

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?](#)

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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/seplog01.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 students.

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

* Guardian Email Address:

* Re-type Email Address:

* Guardian Primary Phone Number:

Complete the security dialog

☒ I'm not a robot 

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://webel.slinger.k12.wi.us/scripts/wsisu.dll/WService=wsEApus/sfmmu01.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



Slinger School District

Login ID:

Password:

[Forgot your Login/Password?](#)

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.

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

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
* Date of Birth: 10/10/2015 Age: 6
Second Phone: * Home Email: NSOEexample@slingerschools.org
☒ Does student live within this school district? Mom's Maiden Name:
* Local Race: WHITE
* Is Student Hispanic/Latino? (No) ☒
* 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
* Home Language Survey: (Fill Out 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) * Expected School to Enroll into (Slinger Elementary School) District Boundary Map
* ALP (Acceptable Use Policy) ☐ allow
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

Step 2 Family Information

- Complete the fields marked with a red asterisk (*) at a minimum.
- Add information about the parent(s)/guardian(s) residing at the address of the student. Click the button to add additional legal guardians who live at the same address or click the button to add legal guardians that live at another address. Once all parent(s)/guardian(s) information is entered click the buttons to continue to step 3.

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: (262) 644-9615 ☐ Should the District keep this number confidential?

Family Home Language:

Home Address: House #: Street Name: SUD: #:
P.O. Box: Address 2: City: State: Zip Code:

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

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

* Last Name: Example * First Name: Slinger Middle Name:
Name Suffix:
* Relationship to Child: Marital Status:
☐ Should this guardian also be considered an Emergency Contact?
Cell Phone: Work Phone: * Contact Email Address: NSOEexample@slingerschools.org
Language: Employer:

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

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.

Step 6: Requested Documents

Edit

View Only

Collapse Step

✔ Date Completed: 06/11/2020

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:	Choose File	No file chosen
Custody Agreement:	Choose File	No file chosen
Driver's License:	Choose File	No file chosen
Home Purchase :	Choose File	No file chosen
Lease:	Choose File	No file chosen
Property Tax Bill:	Choose File	No file chosen
Rent Receipt:	Choose File	No file chosen
Title:	Choose File	No file chosen
Utility Bill:	Choose File	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.

Step 7: Additional District Forms

Edit

View Only

Save

Save and Collapse Step

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

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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

javascriptvoid(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.

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.