2014-2015 Registration Directions:

For the very best user experience, you will need to use *FireFox* or *Google Chrome* as your web browser.

1. Click on "My Child" and then, "Request Changes to Student and Contact Info".

2. Read the disclaimer and type your name and e-mail address in the appropriate boxes, then click I agree.

3. Make sure school year indicates 2014-2015. If not, choose 2014-2015 from drop down menu.

4. Click on the first student's tab.

5. Click "no, I need to update " in the white box on the bottom right, before starting.

6. Complete fields according to the guide below. To open the field, click the broken line. Please make sure all information is complete and correct.

7. In the "contacts" box on the right, type name, then click the box to indicate "yes" under "has custody" and "emergency contact", if appropriate, then click add.

8. Click "submit request".

9.   Move to the next student's tab, if applicable, completing steps 2-8.

10. Click on the first contact's name. Please fill in phone numbers for all contacts on the right. If you have more than one child, it is possible that the contacts will appear more than once. It is very important to complete the duplicates, as the contacts are attached separately to each child. You may wish to copy and paste to make the process a little easier.

11. Click on your name and fill in the e-mail address and phone number. Click "submit request".

12. Click on the address tab and make sure the address and phone number is complete and correct. Click "submit request". **If a change of address is needed, 2 proofs of your new address must be provided to the school.**

NOTE: Any information that appears red and indicates "pending change" will be approved by the school before it is rolled into the system.

User Information	
Suffix*	
First Name	
Middle Name	
Last Name	
General	
Frequent Language Spoken by Student*^	Choose from dropdown menu
Appendage	II, III, IV, JR SR or none
Resident Status^	Choose from dropdown menu, if incorrect
Primary Language Spoken in the Home*^	Choose from dropdown menu, if incorrect
Residence County	Choose "Bay" from dropdown menu
Nickname	What your student wants to be called
First Language Spoken by Student*	Choose from dropdown menu

	Answer yes to all that apply
Race: American Indian or Alaska Native^	Choose from drop down menu, yes or no
Race: Asian^	Choose from drop down menu, yes or no
Race: Black or African American^	Choose from drop down menu, yes or no
Race: Native Hawaiian or Other Pacific Islander^	Choose from drop down menu, yes or no
Race: White^	Choose from drop down menu, yes or no
Ethnicity: Hispanic or Latino*^	Choose from drop down menu, yes or no
Gender*^	Choose Male or Female
Birthdate*^	Enter you student's birthdate
Medical	
Permission for Screening	Hearing, vision, height, weight and scoliosis screenings. If no, click on yes and uncheck box
Physician	If known, please enter
Physician Phone	If known, please enter
Preferred Hospital	Enter hospital name here
Comments	Type comments, if any
Address	
Custody Concerns/Issues	Please list any custody issues
Father Occupation	Enter Father's job
Father Place of Business	Enter name of workplace
Mother Occupation	Enter Mother's job
Mother Place of Business	Enter name of workplace
Student's Personal E-mail	Type student's e-mail address
Residency	
Unaccompanied Youth*^	Choose from dropdown menu
Residency PK-12*^	Choose from dropdown menu
Residency Cause*^	Choose from dropdown menu

Federal Impact

Military Family Student^	Choose yes, if one of the following applies: 1) active duty members of the uniformed services, including members of the National Guard and Reserve on active-duty orders; 2) members or veterans of the uniformed services who are severely injured and medically discharged or retired for a period of 1 year after medical discharge or retirement; and 3) members of the uniformed services who die on active duty or as a result of injuries sustained on active duty for a period of 1 year after death.
Federal Impact Code	Are you active duty or employed on a military base? If yes, choose correct answer from the dropdown menu If no, choose Not Applicable
Federal Impact Aid Property ID	Choose from dropdown menu

Permissions

Permission to Photo/video	If no, click on yes and uncheck the box
Permission for Internet	If no, click on yes and uncheck the box

COE

Employer Name	For Vocational Workstudy students. For K-12, leave this field blank
Position	For Vocational Workstudy students. For K-12, leave this field blank

Special Considerations — Click on the broken line; the box will open

AICE Program Participant	Click the box if your student has been accepted in the AICE advanced academic program at **Bay High School**
AP	Click the box if your student participates in Advanced Placement coursework
ASPIRE	Click the box if your student has received services in an ASPIRE class
Bay Base	Click the box if your student attends Bay Base
Career Academy	Click the box if your student is pursuing a career academy diploma
Collegiate Studies	Click the box if your student has been accepted into the Collegiate Studies Program at **Arnold High School**
Enrolled in DJJ Facility	Click the box if your student is currently enrolled in a Division of Juvenile Justice program in Bay District, another district in FL or from another state
F504	Click the box if your student has been identified as a student with a 504 Plan in Bay District, another district in FL or from another state
Gifted	Click the box if your student has been identified as gifted in Bay District, another district in FL or from another state
IB	Click the box if your student has been accepted to the International Baccalaureate advanced academic program at **Rutherford High School**
IEP	Click the box if your student has been identified as student with an Individualized Educational Plan (IEP) in Bay District, another district in FL or from another state
MAPPS	Click the box if your student has been accepted to the MAPPS advanced academic program at **Mosley High School**
RTI/MTSS	Click the box if your student receives Response to Intervention (RtI/MTSS) in the classroom
Suspended or Expelled	Click the box if your student is currently under a suspension or expulsion from Bay District, another district in FL or from another state
None	Click the box if none of these Special Programs apply to your child

Home Language Survey

1. Is a language other than English used in the home?*	Choose from dropdown menu
2. Did the student have a first language other than English?*	Choose from dropdown menu
3. Does the student most frequently speak a language other than English?*	If yes, click on no, then click box

Medical Concerns

Severe Allergies(EPI Pen required)	Choose from drop down menu
Allergies(No EPI Pen required)	Choose from drop down menu
If Other Severe Allergy, Specify	Click on the broken line; type in response
If Other Allergy, Specify	Click on broken line; type in response
Health Conditions	Choose from dropdown menu

Classified

Social Security (no hyphens '-')^	Enter your student's Social Security number. ** The student's social security number is not used as a student number. Entering a Social Security Number is important to us for several reasons. Certification for free/reduced lunch, FHSAA athletic certification, Bright Futures, FCAT pre-ID, etc., are just a few of the tasks that require social security numbers. BDS requires the same level of security, SSL encryption of data, as your bank uses. A student is not required to provide his or her social security number as a condition for enrollment or graduation. (School Board Policy 7.101)