

## Enrolling Your New Student at Slinger School District

All students NEW to Slinger School District need to enroll using our New Student Online Enrollment (NSOE) process. The following help guide outlines the steps parents/guardians need to follow to complete the enrollment process.

\* Open Enrollment students should not complete the online enrollment process until they have received notice from Slinger School District indicating their child has been approved for Open Enrollment.

Once the process is completed and submitted, the new student enrollment applications will be reviewed for approval. Families without computer or Internet access may call the District office to set up a time to complete the process online in the District Office. 262-644-9615

If you currently have other children attending Slinger School District go to the Skyward Family Access login page and enter your family access login ID and password, then click Sign In. Click on the New Student Online Enrollment tab on the left side of your Family Access page. Skip to page 3 of this help guide (Step 1 Student Information) to begin enrolling your new student.



### Slinger School District

Login  
ID:

Password:

[Sign In](#)

[Forgot your Login/Password?](#)

05.20.02.00.09

Login Area: [Family/Student Access](#)

If you do not currently have a student attending Slinger School District, begin at (shortcut on website) click on the link <https://skyward.iscorp.com/scripts/wsisa.dll/WService=wseduslingerwi/seelog01.w> to begin the enrollment process.

- Enter the first and last name, email address and phone number of the parent/guardian of new student. Fields with an asterisk (\*) are required.
- Click the orange button to submit your account request



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 system. Complete required fields to request an account to enroll your student.

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

\* Guardian Legal First Name: Slinger

\* Guardian Legal Last Name: Example

Guardian Legal Middle Name:

Guardian Legal Name Prefix:  Guardian Legal Name Suffix:

Guardian contact information

\* Guardian Email Address: NSOEexample@slingerschools.org

\* Re-type Email Address: NSOEexample@slingerschools.org

\* Guardian Primary Phone Number: (262) 644-9815

Complete the security dialog

I'm not a robot  reCAPTCHA  
Privacy + Terms

Asterisk (\*) denotes a required field

[Click here to submit Account Request](#)

After you submit the account request, you will receive an email with information about how to login to begin submitting the enrollment application.

Subject: Complete Student Enrollment

From: noreply@slingerschools.org

To: NSOEexample@slingerschools.org

Date: Thursday, June 11, 2020 8:51 AM

Dear Slinger Example,

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

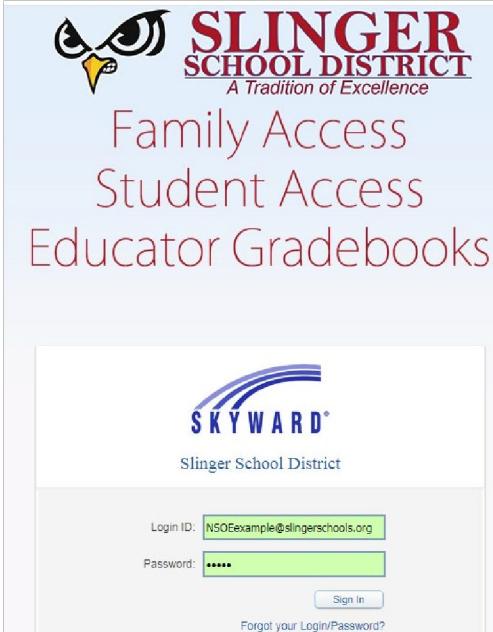
Please note - you must complete this last step to complete the enrollment.

To complete the enrollment, please visit this url: <https://webed.slinger.k12.wi.us/scripts/wsisa.dll?WService=wsfAplus/sfemmu01.w>

Your login is: NSOEexample@slingerschools.org

Your password is: 21674

Use the login information from your email to login to the Skyward system.



**SLINGER SCHOOL DISTRICT**  
A Tradition of Excellence

Family Access  
Student Access  
Educator Gradebooks

**SKYWARD**  
Slinger School District

Login ID: NSOEexample@slingerschools.org

Password:  Forgot your Login/Password?

[Sign In](#)

Once logged in, you will see seven steps requesting various types of information needed to enroll your student.

## Step 1 Student Information

- Complete the fields marked with a red asterisk (\*)
- If enrolling your student for the next school year, click the button for next school year and select "First Day of School"
- After entering the required information, click "Complete Step 1 and move to Step 2." Click "Complete Step 1 Only" if you want to save the information you entered and come back another time to finish entering information.

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.

Step 1: Student Information

Instructions for completing Student Information  
Please enter all information regarding the STUDENT. Use LEGAL names only--no nicknames.

\* Last Name: Example \* First Name: Student Middle Name:

Name Suffix:  Gender:  Female  Male Date of Birth: 10/10/2015 Age: 4

Second Phone:  Home Email: NSOEexample@slingerschools.org

Does student live in this school district? Mom's Maiden Name:

\* Local Race:  WHITE  Black or African American  Asian  Native Hawaiian or Other Pacific Islander  Hispanic

\* Is Student Hispanic/Latino?  No  Yes

\* Federal Race (select all that apply):  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

\* Language Spoken Most:  English  Spanish  Other (Fill Out Home Language Survey)

\* Home Language Survey:  Is either parent or guardian on active duty in the military?  Is either parent or guardian a traditional member of the Guard or Reserve?  Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32?

Previous School District:  School in the District Student Previously Attended:

You are enrolling your student into the Next School Year (2020 - 2021)

First Day of School (09/01/2020)  Expected Enrollment Date (09/01/2020)

\* Expected Grade Level:  PK  K  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  32  33  34  35  36  37  38  39  40  41  42  43  44  45  46  47  48  49  50  51  52  53  54  55  56  57  58  59  60  61  62  63  64  65  66  67  68  69  70  71  72  73  74  75  76  77  78  79  80  81  82  83  84  85  86  87  88  89  90  91  92  93  94  95  96  97  98  99  100  101  102  103  104  105  106  107  108  109  110  111  112  113  114  115  116  117  118  119  120  121  122  123  124  125  126  127  128  129  130  131  132  133  134  135  136  137  138  139  140  141  142  143  144  145  146  147  148  149  150  151  152  153  154  155  156  157  158  159  160  161  162  163  164  165  166  167  168  169  170  171  172  173  174  175  176  177  178  179  180  181  182  183  184  185  186  187  188  189  190  191  192  193  194  195  196  197  198  199  200  201  202  203  204  205  206  207  208  209  210  211  212  213  214  215  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816  817  818  819  820  821  822  823  824  825  826  827  828  829  830  831  832  833  834  835  836  837  838  839  840  841  842  843  844  845  846  847  848  849  850  851  852  853  854  855  856  857  858  859  860  861  862  863  864  865  866  867  868  869  870  871  872  873  874  875  876  877  878  879  880  881  882  883  884  885  886  887  888  889  890  891  892  893  894  895  896  897  898  899  900  901  902  903  904  905  906  907  908  909  910  911  912  913  914  915  916  917  918  919  920  921  922  923  924  925  926  927  928  929  930  931  932  933  934  935  936  937  938  939  940  941  942  943  944  945  946  947  948  949  950  951  952  953  954  955  956  957  958  959  960  961  962  963  964  965  966  967  968  969  970  971  972  973  974  975  976  977  978  979  980  981  982  983  984  985  986  987  988  989  990  991  992  993  994  995  996  997  998  999  1000  1001  1002  1003  1004  1005  1006  1007  1008  1009  1010  1011  1012  1013  1014  1015  1016  1017  1018  1019  1020  1021  1022  1023  1024  1025  1026  1027  1028  1029  1030  1031  1032  1033  1034  1035  1036  1037  1038  1039  1040  1041  1042  1043  1044  1045  1046  1047  1048

### Step 3 Medical/Dental Information

Provide information about allergies, physician and clinic information that can be helpful to the school.

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

Allergy/Medical Condition:   Is this condition critical info that staff should be alerted to?

Physician Last Name:  Physician First Name:  Physician Middle Name:   
Name Suffix:  Name Prefix:  Physician Phone:    
Dentist Last Name:  Dentist First Name:  Dentist Middle Name:   
Name Suffix:  Name Prefix:  Dentist Phone:    
Hospital:  Hospital Phone:

[Complete Step 3 and move to Step 4: Emergency Contact Information](#) [Complete Step 3 Only](#)

### Step 4 Emergency Contact Information

In the event of an emergency, parents/guardians will be contacted first, but in the event they cannot be reached, you may authorize Slinger School District to contact other individuals in the event of an emergency.

**Step 4: 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:  Name Suffix:   
 Is this contact allowed to pick up the student from school?

Contact Email Address:  Primary Phone:   Cell Phone:    
Work Phone:    
Relationship to Child:  Relationship Comment:

[Do you have other Emergency Contacts to add for this student?](#)

[Yes, I want to Add another Emergency Contact Record](#) [No, Complete Step 4 and move to Step 5: Immunization Information](#) [No, Complete Step 4 Only](#)

### Step 5 Immunization Information

You are able to enter your child's immunization records.

**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.

Has your child had Chickenpox?  Chickenpox Illness Date:

[Complete Step 5 and move to Step 6: Requested Documents](#) [Complete Step 5 Only](#)

### Step 6 Requested Documents

This section is used to verify Grade levels and Residency. Students attending Slinger School District must live in the district or be an open enrolled student. This step will give you the opportunity to upload your child's birth certificate and proof of residency. Only 2 forms are required for Proof of Residency.

**Instructions for completing the Requested Documents**

Use the Browse buttons to locate a file to upload that corresponds to the description on the same line. Birth Certificate is required. You may upload it here or bring it to the District Office Registrar (Beverly Zukowski). Only two forms are required for Proof of Residency. You may upload them or bring them to District Office.

Birth Certificate:  No file chosenCustody Agreement:  No file chosenDriver's License:  No file chosenHome Purchase:  No file chosenLease:  No file chosenProperty Tax Bill:  No file chosenRent Receipt:  No file chosenTitle:  No file chosenUtility Bill:  No file chosen[Complete Step 6 and move to Step 7: Additional District Forms](#) [Complete Step 6 Only](#)**Step 7 Additional District Forms**

This section is used to gather additional information of Emergency call out information and special education information. You must complete each form listed in order to submit the application.

**Instructions for completing the Additional District Forms**

The buttons below each link to an additional form that must be completed to be able to submit the student application.

Asterisk (\*) denotes a required form

\* Required Form: [Emergency Call Out Information](#)  This form has not been completed\* Required Form: [NSOE Special Ed Questions Final](#)  This form has not been completed[Complete Step 7](#)

Name: **Student Example** Gender: **Female**

Family 1 G1 Primary #: **262-644-9615**

Family 1 G1 Secondary #:

Family 1 G1 E-Mail: **NSOExample@slingerschools.org**

Maximum characters: 60, Remaining characters: 30

Family 2 G1 Primary #:

Family 2 G1 E-mail:

**Save** **Print** **Back**

Name: **Student Example** Gender: **Female**

Student Example

PK

Is your child a child with a disability?

If yes, what is the disability?

Does your child have an active IEP?

Does your child have an active 504 plan?

**Save** **Save and Print** **Back**

Once all 7 steps are completed you can click **Submit Application to the District**.

**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** **Date Completed: 06/11/2020**

**Step 2: Family/Guardian Information** **Edit** **View Only** **Date Completed: 06/11/2020**

**Step 3: Medical/Dental Information** **Edit** **View Only** **Date Completed: 06/11/2020**

**Step 4: Emergency Contact Information** **Edit** **View Only** **Date Completed: 06/11/2020**

**Step 5: Immunization Information** **Edit** **View Only** **Date Completed: 06/11/2020**

**Step 6: Requested Documents** **Edit** **View Only** **Date Completed: 06/11/2020**

**Step 7: Additional District Forms** **Edit** **View Only**

**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**

javascript:void(0)

You will receive an email upon denial or approval of the application to the email address that is provided in your application. If you are not able to submit Immunization records, birth certificate, or proof of residency documents with this application and want to do it in person, via mail or fax, please contact the District office at 207 Polk St. Slinger WI 53086, 262-644-9615 or [maria.gehring@slingerschools.org](mailto:maria.gehring@slingerschools.org).

When your application has been approved you will also receive by email your Skyward Parent/Guardian Login Credentials. Save this information for your records. If you have any questions regarding the New Student Online Enrollment (NSOE) please contact Maria Gehring at 262-644-9615 or email [maria.gehring@slingerschools.org](mailto:maria.gehring@slingerschools.org).