

## 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 student in the district?** Log into your Family Access Account and select the New Student Online Enrollment Tab. Skip to **step # 5** below

**New to the District?** Click below to begin.



1. 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.

***If you do not have an email address, click the box that says “I don’t have an email” and you can then enter your chosen Login and password to begin the enrollment process. You will then skip to Step 5.***



Select Language ▼

Online Enrollment Access

### New Student Enrollment: Account Request

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 Online Enrollment system.

Welcome to the Meridian School District New Student Online Enrollment process. This form is the first step in enrolling your new student. Please complete required fields to request an account. Once you create a user name and password, you can begin your enrollment process. You will want to record your user name and password for future access to Skyward and to access your application later as needed.

- If you have email address, please enter it where prompted. 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.

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

\* Guardian Legal First Name:

\* Guardian Legal Last Name:

Guardian Legal Middle Name:

Guardian Legal Name Prefix:

▼

Guardian Legal Name Suffix:

▼

Guardian contact information

☐ I don't have an email

\* Guardian Email Address:

\* Re-type Email Address:

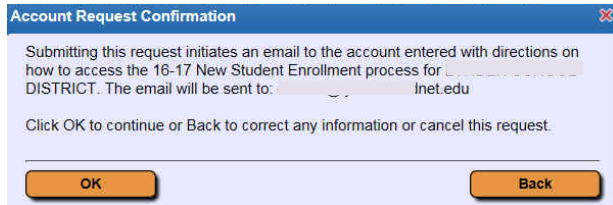
\* Guardian Primary Phone Number:

Asterisk (\*) denotes a required field

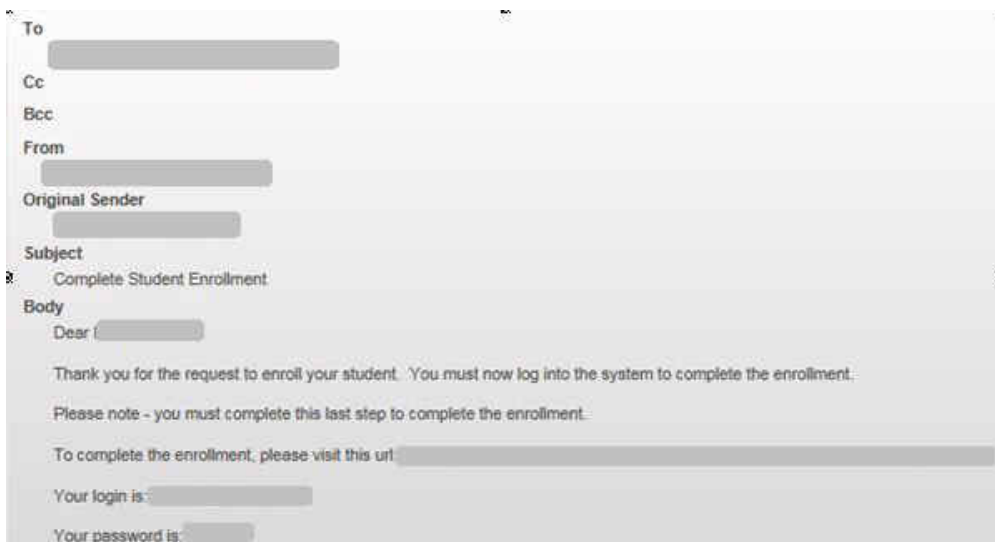
[Click here to submit Online Enrollment Account Request](#)

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



3. 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.



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

The login page for Skyward, Meridian School District, Meridian S.D. #505. It features the Skyward logo at the top. Below the logo are two input fields: "Login ID:" and "Password:". A "Sign In" button is positioned below the password field. Below the button is a link that says "Forgot your Login/Password?". At the bottom right of the login area is the text "05.17.02.00.04". Below the login area is a "Login Area:" label followed by a dropdown menu currently showing "Enrollment Access".

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5. 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:

**Test testy 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   
☒ 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](#)

This pop-up window confirms the grade level based on date of birth and whether enrolling for current or next school year.

**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](#)

Choose the school you wish to enroll your child.

IRENE REITHER ELEMENTARY (K-5)  
MERIDIAN HIGH SCHOOL (9-12)  
MERIDIAN MIDDLE SCHOOL (6-8)  
PARENT PARTNERSHIP PROGRAM  
(Alternative Learning Experience, K-8)

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6. 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

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**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:

House #:  Direction:  Street Name:  Apartment:

\* Home Address (No PO Box): 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:  Bass \* First Name:  Matthew 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:  Bass@test.com

**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](#)

Please fill in custody, emergency contact and pick up boxes as 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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7. 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: (999)  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 step3.

8. Immunizations – Enter immunizations as listed on your child’s immunization records or standardized Certificate of Immunization (CIS) form, available through your physicians office, WA State Dept. of Health website, or your school’s secretary.

- Immunizations will be reviewed for compliance by school staff and checked against your uploaded immunizations.

**Step 5: Immunization Information** Edit View Only Save Save and Collapse Step

**Instructions for entering Immunization Information**

Enter Immunization information for each Vaccine listed below. Please use the format dd/mm/yyyy. Only enter dates for received immunizations. Please enter information for the vaccination types that most closely match the vaccinations your child received and show on your immunization records.

- Proof of immunizations status or exemption are required by the Meridian School District upon student enrollment.**
- Required WA State Childhood Immunizations can be found [here](#).**
- To print your student's Certificate of Immunization Status (CIS) form from the WA State Department of Health website [click here](#).**
- Immunizations will be reviewed for compliance by school staff and checked against your uploaded immunization documentation, or against the documentation you provide in person if unable to upload documents during Step 6.
- For vaccination exemptions, additional paperwork is needed and can be provided by your school office.
- Childhood illness of Chickenpox (Varicella) must be verified by a physician.

Asterisk ( \*) denotes a required immunization

Immunization	Date 1	Date 2	Date 3	Date 4	Date 5	Date 6
*DTap, DT (Diphtheria, Tetanus, whole cell Pertussis)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Tdap (Tetanus, Diphtheria and Pertussis) 6th Gr.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Td (Tetanus-Diphtheria)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Hepatitis B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*MMR (Measles, Mumps, Rubella) OR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MMRV (MMR + Varicella COMBO)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Polio (Inactivated Polio Vaccine) OR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Polio (Oral Polio Vaccine)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Varicella (Chickenpox)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hepatitis A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hib (Haemophilus Influenzae type b)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HPV (Human Papilloma Virus)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Influenza (Flu) Vaccination - Seasonal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MCV, MPSV (Meningococcal)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PCV, PPSV (Pneumococcal)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rotavirus	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Complete Step 5 and move to Step 6: Requested Documents Complete Step 5 Only

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9. Additional documents are requested to be uploaded from your computer.

**Step 6: Requested Documents** [Edit](#) [View Only](#) [Collapse Step](#)

**Instructions for completing the Requested Documents**

Please scan and upload additional required documents. Once you have scanned and saved the documents to a file on your computer, use the Browse buttons to locate the document file to upload that corresponds to the description on the same line. The following are required documents:

- **Proof of Age:** Birth certificate, Passport, State Issued ID, Driver's License or Permit
- **Address Verification:** *The Parent/Legal Guardian must provide at least one (1) of the following documents.*
  - Home utility bill (such as gas, electricity, water, garbage, landline telephone, or cable) or hook up work order dated within the past 60 days. You must be the only person named on the bill or work order.
  - Homeowner's insurance policy or invoice showing the address of the insured property or residence
  - Mortgage documents
  - Property tax bill or statement within the past 12 months
  - Your name and address in a current phone book made by a telephone book publisher
  - Moorage bill or contract showing you live on a boat in a marina
  - Federal or state government agency issued check
  - Tribal ID that contains your current residential address
  - A filed property deed of title for your current residence
  - Auto insurance policy (not the proof of insurance card)
  - Washington State Business license
  - Business mail dated within the past 60 days. Mail must include your first and last name, and must be from state or federal revenue departments, the Social Security Administration, the US Treasury, or the IRS. It cannot be addressed "in care of," "for," or "parent of."
  - Current Washington State voter card.
  - Medical bill paid by insurance
  - Pay stub that contains your name, your current address, your employer's name, and your employer's phone number or address.
  - Professional license (nurse, physician, engineer, etc.)
  - Selective Service card showing Washington state address
  - Professionally filed tax return or filed copy sent to you by the IRS for the most recent tax filing year
  - Transcript or report card for the current school year from an educational institution in Washington State
  - W-2 form for the previous year
- **Certificate of Immunization Status (CIS) Form:** Can be obtained from your Doctor's office or any school registrar in the Meridian School District, as long as your child was immunized in WA State. Must be signed and dated by a parent or guardian.
- **Transcript (HS Only):** Please upload the most updated version of your child's high school transcript if you have it. High School transcripts are also part of the records requested from the previous school district.

Birth Certificate:	<a href="#">Choose File</a>	No file chosen
Immunizations (CIS):	<a href="#">Choose File</a>	No file chosen
Proof of Residency:	<a href="#">Choose File</a>	No file chosen
Transcript (HS Only):	<a href="#">Choose File</a>	No file chosen

Click on "Choose File" to select saved documents (scanned or picture files) to upload from your computer.

10. 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.

**Step 7: Additional District Forms** [Edit](#) [View Only](#) \*All prior steps must be completed to edit or view this step.\*

11. Any of the steps can be 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](#)

**Step 2: Family/Guardian Information** [Edit](#) [View Only](#)

**Step 3: Medical/Dental Information** [Edit](#) [View Only](#)

**Step 4: Emergency Contact Information** [Edit](#) [View Only](#)

**Step 5: Immunization Information** [Edit](#) [View Only](#)

**Step 6: Requested Documents** [Edit](#) [View Only](#)

**Step 7: Additional District Forms** [Edit](#) [View Only](#) \*All prior steps must be completed to edit or view this step.\*

[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](#)

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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 MERIDIAN SCHOOL DISTRICT 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 MERIDIAN SCHOOL DISTRICT?

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

**Application Submitted**

The application has been successfully submitted.

Thank you for applying for enrollment in the Meridian School District. The application will be reviewed and you will be contacted by a Meridian School District Registrar within 2 business days with information on how to proceed.

[OK](#)

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

**SKYWARD®** Online Enrollment Access [Exit](#)

Select Language ▼

**MERIDIAN**  
MERIDIAN SCHOOL DISTRICT

### 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
Maddie Hampton	The district is currently reviewing the application, please select one of the following options: <a href="#">View the Submitted Application</a>

Thank you for submitting your application. If you have any additional questions, please contact a school registrar or secretary.