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w would you like to register your students for the next school year.	
Register a new student(s) to the district	
Continue registering existing student(s)	
Student Name Grade Level	
Continue Back	
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Click on Online Registration to start the process.

Click on continue registering existing students and your students names should be listed below.



You will see steps listed to the side depending on what grade level your student is in.

For every student listed you will have to complete this step individually (Complete online Registration Form).

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These are sample screens of the questions you will be answering. Click next once information is correct on each screen.

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used to count the he students that	students who need to be as	se families sessed for E	speak a l Inglish la	langua inguag	ge other than e proficiency.	Énglish a	t home. It also helps to identify		
Please answer the	questions be	low.							
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*2. Does your c	hild speak a la	inguage oth	er than E	Inglish	?				
the answer to ei	ther question	is ves the l	aw requir	res the	school to ass		child's English language proficiency		
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Choosing the yes box will allow staff to administer the following over-the-counter medications that will check no if you do not want overthe-counter medications administrated to your child	I be available to your child at school or
*Advil (Ibuprofen)	<b>T</b>
*Tylenol (Acetaminophen)	
"Benadryl (Diphenhydramine)	
*Antacid Tablets (Tums)	
*Anti-Itch Cream (Hydrocortisone)	<b>T</b>
*Antibiotic Cream (Triple Antibiotic)	
*Cough Drops	•
*Eye Drops	•
*Oral Analgesic (Anbesol)	•
*Type your name in the box. I understand that by typing my name in the box constitutes a legal signature.	
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This questionnaire is designed to assist the staff in ensuring the safety of students who have food aller food/kitchen management. Please provide an EPI-PEN for your child, if needed.	gies, as well as to assist in	
List food allergy and types of food(s) to avoid; provide additional ingredient list if needed:		
What are preferred food substitutions if any, as in the case of dairy/lactose allergy?		
What is your child's reaction if ingested, please describe as fully as possible.		
How should the staff treat an episode/reaction if it occurs?		
Will other types of contact cause a reaction? if so, please describe fully.		
Does your child understand the allergy and what he/she should do to manage it?		
Please describe the last time a reaction occurred, providing detail on what caused it, the reaction, the treatment, and how long ago it occurred.		
Please provide any additional detail which will be helpful.		
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Click Create Free Reduced Lunch Application to determine if you qualify for waivered fees, or click pay fees to skip this step.

Sample Fees. Choose optional fees if you are interested.

Free Reduced Lunch Application - If you are direct certified please select yes.

-If you are not direct certified please select no to enter your income requirements.

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