

MSD of Martinsville

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Registering Your Child for School

Questions and Answers

Below are questions and answers to better assist our families with enrolling new and returning students for school. Or, please feel free to contact us with any questions.

What is Skyward Family Access?

Skyward Family Access is the database we use for students and families each day within the MSD of Martinsville. It is available to every family and student as a resource to inform about student grades, attendance, schedule and payment/balance for books and school lunch.In addition, Skyward Family Access can be used to enroll new students and register returning students for the next school year.

Why do I need an email address to create my account?

Communications between Skyward Family Access and families are through email. Parents, please note that if you **already have a student attending** an MSD of Martinsville school a **new Skyward Family Access account is NOT necessary**. (Please login to your account and follow the prompts to enroll a new student.)

How to Request a Skyward Family Access Account?

Please click on NEW STUDENT ENROLLMENT from our website to begin the process of getting a Skyward account and enroll your student.

https://www.msdofmartinsville.org/enrollment/

Families will then receive a confirmation email from Skyward and be able to reset their password.

What information will I need to complete my child's registration?

- 1. Proof of Residency
- 2. Vaccination Records
- 3. Proof of Custody (if applicable)

These forms can be uploaded when enrolling online OR can be brought to your student's school. Please kindly make an appointment with your student's school if you choose to bring items into the school's office.

How do I enroll a new student once I have my Skyward Family Access account?

Once you have an account, please login and follow the enrollment directions. Please click the **SUBMIT** button on each page.

Please note that enrollment must be completed using a desktop or laptop computer. Registration will not work using a Skyward Family Access mobile app. Computer assistance is available at the Central Education Center, 765-342-6641.

If I have a question when I'm enrolling, what do I do?

We have **DIRECTIONS** below to assist you with enrollment. Or, please feel free to contact us with any questions by calling your student's school, the Central Education Center, 765-342-6641, or emailing us at community.relations@msdmartinsville.org



Families, below is a guide to assist with completing online enrollment. To complete student enrollment, you will need a Skyward Family Access account which can be found by visiting our website, www.msdofmartinsville.org/enrollment/

If you have an account, please skip to page 4.

		🛂 Select Language 🔻	Online Enrollment Access		
Ś K Y W A R D° New Student Enrol	Iment: Account Request				
	g your new student online. Complete it to request a	an account that you will use to log i	n to a secure Online Enrollment system.		
Enter the name of the legal parent/gu	uardian of the student you want to enroll				
* Enter Legal First Name:	Samantha				
* Enter Legal Last Name:	Jonescr				
Enter Legal Middle Name:	Marie				
Enter Legal Name Prefix:	Enter Legal Name Suffix:				
Enter contact information					
	🔲 I don't have an email				
* Enter	sjonescr@email.net				
* Re-type Email Address:	sjonescr@email.net				
Enter Primary Phone Number:	Enter Primary Phone Number:				
Complete the security dialog					
Type the text Privacy & Terms	Recapicha **				
Asterisk (*) denotes a required field					
Click here to submit Online Enrollment	Account Request				

Reminder

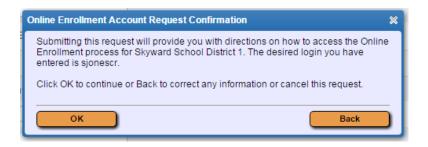
- Please complete this process on a desktop, laptop or Chromebook.
- Enter Legal First Name: Legal first name of person requesting a Portal Account to enroll new students. (Parent or Guardian First Name)
- Enter Legal Last Name: Legal last name of the person requesting a Portal Account to enroll new students. (Parent or Guardian Last Name)
- Enter Legal Middle Name/Prefix/Suffix:(Not Required)

• If you do **NOT** have an email, please use the following option. Please keep the login/password.

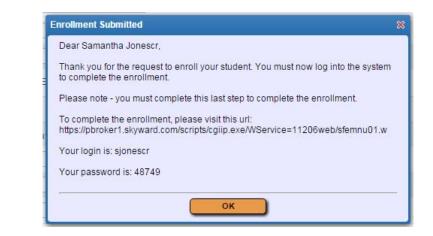
Enter contact information				
	✓ I don't have an email			
* Enter Login:	sjonescr			
* Re-type Login:	sjonescr			

Once *I don't have an email* is selected, the email address changes to login.

- Enter Login: Enter a desired login. Retype Login
- Enter Primary Phone Number: Required



• If form was completed and no issues with matching data in Skyward, the above message will appear. Click **OK** to complete the Account Request, or **BACK** to make changes to the information entered.



- Please make note of your login and password, you will need these for the next step.
- Click **OK** on this screen to refresh your page. The regular Login page for the Portal will then load. This is the same URL that will be included in the on-screen message displayed.

New Student Enrollment Guide

S K Y W A R D°	
Skyward School District	
CSIT)Customer Service TX Reference - Student	
Login ID: ksmithscr@email.net	
 Password:	
Sign In	
Forgot your Login/Password?	
05.13.06.00.00-10.2	
Login Area: Enrollment Access	
	Wedness 7 (Charma 20
© 2013 Skyward, Inc. All rights reserved.	Windows 7 / Chrome 26

- Login ID: This is the guardian's login used when they requested their account or your Family Access Login.
- **Password:** This is the Password provided in the Account Information message that the user received or your Family Access Password.
- Click Sign In

New Student Enrollment Portal: Overview

SKYWARD Online Enrollme	ent Access		🚼 Select Languag
S K Y W A R D° New Student Enrollme	ent: Application Form		
Save and Continue to Fill Out Application	Save and go to Summary Page	Print Application	Leave WITHOUT Saving
Click 'Save and Continue to Fill Out Applicati Click 'Save and Come Back Later' to save yo Click 'Leave WIHTOUT Saving' to return to th	he application form. ion'to save your progress and stay on this screen. our progress and return to the summary page. e summary page without saving.		
Asterisk (*) denotes a required field Plea	ase Note: Only one step may be edited at a time		
Asterisk (*) denotes a required field Plea Step 1: Student Information		ollapse Step	
		ollapse Step) Middle Name:	
Step 1: Student Information	dit View Only Save Save and C		
Step 1: Student Information	tit View Only Save Save and C * First Name:		

- You will be taken directly to the Application Form. This is the form to be filled out with the new student's information.
- In the upper right corner, student's guardian is shown next to the **Exit** button.

Save/Print Options

- ' Save and go to Summary Page: ••••• will save ••••data ••••••
- Print Application
- ' Leave WITHOUT Saving: Entered data will NOT be saved. User returned to Skyward Family Access main page.

Creating and Submitting a New Student Enrollment Application

The application has several sections or steps. Only one (1) section will open at a time.

- Please note the buttons located at the top of each section: EDIT, VIEW ONLY, SAVE or SAVE and COLLAPSE STEP.
- For each section, please click SAVE and COLLAPSE STEP button in order to save your entered data.
- Shaded buttons are NOT active.

sterisk (*) denotes a required fie	eld Please Note: Only one step may be edited at a time
al a second a second	On Edit View Only Save Save and Collapse Step
Last le:	Smithscr * First Name: Benjamin Middle Name: A
Name Suffix:	▼ [*] Gender: Male ▼
* Date of Birth:	04/06/2008 📖 Birth City: Birth State:
Birth Country:	Birth County:
	Does student live within this school district?
Social Security Number:	State ID:
	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
Ancestry:	v
* Language Spoken Most:	ENGLISH 💌 **Language Spoken at Home:
Language District should use:	
	Has student attended a state school?
Previous School District:	Jefferson ISD School in the District Student Previously Attended:
* Expected Date of Enrollment:	08/02/2013 📖 *Expected Grade Level: 💽 *Expected School to Enroll into: Don't Know 💽
Additional Information: (on the Student for the District)	He prefers to go by Ben.
	Maximum characters: 5000, Remaining characters: 4976

Student Data

- Please enter student data. The fields marked with an asterisk (*) are required.
- Additional Information: this space is reserved for any information that parent/guardian would like to give to district concerning student.

Complete Step 1 and move to Step 2: Family/Guardian Information	tion Complete Step 1 Only
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• Please click **Complete Step 1 and move to Step 2: Family/Guardian Information** to move to the next step.

• **Please note:** if a required field was missed, a display window with a pop up message will display and prompt you to enter the information.

*Language Spoken Most ENGLISH *Language Spoken at Home: *Language District should use: *Language District should use: *Language District should use: *Language District should use: *Language District should use: *Language District should use: *Language District should use: *Language District should use: *Language District should use: *Language Di	
Has student attended a state school? Has stude Please review the following:	
Previous School District: Jefferson ISD School in the District Student F Student Home Lang is a required field.	
*Expected Date of Enrollment: 08/02/2013 📖 *Expected Grade Level: Correspondence Lang is a required field.	•
Additional Information: (on the Student for the District) He prefers to go by Ben.	
Maximum characters: 5000, Remaining characters: 4976	
Complete Step 1 and move to Step 2: Family/Guardian Information Complete Step 1 Only	

ase Note: Only one step may be edited at a time	
dit View Only Da	ate Completed: 07/16/2013

• Once a step/section is completed, the date will appear. If you need to EDIT the section again, please select the EDIT button.

Step 2: Family/Guardian Information

Enter Information	for the Primary Guardian and the Family this Student lives with
Enter Informatio	on for the Family this Student lives with
Primary Phone	e: (555) 555-9684 Should the District keep this number confidential?
Family Home Language	e: ENGLISH 💌
Home Address	s: House #: 6546 Direction: E Street Name: Main St Apartment.
	P.O. Box: Address 2: City: Pleasant Ridge State: TX Zip Code: 78323
Enter Informatio	on for the Primary Guardian of the Family this Student lives with
* Last Name:	
Name Suffix:	
* Relationship to Child:	
	Should this guardian also be considered an Emergency Contact?
Cell Phone:	
Language:	Employer: Stay-at-home mother
Work Hours:	
	Are there other Legal Guardians who live at this address?
	Yes, I want to Add another Legal Guardian who lives at this address

- For ease, some of the fields autofill using the data previously entered.
- Please note arrows.

step 2A. Enter mo	mation for the Family and a Guardian that lives at a different address
Enter Information	for the Family that lives at a different address Remove this Family
Primary Phone:	(555) 555-5163 Should the District keep this number confidential?
Family Home Language:	ENGLISH •
Home Address:	House #: 5466 Direction: W Street Name: ELM ST Apartment.
	P.O. Box: Address 2: City: State: Zip Code:
* Last Name: § Name Suffix: [▼ Name Prefix: ■ Date of Birth: ■ Cender: Male ▼
* Relationship to Child: [[Cell Phone: [Language: [Father Marital Status: Image: Contact Part of the second status of the
Work Hours:	

Step 2A - please complete if family or additional guardian lives at a different address than students.

• Please note: multiple persons can be entered or removed.

Confirm				×
Are you sure	e you wish t	o remove thi	is Guard	ian?
Yes			No	
	Date of E			



Enter Information for a Guardian of the Family	that lives at this address Remov	e this Guardian					
* Last Name: Smithscr	* First Name: Lucy	Middle Name:					
Name Suffix: 💽 Name Prefix:	▼ Date of Birth:	😳 * Gender: Female 💌					
* Relationship to Child: Stepmother 🗨 Marital Statu	US:						
🔲 Should this guardian also be cons	sidered an Emergency Contact?						
Cell Phone: (555) 555-9434 Work Phone:	Contact Email Addr	ress:					
Language: Employer:							
Work Hours:							
Are there other Legal Guardians who live at this address?							
Yes, I want to Add another Legal Guardian who lives at this address							
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: Medical/Dental Information) (No, Complete Step 2 Only)							
$\widehat{1}$							

• Once all the Family/Guardian Information has been entered, please select: No, Complete Step 2 and move to Step 3: Medical/Dental Information

Step 3: Medical/Dental Information (You may skip this if you choose)

Step 3: Medical/Dental Information Edit View Only Save Save and Collapse Step			
Allergy/Medical Condition:			
Physician Last Name:	Physician First Name: Physician Middle Name:		
Name Suffix:	Name Prefix: Physician Phone:		
Dentist Last Nam :	Dentist First Name: Dentist Middle Name:		
	Name Prefix: Dentist Phone:		
Insurance.	Insurance Phone:		
Insurance Policy Number:			
	Complete Step 3 and move to Step 4: Emergency Contact Information Complete Step 3 Only		

• For this step, any fields that would show on the Emergency Info tab for the student will be available for the guardian to fill out. (If you choose to skip this area, click complete Step 3 and move to Step 4)

Step 4: Emergency Contact Information

Enter the Information for Emergency Contact #1 Remove this Emergency Contact			
	* Last Name:	Jonescr * First Name: Samantha	Middle Name: Marie
	Name Suffix:	 Name Prefix: Is this contact allowed to pick up the second s	student from school?
	Gender:	Female Date of Birth: Marital Status:	Language:
С	Contact Email Address:	Primary Phone: (555) 555-9641	Should the District keep this number confidential?
	Cell Phone:	Work Phone: Fax:	
	Relationship to Child:	Mother Relationship Comment:	
	Employer:	Occupation: 🔻	

- Add Emergency Contact information.
- Please note: Any information updates of guardians who were previously added as an emergency contact can be viewed here but changes must be made in Step/Section 2.

C	Confirm	8
ſ	Are you sure you wish to remo	ve this Emergency Contact?
	Yes	No
L		L MIGOLO NIGO

• Upon clicking the button, the above confirmation box will display. Click **Yes** to remove the Emergency Contact, or **No** to cancel the request.

·				
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: AUP This form has not been completed				
Complete Step 7				

Step 5: Additional District Forms

• Click on each form to complete.

•

• Please note: required forms must be completed before moving to the next step.

		🚼 Select Language 🔻
Name: Li	a Mae Jonescr Gender: Female	Save Save and Print Back
Acceptal	le Use Policy	
I allow ▼ access for my student Lila Mae Jonescr internet, and other pieces of computer software. I acknowledge the al district's Acceptable Use Policy found here, and they know that they *Electronic Signature: Smantha Jonescr		
Please remember to click the Sav	e button.	

* Required Form: AUP It is form has been completed

- The step will then be marked as completed. If it was not filled out and the guardian plans to come back to it, they can uncheck the box showing it as completed.
- Note: If multiple forms are setup, they do not have to be completed in the order they are listed on screen.



• Once finished, if the above error message appears, please review the forms in Step/Section 5 to ensure they are complete.

Submitting the Application

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: 04/27/2015
Step 2: Family/Guardian Information Edit View Only	Date Completed: 04/27/2015
Step 3: Medical/Dental Information Edit View Only	Date Completed: 04/27/2015
Step 4: Emergency Contact Information Edit View Only	Date Completed: 04/27/2015
Step 5: Immunization Information Edit View Only	Date Completed: 04/27/2015
Step 6: Requested Documents Edit View Only	Date Completed: 04/27/2015
Step 7: Additional District Forms Edit View Only	Date Completed: 04/27/2015
Submit Application to the District * All steps must be Completed before an Application can be Submitted *	

- When all steps are complete and are showing a Date Completed, you are ready to click the **Submit Application to the District** button.
- Before submitting, please review information for accuracy. Changes are unable to be made once application has been submitted. Please contact your chosen school or the MSD of Martinsville with any data updates. MSD of Martinsville 765-342-6641.

Confirm	*
Submitting will allow Skyward Schoo application. After submitting you will <u>not</u> be able to make any further char	only be able to view this application and will
Are you sure you want to submit this	application to Skyward School District?
Submit Application	Cancel and Keep Screen Open

• The above confirmation screen will display after clicking the Submit Application to the District button. Click **Submit Application** to complete the process, or **Cancel and Keep Screen Open** to still have the ability to review and update the application.

	×
fully submitted.	
nd you will be contacted as to how to	o proceed. Thank you for your time.
ок	

- A message will display after clicking Submit Application.
- You did it. Thank you for your patience. We are excited to welcome your student to the MSD of Martinsville.