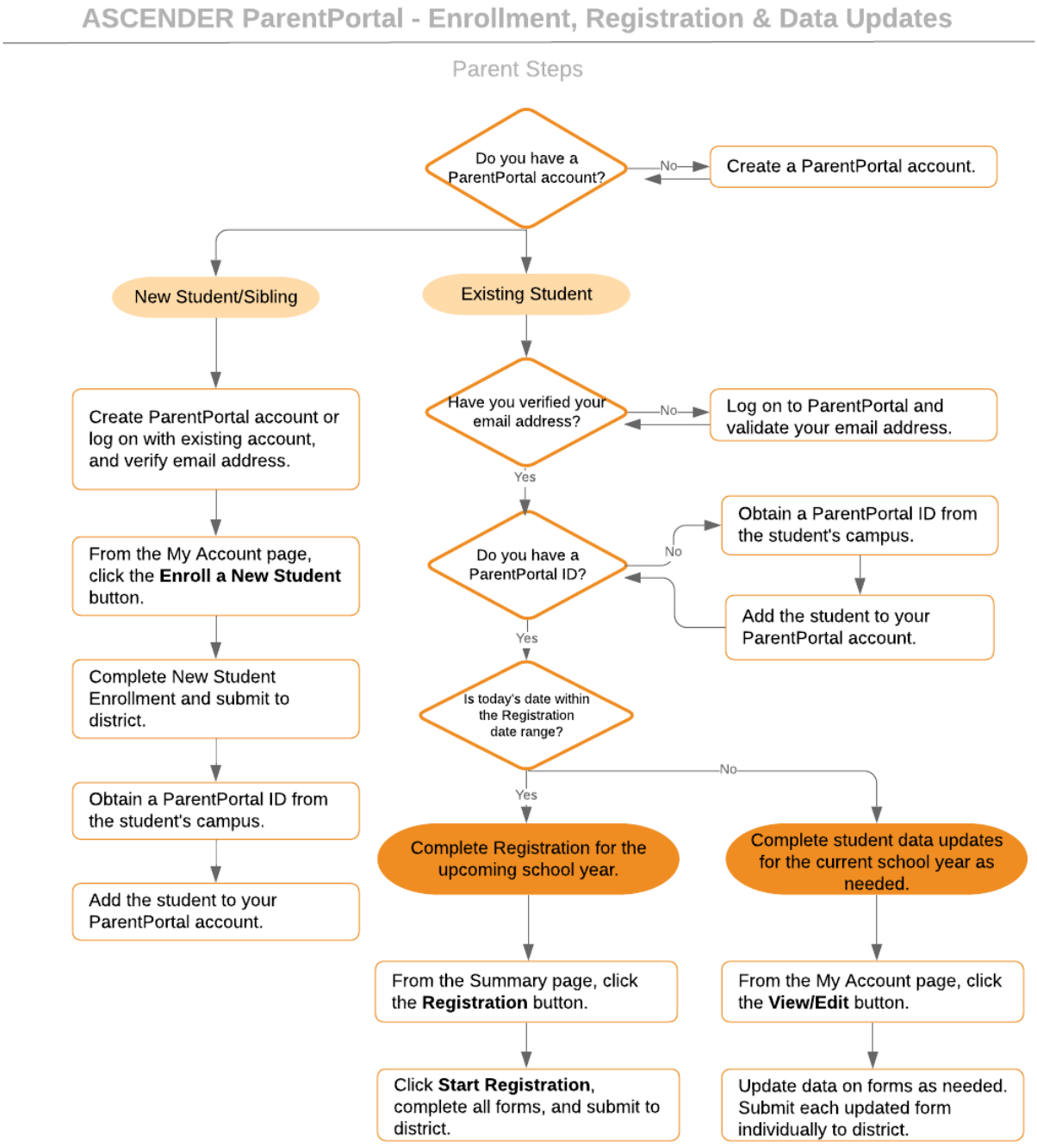
# ParentPortal Admin: Enrollment, Registration, and Data Updates

## Overview

Flow Chart: Admin Steps:




## Flow Chart: Parent Steps:




# Terminology

Be sure you are familiar with the following terminology:

Terminology:

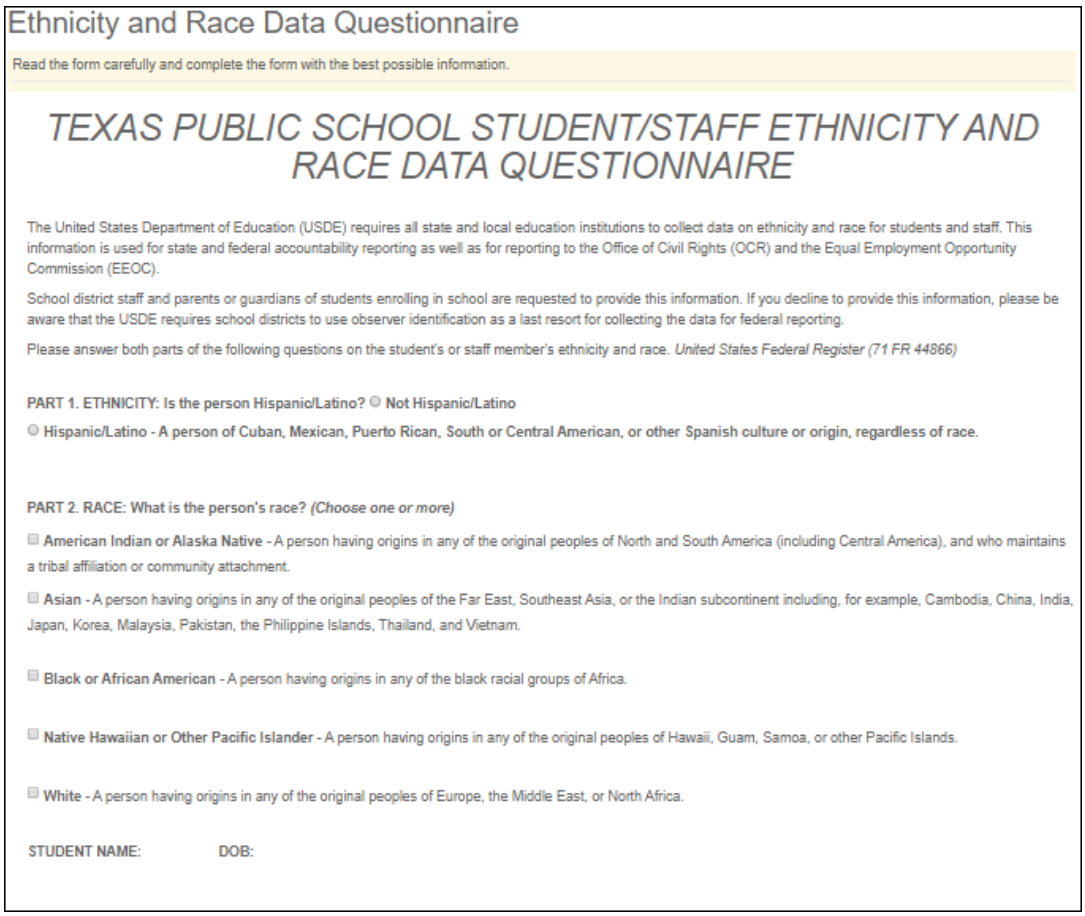
- ***New Student Enrollment*** - The process of enrolling a student in the district for the first time in the current year.
- ***Returning Student Registration*** - The annual registration of returning students, including

review and updates to student records such as demographic data updates and standard forms.

- ***Student Data Maintenance*** - The ongoing maintenance of records for existing students, such as changes to contact information.

## Form Types:

- ***Uploaded documents*** cannot be updated online by parents; they can by viewed, printed, completed by hand, and returned to the campus. Uploaded documents forms will vary by campus and district, and can be delivered in various formats, such as Microsoft Word, PDF, spreadsheet, etc. Calendars are an example of static documents. **Any documents you upload should be ADA compliant.**
- ***Dynamic forms*** are presented online and can be completed and submitted online. These forms may include student online registration and demographic updates, as well as document attachment fields and uploads. Dynamic forms are built from a list of available fields. The list of available fields can be found later in the document.
- ***Standard forms*** are predefined district-level forms that are common throughout Texas. The forms cannot be edited, but you can determine whether or not they are available to parents by including (or excluding) them from groups. Most forms are submitted annually; the Home Language Survey only needs to be submitted once during the student's lifetime enrollment in the district.
    - Forms list:
        - Ethnicity and Race Data Questionnaire



Ethnicity and Race Data Questionnaire

Read the form carefully and complete the form with the best possible information.

TEXAS PUBLIC SCHOOL STUDENT/STAFF ETHNICITY AND RACE DATA QUESTIONNAIRE

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

PART 1. ETHNICITY: Is the person Hispanic/Latino? Not Hispanic/Latino

Hispanic/Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

PART 2. RACE: What is the person's race? *(Choose one or more)*

American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

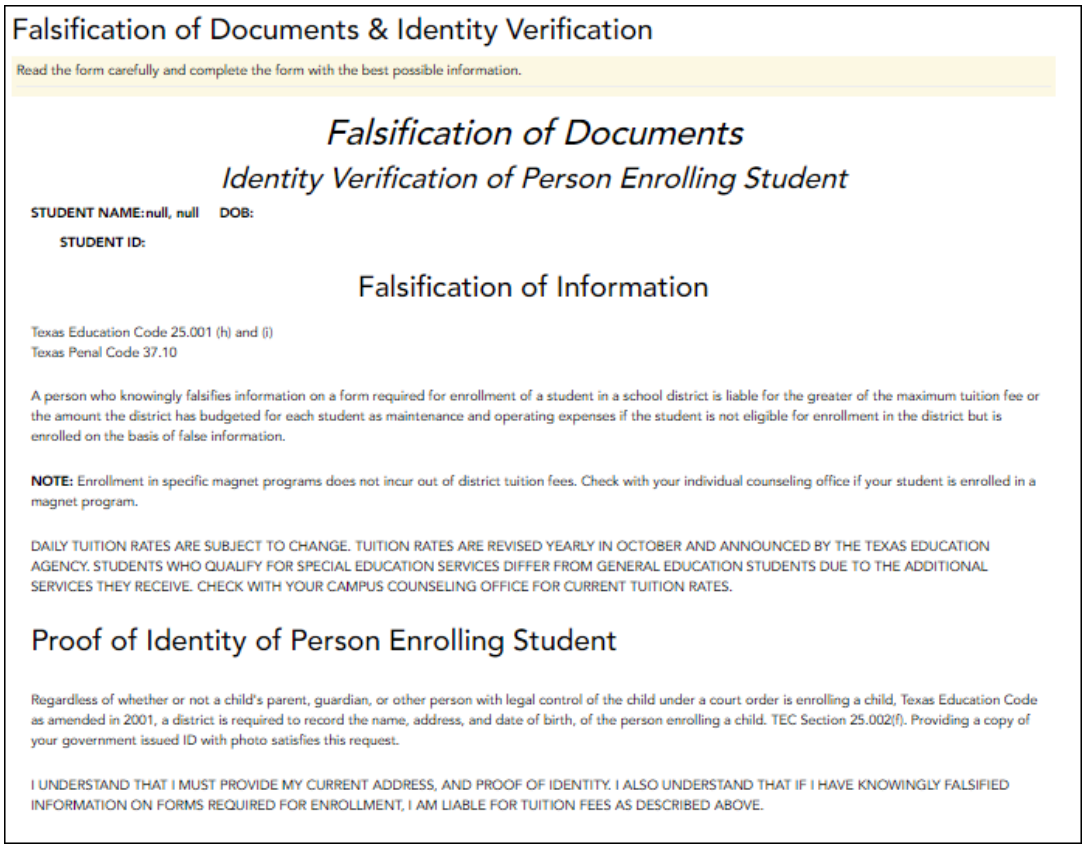
Black or African American - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

STUDENT NAME: DOB:

        - Falsification of Documents & Identify Verification



Falsification of Documents & Identity Verification

Read the form carefully and complete the form with the best possible information.

*Falsification of Documents*

*Identity Verification of Person Enrolling Student*

**STUDENT NAME:null, null** **DOB:**

**STUDENT ID:**

Falsification of Information

Texas Education Code 25.001 (h) and (i)
Texas Penal Code 37.10

A person who knowingly falsifies information on a form required for enrollment of a student in a school district is liable for the greater of the maximum tuition fee or the amount the district has budgeted for each student as maintenance and operating expenses if the student is not eligible for enrollment in the district but is enrolled on the basis of false information.

**NOTE:** Enrollment in specific magnet programs does not incur out of district tuition fees. Check with your individual counseling office if your student is enrolled in a magnet program.

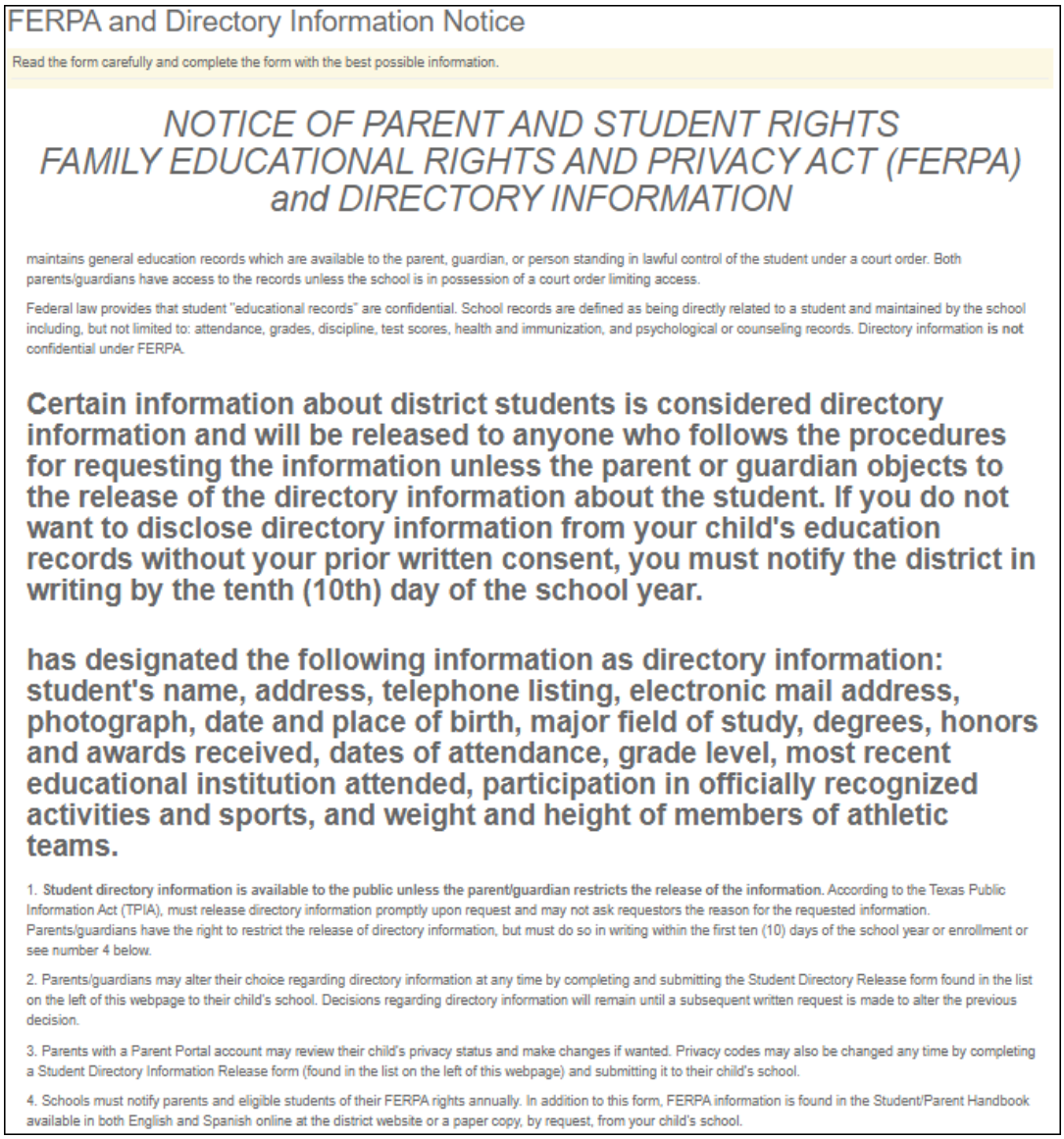
DAILY TUITION RATES ARE SUBJECT TO CHANGE. TUITION RATES ARE REVISED YEARLY IN OCTOBER AND ANNOUNCED BY THE TEXAS EDUCATION AGENCY. STUDENTS WHO QUALIFY FOR SPECIAL EDUCATION SERVICES DIFFER FROM GENERAL EDUCATION STUDENTS DUE TO THE ADDITIONAL SERVICES THEY RECEIVE. CHECK WITH YOUR CAMPUS COUNSELING OFFICE FOR CURRENT TUITION RATES.

Proof of Identity of Person Enrolling Student

Regardless of whether or not a child's parent, guardian, or other person with legal control of the child under a court order is enrolling a child, Texas Education Code as amended in 2001, a district is required to record the name, address, and date of birth, of the person enrolling a child. TEC Section 25.002(f). Providing a copy of your government issued ID with photo satisfies this request.

I UNDERSTAND THAT I MUST PROVIDE MY CURRENT ADDRESS, AND PROOF OF IDENTITY. I ALSO UNDERSTAND THAT IF I HAVE KNOWINGLY FALSIFIED INFORMATION ON FORMS REQUIRED FOR ENROLLMENT, I AM LIABLE FOR TUITION FEES AS DESCRIBED ABOVE.

- FERPA and Directory Information Notice



FERPA and Directory Information Notice

Read the form carefully and complete the form with the best possible information.

*NOTICE OF PARENT AND STUDENT RIGHTS*
*FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)*
*and DIRECTORY INFORMATION*

maintains general education records which are available to the parent, guardian, or person standing in lawful control of the student under a court order. Both parents/guardians have access to the records unless the school is in possession of a court order limiting access.

Federal law provides that student "educational records" are confidential. School records are defined as being directly related to a student and maintained by the school including, but not limited to: attendance, grades, discipline, test scores, health and immunization, and psychological or counseling records. Directory information **is not** confidential under FERPA.

**Certain information about district students is considered directory information and will be released to anyone who follows the procedures for requesting the information unless the parent or guardian objects to the release of the directory information about the student. If you do not want to disclose directory information from your child's education records without your prior written consent, you must notify the district in writing by the tenth (10th) day of the school year.**

**has designated the following information as directory information: student's name, address, telephone listing, electronic mail address, photograph, date and place of birth, major field of study, degrees, honors and awards received, dates of attendance, grade level, most recent educational institution attended, participation in officially recognized activities and sports, and weight and height of members of athletic teams.**

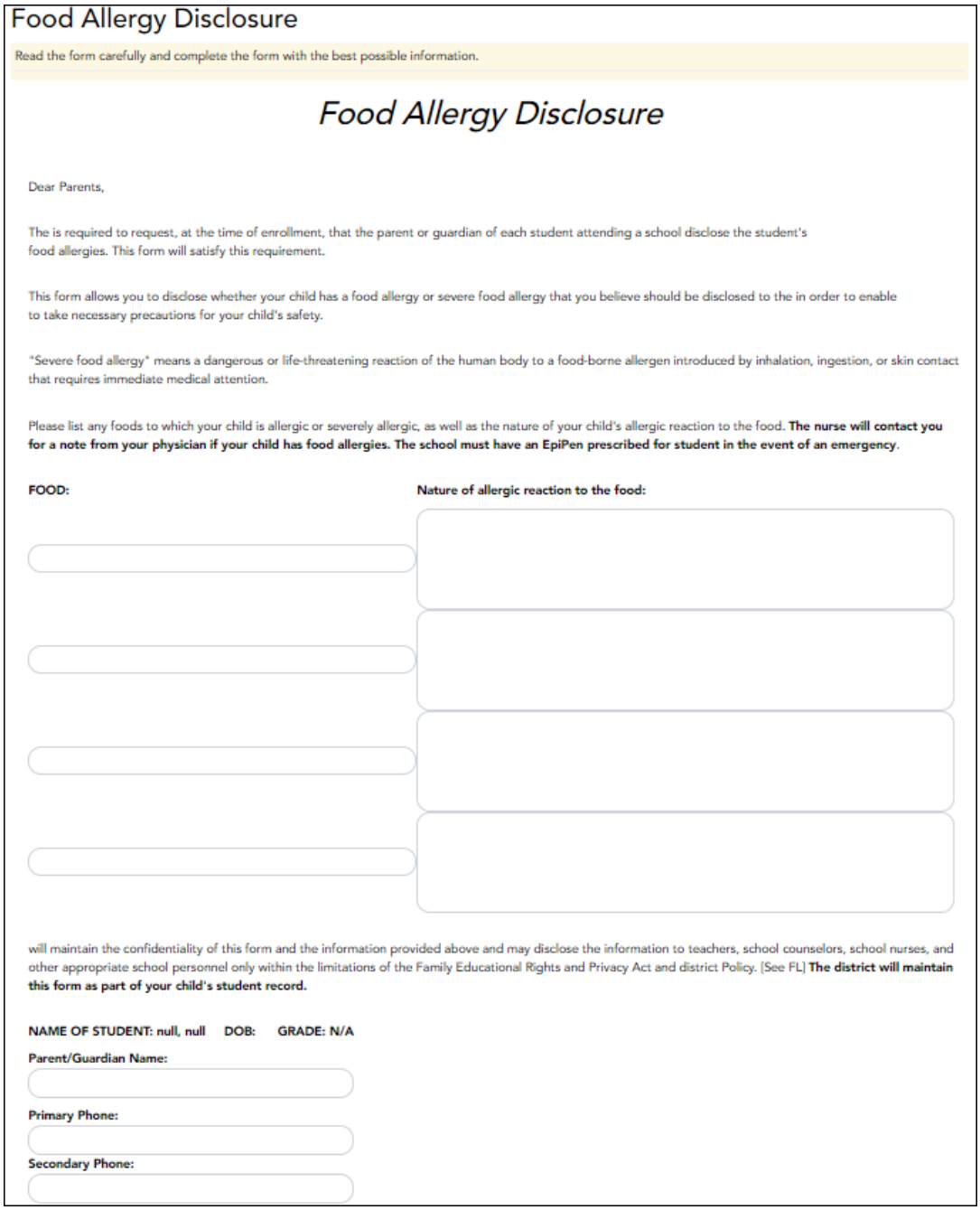
1. **Student directory information is available to the public unless the parent/guardian restricts the release of the information.** According to the Texas Public Information Act (TPIA), must release directory information promptly upon request and may not ask requestors the reason for the requested information. Parents/guardians have the right to restrict the release of directory information, but must do so in writing within the first ten (10) days of the school year or enrollment or see number 4 below.

2. Parents/guardians may alter their choice regarding directory information at any time by completing and submitting the Student Directory Release form found in the list on the left of this webpage to their child's school. Decisions regarding directory information will remain until a subsequent written request is made to alter the previous decision.

3. Parents with a Parent Portal account may review their child's privacy status and make changes if wanted. Privacy codes may also be changed any time by completing a Student Directory Information Release form (found in the list on the left of this webpage) and submitting it to their child's school.

4. Schools must notify parents and eligible students of their FERPA rights annually. In addition to this form, FERPA information is found in the Student/Parent Handbook available in both English and Spanish online at the district website or a paper copy, by request, from your child's school.

- Food Allergy Disclosure



Food Allergy Disclosure

Read the form carefully and complete the form with the best possible information.

*Food Allergy Disclosure*

Dear Parents,

The is required to request, at the time of enrollment, that the parent or guardian of each student attending a school disclose the student's food allergies. This form will satisfy this requirement.

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the in order to enable to take necessary precautions for your child's safety.

"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as the nature of your child's allergic reaction to the food. **The nurse will contact you for a note from your physician if your child has food allergies. The school must have an EpiPen prescribed for student in the event of an emergency**.

**FOOD:** **Nature of allergic reaction to the food:**

will maintain the confidentiality of this form and the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and district Policy. [See FL] **The district will maintain this form as part of your child's student record.**

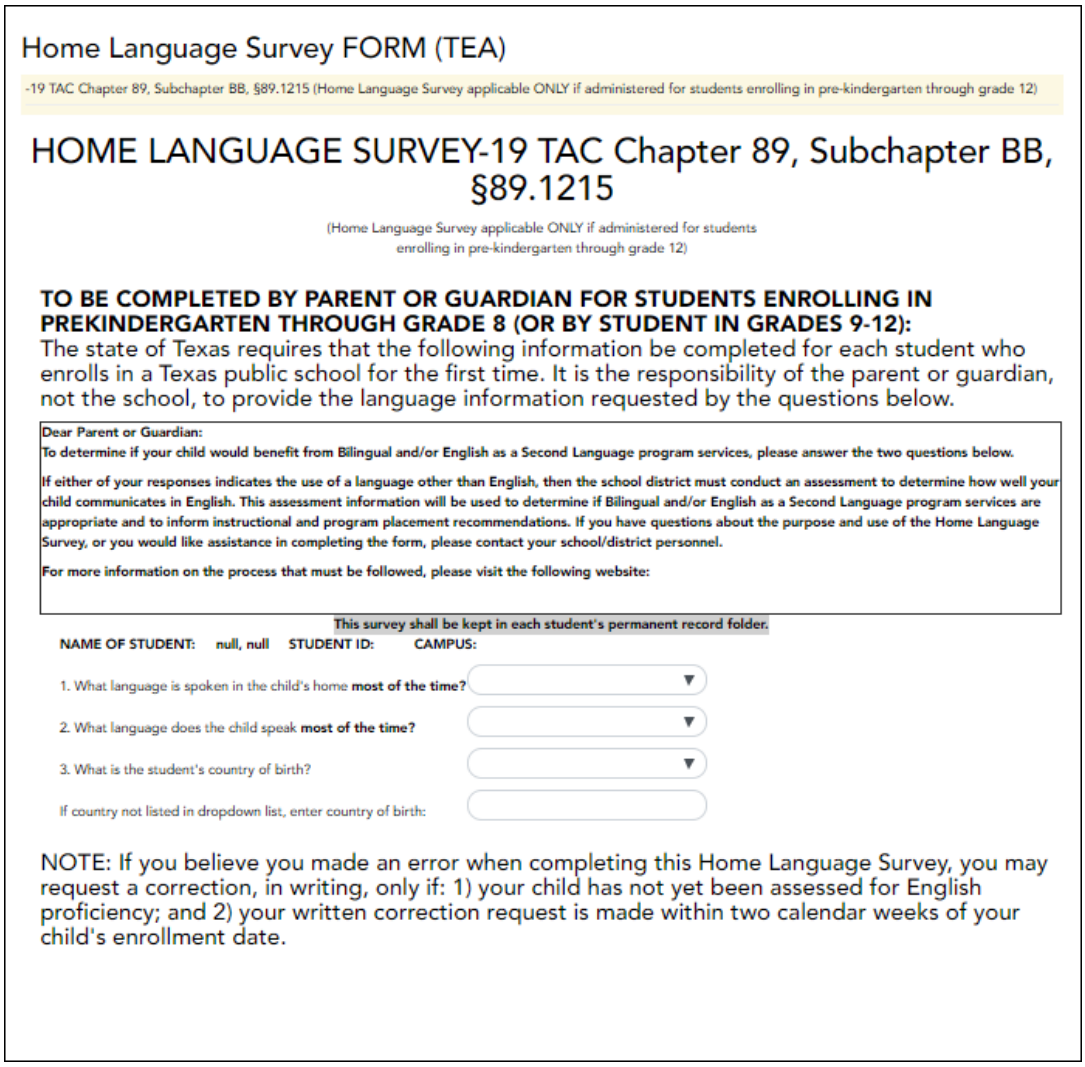
**NAME OF STUDENT: null, null** **DOB:** **GRADE: N/A**

**Parent/Guardian Name:**

**Primary Phone:**

**Secondary Phone:**

- Home Language Survey *



Home Language Survey FORM (TEA)

-19 TAC Chapter 89, Subchapter BB, §89.1215 (Home Language Survey applicable ONLY if administered for students enrolling in pre-kindergarten through grade 12)

HOME LANGUAGE SURVEY-19 TAC Chapter 89, Subchapter BB, §89.1215

(Home Language Survey applicable ONLY if administered for students enrolling in pre-kindergarten through grade 12)

**TO BE COMPLETED BY PARENT OR GUARDIAN FOR STUDENTS ENROLLING IN PREKINDERGARTEN THROUGH GRADE 8 (OR BY STUDENT IN GRADES 9-12):**
The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below.

**Dear Parent or Guardian:**
**To determine if your child would benefit from Bilingual and/or English as a Second Language program services, please answer the two questions below.**

**If either of your responses indicates the use of a language other than English, then the school district must conduct an assessment to determine how well your child communicates in English. This assessment information will be used to determine if Bilingual and/or English as a Second Language program services are appropriate and to inform instructional and program placement recommendations. If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.**

**For more information on the process that must be followed, please visit the following website:**

**This survey shall be kept in each student's permanent record folder.**

**NAME OF STUDENT:** **null, null** **STUDENT ID:** **CAMPUS:**

1. What language is spoken in the child's home **most of the time?**
2. What language does the child speak **most of the time?**
3. What is the student's country of birth?

If country not listed in dropdown list, enter country of birth:

NOTE: If you believe you made an error when completing this Home Language Survey, you may request a correction, in writing, only if: 1) your child has not yet been assessed for English proficiency; and 2) your written correction request is made within two calendar weeks of your child's enrollment date.

- Migrant Education Program - Family Survey

# Migrant Education Program - Family Survey

Read the form carefully and complete the form with the best possible information.

## MIGRANT EDUCATION PROGRAM - FAMILY SURVEY

**District:** **Campus:**
**Student Name:** **Age:** **Grade Level:**

Dear Parents,

In order to better serve your children, our school district is helping the State of Texas identify students who may qualify to receive additional educational services.

**The information below will be kept confidential.**

Please answer the following questions:

**1. Within the past 3 years have you, or your child, moved from one school district, city or state to another?** ○ **Yes** ○ **No**

**2. If yes, did you, or your child, move so you could work or look for work in agriculture or fishing?** ○ **Yes** ○ **No**

**If your answer above is NO, STOP here and submit form.**

If your answer is YES, please check all that apply below.


☐ Working in fruit, vegetable, sunflower, cotton, wheat, grain, farms or ranches, fields & vineyards


☐ Working in a cannery


☐ Working on a dairy farm


☐ Working in a fishery


☐ Working on a poultry farm


☐ Working in a plant nursery, orchard, tree growing or harvesting


☐ Working in a slaughter house

Other similar work, please explain:

**Please complete the following information:**

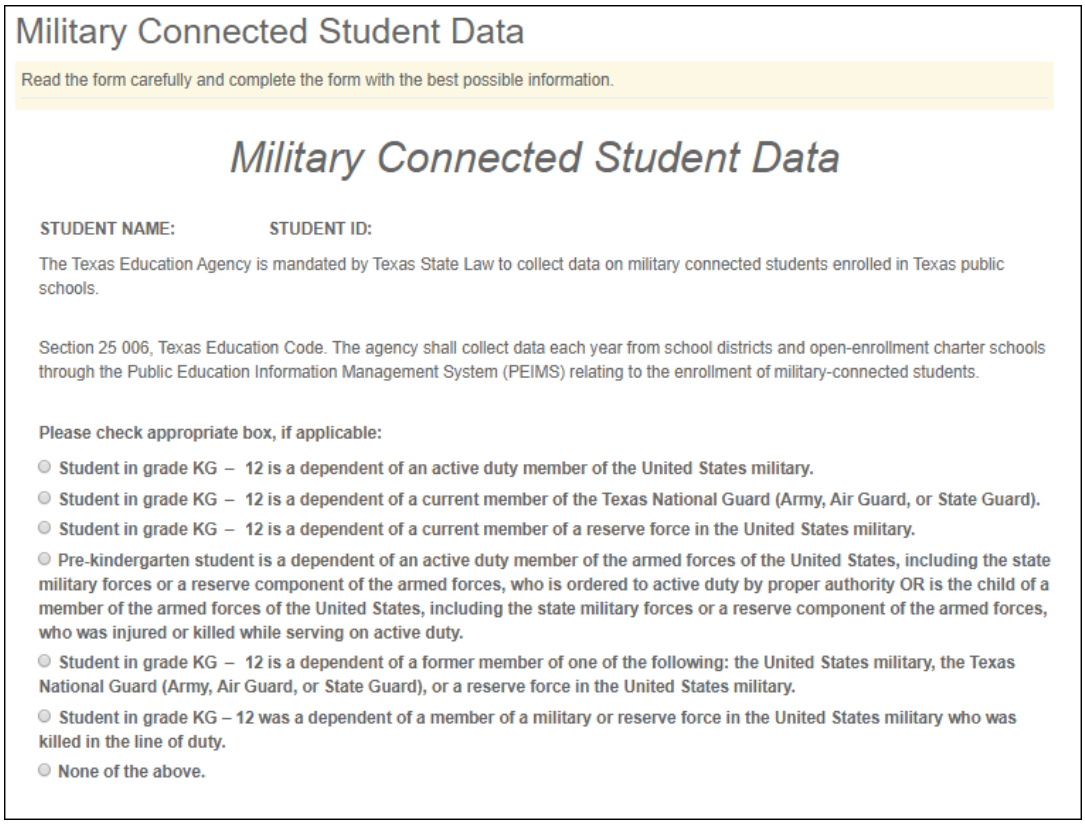
Best time to contact you: Telephone Number:

Parent/Guardian Name:

Home Address/Apt Name: City: Zip Code:

Mailing Address: City: Zip Code:

- Military Connected Student Data



Military Connected Student Data

Read the form carefully and complete the form with the best possible information.

*Military Connected Student Data*

**STUDENT NAME:** **STUDENT ID:**

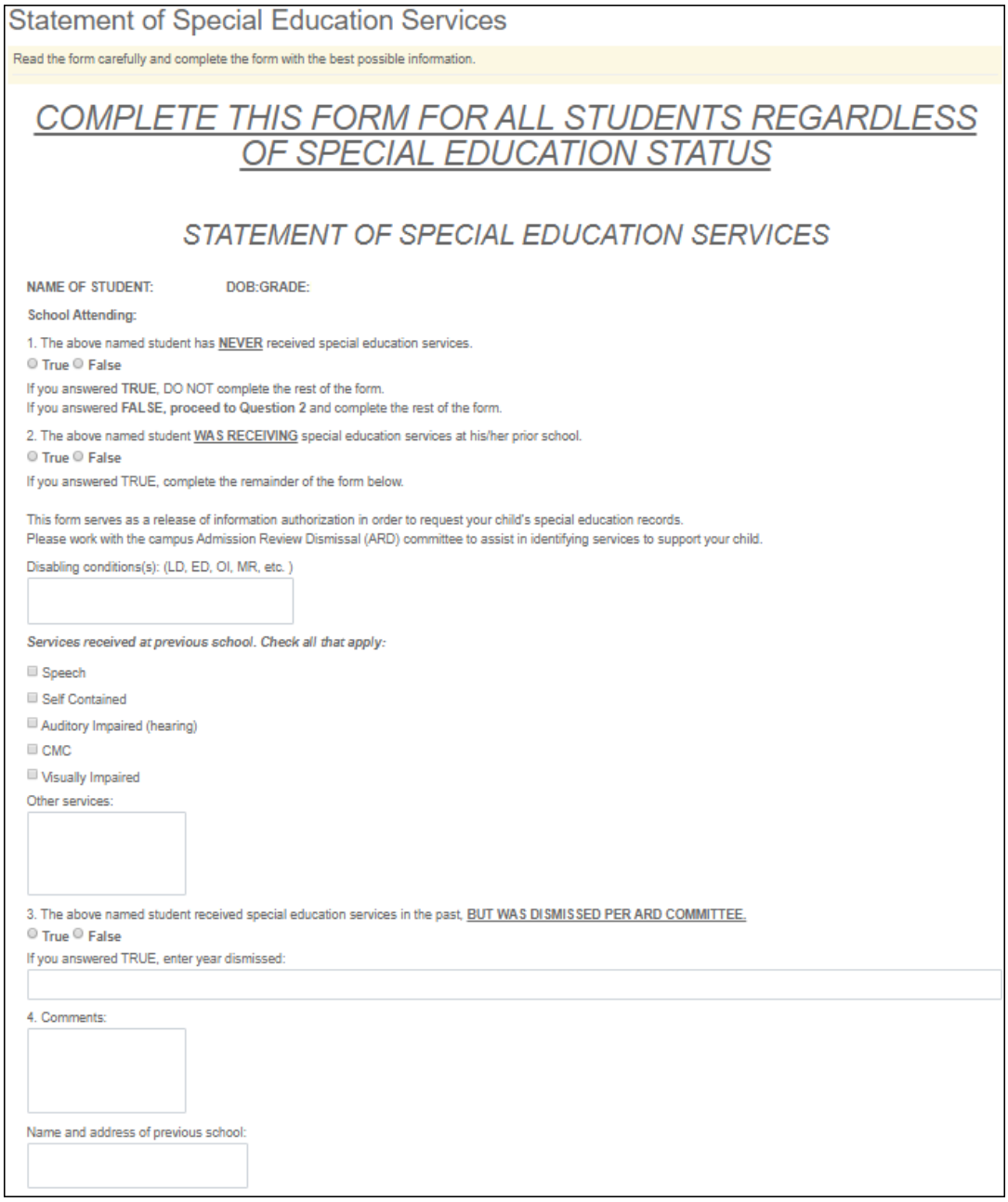
The Texas Education Agency is mandated by Texas State Law to collect data on military connected students enrolled in Texas public schools.

Section 25 006, Texas Education Code. The agency shall collect data each year from school districts and open-enrollment charter schools through the Public Education Information Management System (PEIMS) relating to the enrollment of military-connected students.

**Please check appropriate box, if applicable:**

- **Student in grade KG – 12 is a dependent of an active duty member of the United States military.**
- **Student in grade KG – 12 is a dependent of a current member of the Texas National Guard (Army, Air Guard, or State Guard).**
- **Student in grade KG – 12 is a dependent of a current member of a reserve force in the United States military.**
- **Pre-kindergarten student is a dependent of an active duty member of the armed forces of the United States, including the state military forces or a reserve component of the armed forces, who is ordered to active duty by proper authority OR is the child of a member of the armed forces of the United States, including the state military forces or a reserve component of the armed forces, who was injured or killed while serving on active duty.**
- **Student in grade KG – 12 is a dependent of a former member of one of the following: the United States military, the Texas National Guard (Army, Air Guard, or State Guard), or a reserve force in the United States military.**
- **Student in grade KG – 12 was a dependent of a member of a military or reserve force in the United States military who was killed in the line of duty.**
- **None of the above.**

- Statement of Special Education Services



Statement of Special Education Services

Read the form carefully and complete the form with the best possible information.

COMPLETE THIS FORM FOR ALL STUDENTS REGARDLESS OF SPECIAL EDUCATION STATUS

STATEMENT OF SPECIAL EDUCATION SERVICES

NAME OF STUDENT: DOB:GRADE:

School Attending:

1. The above named student has NEVER received special education services.

True False

If you answered TRUE, DO NOT complete the rest of the form.
If you answered FALSE, proceed to Question 2 and complete the rest of the form.

2. The above named student WAS RECEIVING special education services at his/her prior school.

True False

If you answered TRUE, complete the remainder of the form below.

This form serves as a release of information authorization in order to request your child's special education records.
Please work with the campus Admission Review Dismissal (ARD) committee to assist in identifying services to support your child.

Disabling conditions(s): (LD, ED, OI, MR, etc. )

*Services received at previous school. Check all that apply:*

Speech
Self Contained
Auditory Impaired (hearing)
CMC
Visually Impaired

Other services:

3. The above named student received special education services in the past, BUT WAS DISMISSED PER ARD COMMITTEE.

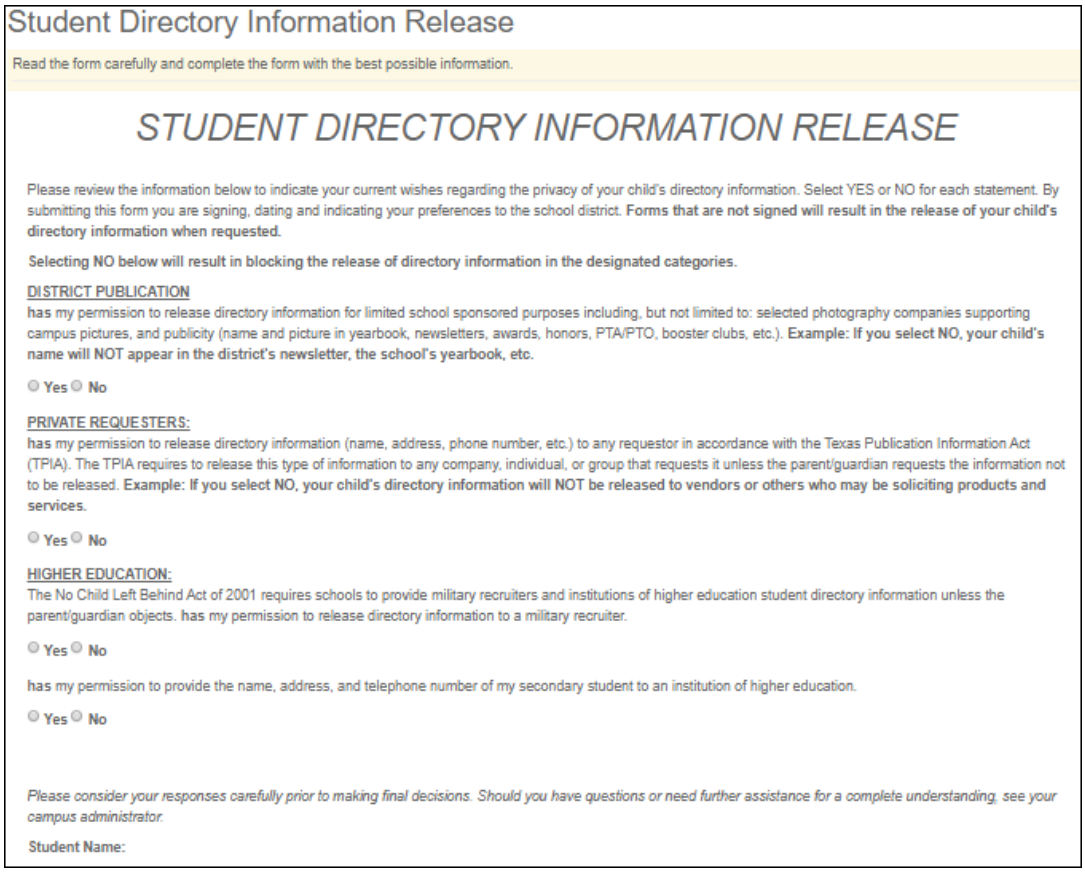
True False

If you answered TRUE, enter year dismissed:

4. Comments:

Name and address of previous school:

- Student Directory Information Release



Student Directory Information Release

Read the form carefully and complete the form with the best possible information.

STUDENT DIRECTORY INFORMATION RELEASE

Please review the information below to indicate your current wishes regarding the privacy of your child's directory information. Select YES or NO for each statement. By submitting this form you are signing, dating and indicating your preferences to the school district. **Forms that are not signed will result in the release of your child's directory information when requested.**

**Selecting NO below will result in blocking the release of directory information in the designated categories.**

DISTRICT PUBLICATION

**has** my permission to release directory information for limited school sponsored purposes including, but not limited to: selected photography companies supporting campus pictures, and publicity (name and picture in yearbook, newsletters, awards, honors, PTA/PTO, booster clubs, etc.). **Example: If you select NO, your child's name will NOT appear in the district's newsletter, the school's yearbook, etc.**

Yes No

PRIVATE REQUESTERS:

**has** my permission to release directory information (name, address, phone number, etc.) to any requestor in accordance with the Texas Publication Information Act (TPIA). The TPIA requires to release this type of information to any company, individual, or group that requests it unless the parent/guardian requests the information not to be released. **Example: If you select NO, your child's directory information will NOT be released to vendors or others who may be soliciting products and services.**

Yes No

HIGHER EDUCATION:

The No Child Left Behind Act of 2001 requires schools to provide military recruiters and institutions of higher education student directory information unless the parent/guardian objects. **has** my permission to release directory information to a military recruiter.

Yes No

**has** my permission to provide the name, address, and telephone number of my secondary student to an institution of higher education.

Yes No

*Please consider your responses carefully prior to making final decisions. Should you have questions or need further assistance for a complete understanding, see your campus administrator.*

**Student Name:**

- Student Health Information Sheet

Student Health Information Sheet

Notify the nurse/clinic assistant at your child's campus of any changes with your child's health status during the school year.

**All information obtained for this purpose will remain confidential. One form per student enrolled is required.**

## STUDENT HEALTH INFORMATION SHEET

Campus Name:

Name of Student: Grade: Gender:

Date of Birth: Student's Age: Student ID:

HEALTH HISTORY: Select Yes for any conditions that apply to your child and have been diagnosed by a physician.

| CONDITION | RESPONSE | DATE | COMMENTS |
|---|---|---|---|
| ADHD: | Yes No | | |
| ADD: | Yes No | | |
| Allergies: | Yes No | | |
| Asthma: | Yes No | | |
| Bladder/Bowel Issues: | Yes No | | |
| Blood Disorder: | Yes No | | |
| Bone/Muscle Issues: | Yes No | | |
| Cancer: | Yes No | | |
| Celiac Disease: | Yes No | | |
| Chickenpox: | Yes No | | |
| Diabetes: | Yes No | | |
| Kidney: | Yes No | | |
| Heart Disease: | Yes No | | |
| Hepatitis: | Yes No | | |
| Immune Disorder: | Yes No | | |
| Mental/Behavioral Health: | Yes No | | |
| Migraine: | Yes No | | |
| Neurological: | Yes No | | |
| Scoliosis: | Yes No | | |
| Seizures: | Yes No | | |
| Surgery: | Yes No | | |
| Other: | Yes No | | |
| Other: | Yes No | | |
| Other: | Yes No | | |

**Prescription medication to be given at school must be in the original bottle with the child's name and instructions for administration on the label. A permission form must be signed by the parent or guardian and kept on file in the nurse's office. In accordance with the Nurse Practice Act, a health plan must be developed for administering care for any ongoing chronic condition (i.e. diabetes, asthma, epilepsy etc.)**

| MEDICATIONS | | COMMENTS |
|---|---|---|
| Is your child prescribed an epinephrine injector such as Epi-Pen®? | Yes No | |
| Is your child on any prescriptive medications? | Yes No | |
| If yes, state the name of the medications(s) and the reason it is being given. | | |
| Will the medication be given at school? | Yes No | |

| VISION | | COMMENTS |
|---|---|---|
| Does your child have a vision problem? If yes, please describe: | Yes No | |
| Does your child wear glasses? | Yes No | |
| Does your child wear contacts? | Yes No | |

HEARING

Is there a hearing loss or deafness? Yes No Left ear? Right ear?

Does the child wear a hearing aid(s)? Yes No

When a child suffers any injury or illness while in school, an immediate and continuing effort will be made to contact parents. In cases of serious injury or illness, first aid will be rendered in accordance with local school policies.

**EMERGENCY HEALTHCARE CONSENT:** I represent that I am a person who has the right to consent to medical, dental, psychological, and surgical treatment on behalf of the identified student. I authorize the to contact the person(s) identified by the student's parent(s)/guardian(s) as emergency contact(s). In the event that the student's parent(s), legal guardian(s), emergency contact(s) and/or nonparent adult caregiver(s) authorized by Texas Family Code Chapter 34 cannot be immediately contacted by telephone, I authorize the to consent to medical, dental, psychological, and surgical treatment on behalf of the student.

Yes No

**NOTE:** In the event the consents to treatment of the student pursuant to this authorization, the is immune from any and all liability for damages or amounts incurred, including the cost of emergency care or transportation, resulting from the examination or treatment of the identified student.

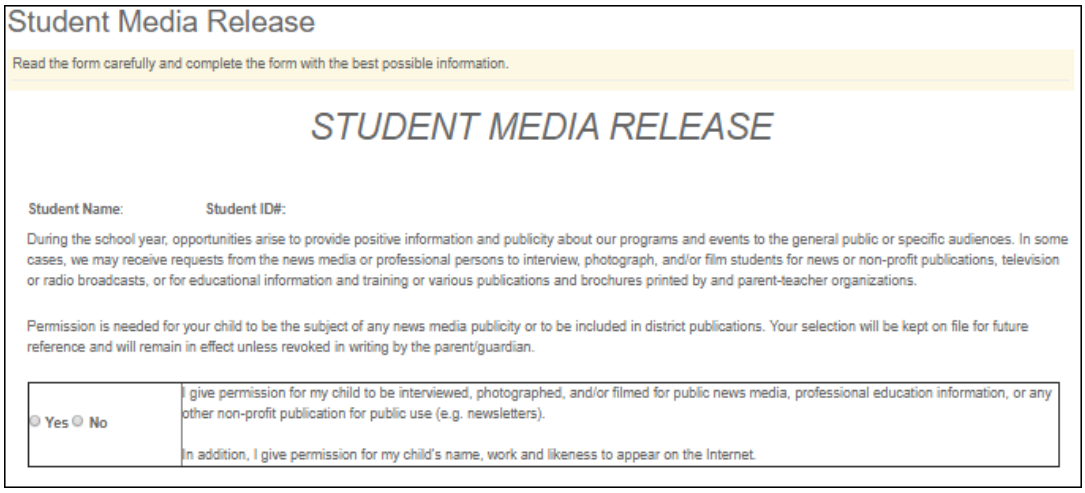
Hospital Preferred:

Physician Name and Phone Number:

| SIBLING NAMES | GRADE | CAMPUS |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**does not discriminate against any person because of race, color, religion, sex, national origin, disability, age, or on any other basis prohibited by law.**

- Student Media Release



Student Media Release

Read the form carefully and complete the form with the best possible information.

STUDENT MEDIA RELEASE

Student Name: Student ID#:

During the school year, opportunities arise to provide positive information and publicity about our programs and events to the general public or specific audiences. In some cases, we may receive requests from the news media or professional persons to interview, photograph, and/or film students for news or non-profit publications, television or radio broadcasts, or for educational information and training or various publications and brochures printed by and parent-teacher organizations.

Permission is needed for your child to be the subject of any news media publicity or to be included in district publications. Your selection will be kept on file for future reference and will remain in effect unless revoked in writing by the parent/guardian.

| | |
|---|---|
| Yes No | I give permission for my child to be interviewed, photographed, and/or filmed for public news media, professional education information, or any other non-profit publication for public use (e.g. newsletters).<br><br>In addition, I give permission for my child's name, work and likeness to appear on the Internet. |

- Student Residency Questionnaire (McKinney-Vento)

# Student Residency Questionnaire

The information on this form is required to address the McKinney-Vento Act 42 U.S.C. 11434a(2). The answers to this residency information help determine the services the student may be eligible to receive. Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

**All information obtained for this purpose will remain confidential. One form per student enrolled is required.**

## STUDENT RESIDENCY QUESTIONNAIRE

**NAME OF STUDENT:** **Gender:** **Date of Birth:**

**School Attending:** **Student ID:**

**GRADE:** **AGE:**

○ Yes ○ No Is your current address a temporary living arrangement?

○ Yes ○ No Is your temporary living arrangement due to loss of housing or economic hardship?

If you answered **NO** to both of the questions above, DO NOT complete the rest of the form. Click Submit Data to sign and submit the form.
If you answered **YES to either of the questions above, proceed to Section A**, complete the rest of the form.

**Section A - Student Living Situation (Check all that apply)**

- ☐ Live with parent/legal guardian in a home, apartment, or housing and does not share home with any other family.
- ☐ Live in a shelter because I do not have permanent housing (family shelter, domestic violence shelter, children/youth shelter, FEMA housing), includes living in transitional housing (housing available for a specific length of time only and partly paid by a Church or other organization).
- ☐ Live in the home of a friend or relative because I lost my housing (doubled up due to economic hardship, fire, flood, lost job, divorce, domestic violence, parent in military and was deployed, parent in jail, etc.)
- ☐ Live in a tent, car, van, abandoned building (living on the streets, campground, park, or unsheltered location), includes living without electricity, heat, and/or running water in a home/apartment.
- ☐ Live in hotel or motel (due to economic hardship, eviction, flood, fire, hurricane, etc.)
- ☐ Unaccompanied Youth (student is not living in the home of a parent or legal guardian)
- ☐ Child or youth placed by DFPS with a temporary guardian (DFPS provided a Parental Child Safety Plan or Authorization for Non-Parent or Voluntary Caregiver)
- ☐ None of these describe my present living situation. Briefly describe your situation:

**Section B: Factors contributing to the student's current living situation (Check all that apply):**

- ☐ Natural disaster
  - ☐ Tornado, storm, flood, etc.
  - ☐ Hurricane, name:
  - ☐ Fire: prairie, forest, grass, lightning strike, etc.
- ☐ Family issues such as divorce, domestic violence, kicked out by parents, student left due to family conflict, etc.
- ☐ Home issue such as lack of electricity, water, heat, adequate home repair due to lack of funds, overcrowding, mold, etc.
- ☐ Military: Parent/guardian deployed, injured or killed in action
- ☐ Incarceration of parent/guardian
- ☐ Incarceration of parent or guardian due to health, mental health, drugs/alcohol, or other factors
- ☐ Home fire not due to natural causes (i.e., faulty equipment/appliances/wiring, furnace, stove, fireplace, etc.
- ☐ Economic hardship:
  - ☐ Loss of job resulting in inability to pay rent or mortgage
  - ☐ Income from part-time or low paying job does not cover cost of housing in the area
  - ☐ Loss of mortgage, including loss of mortgage of landlord if student/student's family is renting
  - ☐ Eviction record and/or inability to produce deposits for rent or utilities
- ☐ High medical bills that leave little or no money for housing
- ☐ Lack of affordable housing in the area
- ☐ Minor student unable to afford housing on my own
- ☐ None of the above describe the main reason for my present living situation. Briefly explain the contributing factors:

**Section C: Parent/Legal Guardian/Caregiver/Unaccompanied Youth**

| Last Name: | First Name: | Middle Name: | Relationship to Student: |
|---|---|---|---|
| | | | |

| Address: | Zip: | Telephone: |
|---|---|---|
| | | |

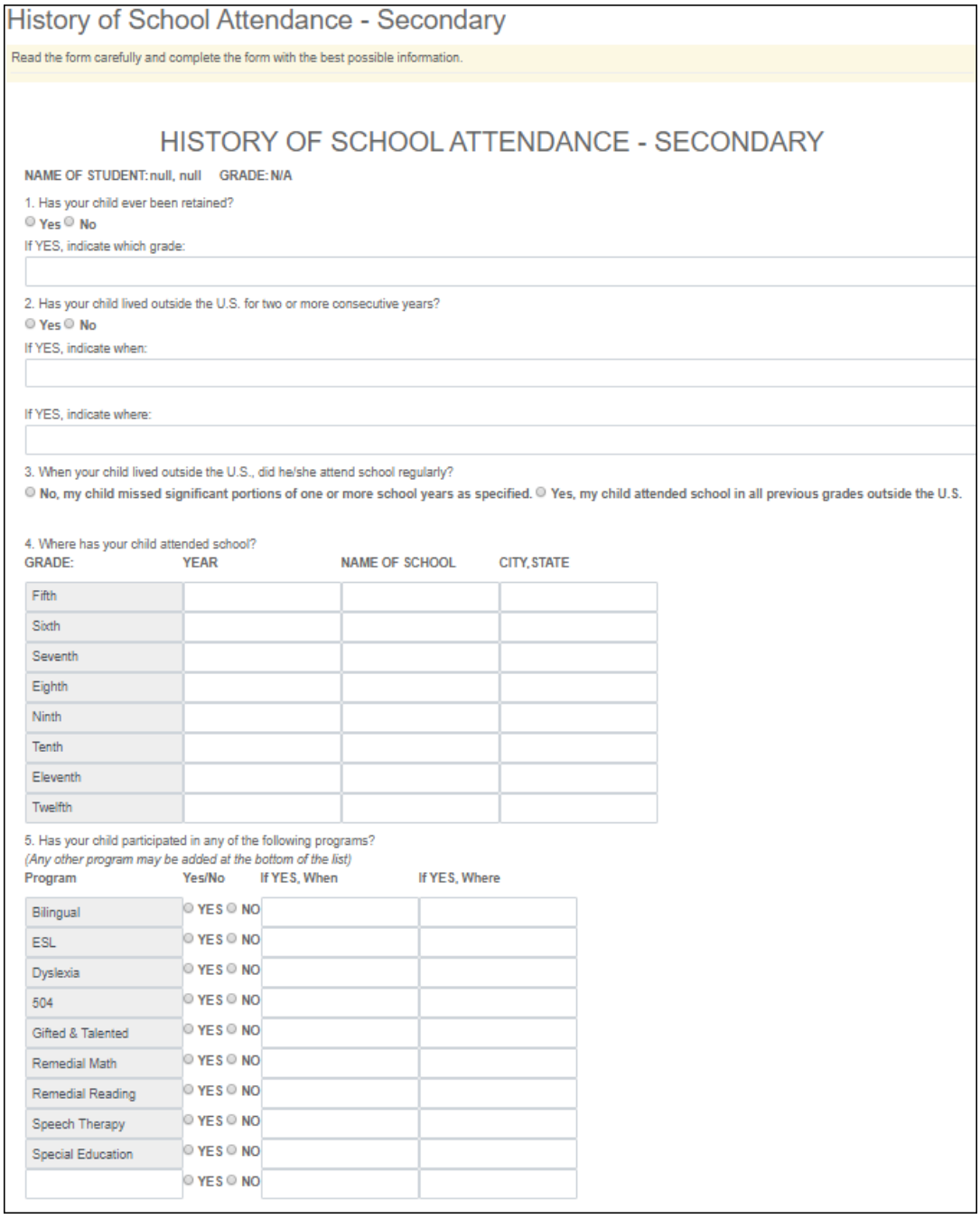
**Student's length of time at present address:**

| Years: | Months: | Days: | Number of Children Enrolled in District: |
|---|---|---|---|
| | | | |

Please provide the following information for school-age siblings (brothers and/or sisters) of the student:

| Name | Grade | School | District |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

- History of School Attendance - Secondary



History of School Attendance - Secondary

Read the form carefully and complete the form with the best possible information.

HISTORY OF SCHOOL ATTENDANCE - SECONDARY

NAME OF STUDENT: null, null GRADE: N/A

1. Has your child ever been retained?
Yes No
If YES, indicate which grade:

2. Has your child lived outside the U.S. for two or more consecutive years?
Yes No
If YES, indicate when:

If YES, indicate where:

3. When your child lived outside the U.S., did he/she attend school regularly?
No, my child missed significant portions of one or more school years as specified. Yes, my child attended school in all previous grades outside the U.S.

4. Where has your child attended school?

| GRADE: | YEAR | NAME OF SCHOOL | CITY, STATE |
|---|---|---|---|
| Fifth | | | |
| Sixth | | | |
| Seventh | | | |
| Eighth | | | |
| Ninth | | | |
| Tenth | | | |
| Eleventh | | | |
| Twelfth | | | |

5. Has your child participated in any of the following programs?
*(Any other program may be added at the bottom of the list)*

| Program | Yes/No | If YES, When | If YES, Where |
|---|---|---|---|
| Bilingual | YES NO | | |
| ESL | YES NO | | |
| Dyslexia | YES NO | | |
| 504 | YES NO | | |
| Gifted & Talented | YES NO | | |
| Remedial Math | YES NO | | |
| Remedial Reading | YES NO | | |
| Speech Therapy | YES NO | | |
| Special Education | YES NO | | |
| | YES NO | | |

* Only needs to be submitted once during the student's lifetime enrollment in the district.

- Download Standard Forms:

- ***Custom forms*** are forms that parents can complete and submit online. These forms include district-created questions which are not covered by dynamic and standard forms, such as polls, surveys, and event registration.

# Before you Begin

The following information will assist you in implementing ASCENDER ParentPortal New Student Enrollment, Returning Student Registration, and Student Data Maintenance in your district.

## Accessing the Tools & Assigning Staff

Determine who will be responsible for managing the tasks:

❑ The Form Management setup steps must be completed by a user with a district admin login for ASCENDER ParentPortal. These setup steps cover New Student Enrollment, Returning Student Registration, and Student Data Maintenance.

❑ Campus tasks such as enrolling students and accepting data changes must be completed by a user with access to the applicable pages in ASCENDER Registration. This user must have a role ID with appropriate access to necessary campuses and the following ASCENDER Registration pages:

**New Student Enrollment:**

- Registration > Maintenance > Online Registration > New Student Enrollment
- Registration > Maintenance > Parent Portal > Letters > Print > Letter Criteria
- Registration > Maintenance > Parent Portal > Letters > Print > Print Letters
- Registration > Maintenance > Student Enrollment > Forms (Be sure this tab is enabled in Security Admin.)

**Returning Student Registration and Student Data Maintenance:**

- Registration > Maintenance > Student Enrollment > Forms (Be sure this tab is enabled in Security Admin.)
- Registration > Maintenance > Online Registration > Register Student
- Registration > Maintenance > Online Registration > Pending Updates
- Registration > Reports > Registration Reports > Student > SRG0700 - Student Missing Forms
- Registration > Reports > Registration Reports > Student > SRG0710 - Standard Forms (Home Language Survey)
- Registration > Reports > Registration Reports > Student > SRG0720 - Online Registration Forms Related Reports
- Registration > Reports > Registration Reports > Student > SRG0730 - Percentage of Forms Submitted per Campus
- Registration > Reports > Registration Reports > Withdrawal > SRG2300 - Student Information Request

## Planning Ahead

❑ During the planning phase, contact your regional service center for assistance in developing your forms.

❑ Discuss how your campus and district will implement New Student Enrollment (method and location).

- What method will you be using (CAPTCHA or email verification)?
- Where will you be hosting the enrollment event (campus, home, during a Kinder Roundup event or open house, etc.)

❑ Determine who will be responsible for completing the form management setup and ongoing maintenance. It is recommended that 1 or 2 staff persons set up and maintain online forms.

❑ Review all of the district's current registration documents, and compare them to the available forms.

- Determine whether static forms are needed, and which built-in dynamic and standard forms will be used.
- Make changes to built-in forms as needed.
- Determine if custom forms are needed using district-created questions.
- Contact your service center consultant for assistance with individual situations.

❑ Develop a plan to explain how the returning student registration process will work.

❑ It is recommended that you communicate in advance to parents that they need to verify that their ASCENDER ParentPortal account and email address are current. Recommendations:

- Send a letter to parents (or use messaging system) to notify them that Returning Student Registration will be available on xx/xx/xxx (or during a particular event). Example: The letter can be created from ASCENDER Registration > Reports > Create Registration Report. Select the student contact fields, create the report, and then filter the report by email and populate a mail merge with an electronic form template.

- Enable online student data updates before the Returning Student Registration event. This will give parents an opportunity and a reason to log on to ASCENDER ParentPortal, which may assist districts in reconciling ParentPortal account issues.

- **NOTE:** Registration > Maintenance > Student Enrollment > Contact: The **Email** field for contacts marked as **Parent/Guardian** must match for ALL students associated with the ParentPortal account in order for Registration features to be activated for the parent. This email address must also be the address entered on the parent’s ParentPortal account and it must be validated.

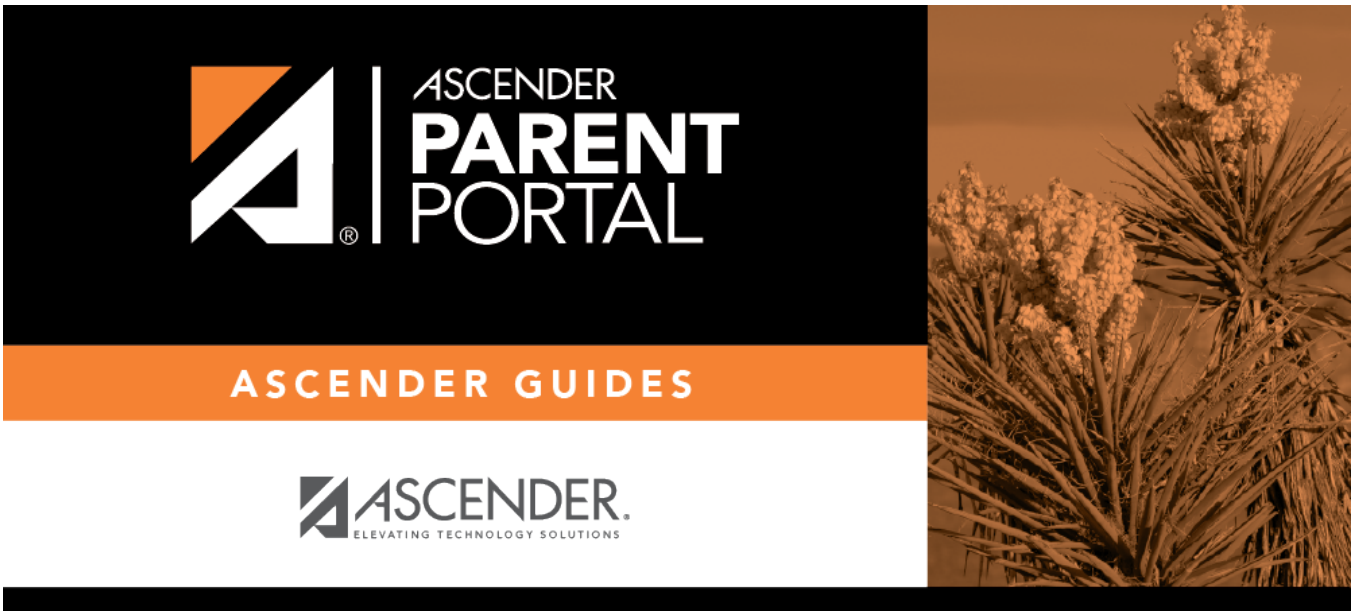
❑ Because custom instructions cannot be added to standard forms, consider creating a static form that is listed at the beginning of the standard forms which provides any instructions or additional information you would like to communicate to the parent before beginning the registration process.

❑ Consider whether you need to have translators available for any enrollment events.

# Troubleshooting Tools

❑ The **Guardian Verified** field on Registration > Maintenance > Student Enrollment > Contacts can be used to allow verification of ParentPortal accounts for parents who do not have access to a valid email address.

If **Guardian Verified** is selected, the contact's email address can immediately be matched to the email address entered by the parent when registering for an ASCENDER ParentPortal account. If the two addresses match, the contact can complete online registration and update the student's data. This allows you to bypass the normal email verification process for short-term situations where the normal email address verification process cannot be completed.


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# Back Cover