



## Springboro School District Returning Student Application Process

### Login Instructions (Returning Students)

1. Go to the Springboro School District website (<http://www.springboro.org/>) under **Parents**, and click on the **Registration** page. Click on **Returning Students**.

<b>Registration</b>
New Students
<b>Returning Students</b>

2. Now you will see Springboro School District RG New Student link & RG Student Update. Click on **RG Student Update** button.

Welcome to your back-to-school update portal.

A parent/guardian of a current district student may update contact information here. If you have forgotten your username or password, please contact the student's school.

Log in using your district-provided username and password.

Username  
Student ID#

Password  
*\*This field is required.*

Format Date MMDDYYYY      [Login help](#)

**Login**

3. Click **Family Review**.

### Update Status Page

This page displays information on each student associated with this primary guardian. To change information on one student, click the "Edit" button beside the student's name. To review checklist, click "Checklist." If you have finished the update process, click the "Logout" button to the left.

First Name	Last Name	Status	
[Redacted]	[Redacted]	Saved	<b>Edit</b>
			<b>Family Review</b> Checklist



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4.

## Parent/Guardian

Fill out Parent/Guardian info and click save and next.

\*To change or delete data in gray shaded cells, contact the district.

Make changes in any field not shaded gray.

The student must reside with this guardian. Contact information on this page is used for both this guardian and the student.

\* Today's date  
 ##/##/####   
 \*This field is required.

Prefix

\* Parent/guardian first name

Parent/guardian middle name

\* Parent/guardian last name

Suffix

### Physical Address

Only answer the "update" question if you need to make a change. Otherwise, just click "Save and Next" at the bottom.

Update?  Yes  No change

Address line 1

Address line 2

City

State

Zip code

### Mailing Address

Only answer the "update" question if you need to make a change. Otherwise, just click "Save and Next" at the bottom.

Update?  Yes  No change

Address line 1

Address line 2

City

State

Zip code



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5. **Free and Reduced Price Lunch**

Fill out Free and Reduced info and click save and next.

If you choose to apply for Free and Reduced Price Lunch, [click here](#) for the

\* Would you like to apply for Free and Reduced Price Lunch?  
 Yes  No  
*\*This field is required.*

**Back** **Save and Next**

6. **McKinney-Vento Act**

Fill out McKinney Vento info and click save and next.

The McKinney-Vento Act is a federal law guaranteeing all children and youth regardless of their living situation. Protection under the McKinney-Vento Act includes fixed, regular, and adequate nighttime residence. This survey is in compliance with the McKinney-Vento Act, U.S.C.A. 2 section 11302(a) and is required by law to register students for school in the United States.

\* Is your current address a temporary living arrangement?  
 Yes  No  
*\*This field is required.*

**Back** **Save and Next**



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### Student – SRCTest\_sfn\_nlm SRCTest\_sln\_nlm

Review Student info and  
click save and next.

Please review the information regarding this student. If you wish to update the information (such as their name), please contact the school district.

\* Student first name

SRCTest\_sfn\_nlm

Student middle name

\* Student last name

SRCTest\_sln\_nlm

Suffix

Name student prefers to be called

Gender

Female:F ▾

Date of birth

4/19/2010

Current grade

05

School student attends (as uploaded)

FIVE POINTS ELEMENTARY

Email address

Back

Save and Next

8.

### Primary Parent/Guardian – SRCTest\_sfn\_nlm SRCTest\_sln\_nlm

Fill out Primary  
Parent/Guardian info and  
click save and next.

\* First name

SRCTest\_gfn\_nlm

\* Last name

SRCTest\_gln\_nlm

\* Do you want to be copied on any correspondence with this student?

Yes  No

Are you willing to volunteer?

Yes  No

\* Do you want to be listed as a medical contact?

Yes  No

\* Do you want to be listed as an emergency contact?

Yes  No

Back

Save and Next



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**9. Additional Parent/Guardian 2 – SRCTest\_sfn\_nlm  
SRCTest\_sln\_nlm**

This page is for a second guardian at your address. If none, scroll to the bottom and click "Save and Next". To update names or change people, please contact this student's school.

Prefix

\* First name

Middle name

\* Last name

Suffix

\* Relationship to the student

**Fill out additional Parent/Guardian and click save and next.**

**Back Save and Next**

**10 FERPA – SRCTest\_sfn\_nlm SRCTest\_sln\_nlm**

FERPA (Family Educational Rights and Privacy Act) allows that certain student information may be released to those who follow procedures for requesting information shared, choose "do not release" below.

Click [here](#) for additional information

\* Student's name  
 Release  Do not release  
*\*This field is required.*

\* Address  
 Release  Do not release

\* Telephone listing  
 Release  Do not release

\* Electronic mail address (email)  
 Release  Do not release

\* Photograph  
 Release  Do not release

\* Date and place of birth  
 Release  Do not release

\* Weight and height of members of athletic teams  
 Release  Do not release

**Fill out FERPA info and click save and next.**

**Back Save and Next**



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**11** Transportation – SRCTest\_sfn\_nlm SRCT

**AM Transportation**

\* Does this student need to take the bus to school in the morning?  
 Yes  No  
*\*This field is required.*

\* Will the same action be taken when school is delayed?  
 Yes  No

**PM Transportation**

\* Does this student need to take the bus in the afternoon?  
 Yes  No

\* Will the same action be taken if there is an early dismissal?  
 Yes  No

**Back** **Save and Next**

Fill out transportation info and click save and next.

**12** Emergency Contacts – SRCTest\_sfn\_nlm SRCTest\_slr

If you need to update name or remove a person, or blank out a piece of data, changes in any field not shaded gray.

The student's legal guardians serve as the first point of contact during an emergency. Please list the names of relatives/neighbors/friends in close proximity to the school who we may release this student to, or contact, in the event of an emergency and you cannot be reached.

**Do not list Parents or Guardians on this page.**

This student has no Emergency Contact 1 on record. Click 'Add a person' to enter one.  
 Emergency Contact 1  Add a person  No change

This student has no Emergency Contact 2 on record. Click 'Add a person' to enter one.  
 Emergency Contact 2  Add a person  No change

\* Relationship to the student

This student has no Emergency Contact 3 on record. Click 'Add a person' to enter one.  
 Emergency Contact 3  Add a person  No change

**Back** **Save and Next**

Fill out emergency contact info and click save and next.



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### Permission to Pick Up Your Student – SRCTest\_sfn\_nlm SRCTest\_sln\_nlm

Fill out permission to pick up student info and click save and next.

Please list individuals who are **permitted** to visit your student or pick them up. Individuals listed here or on the Emergency Contact page will not be allowed to visit or pick up your student.

Name

Phone number

Name

Phone number

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Save and Next

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### Before School/After School Care – SRCTest\_sfn\_nlm SRCTest\_sln\_nlm

Fill out before/after school care info and click save and next.

\* Will this student attend a day care center or after school program?

Yes  No

*\*This field is required.*

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Save and Next

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### Social Restrictions – Do Not Release Instructions SRCTest\_sfn\_nlm SRCTest\_sln\_nlm

Fill out social restrictions info and click save and next.

\* Is there any individual not permitted to have contact with this student?

Yes  No

*\*This field is required.*

Back

Save and Next



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### Medical – SRCTest\_sfn\_nlm SRCTest\_sln\_nlm

Fill out medical info and click save and next.

Please provide accurate and complete medical information about your student.

#### Medical

\* Does this student have a family doctor?

Yes  No

*\*This field is required.*

\* Does this student have a family dentist?

Yes  No

\* Is this student covered by health insurance?

Yes  No

\* In case of an emergency, to which hospital should we send this student?

Emergency Room Phone Number

\* Does this student have any medical conditions that require special attention?

Yes  No

\* Does this student require any prescribed medication at school?

Yes  No

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Save and Next

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### Emergency Medical Authorization – SRCTest\_sfn\_nlm SRCTest\_sln\_nlm

Fill out emergency medical authorization and click save and next.

Purpose – To enable parents and guardians to authorize the provision of emergency medical care for their child who become ill or injured while under school authority, when parents or guardians cannot be reached.

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two (2) other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

\* I hereby give consent for the listed medical care providers and local hospital to be called.

Yes  No

*\*This field is required.*

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Save and Next



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### Technology Survey – SRCTest\_sfn\_nlm SRCTest\_sl

Fill out technology survey and click save and next.

\* Do you have access to the internet?

Yes  No

*\*This field is required.*

\* Does your student have an electronic device to use at school? (Examples: laptop, smart phone, iPad, iPod, Kindle, tablet, etc.)

Yes  No

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Save and Next

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### Parking Pass – SRCTest\_sfn\_nlm SRCTest\_sl

Fill out parking pass info and click save and next.

Student Parking Regulations

1. Student must have a permit issued to them to park on school property. Permit must be visible in the car during the school day.
2. Students may park in designated student parking areas only. If a space has a restriction sign, then students are not permitted to park in that space.
3. Students are to drive slowly and safely in the parking lot.
4. Vehicles parked on school grounds are subject to search policies outlined in the student handbook.
5. Failure to abide by the above rules may result in loss of parking privileges, ticketing, possible towing of car or permanent removal from the high school lot.
6. Students who are suspended may lose their parking privileges at the high school for the remainder of the year.

\* Will student require a parking pass?

Yes  No

*\*This field is required.*

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Save and Next

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### PR Permission – SRCTest\_sfn\_nlm SRCTest\_sl

Enter initials and click save and next.

Students who attend school in the School District are occasionally asked to be in the news, on television, in the press, in public relations activities. In order to guarantee your agreement for your student to participate, the District asks that you click on the full policy and enter your initials below.

[Click here for additional information](#)

\* Please enter your initials to confirm you have read and understand the above:

*\*This field is required.*

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Save and Next



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### Technology Agreement – Jane Doe

**Student and Parent please read  
Technology Agreement and  
Acceptable Use Policy and sign.**

Springboro Community City Schools provides network and telecommunication technologies to support the instructional and educational objectives of the school system. These networks and telecommunication technologies include the Internet and are intended for educational purposes only.

If your student will be bringing a personal device to school, please [click here](#) to read Bring Your Own Technology Agreement.

### **Springboro Community Schools Acceptable Use Policy**

We are pleased to be able to offer our students, staff and guests access to computer technology, including access to the Internet, certain online services, and the Springboro network. We are dedicated to technology which unlocks our potential and connects us locally and globally. We envision a learning environment where technology is a part of us, not apart from us.

We believe that technology and accessibility to the information network, as an educational resource, far outweighs the potential risks. We will leverage existing and emerging technology as a means to learn and thrive in the 21st Century and prepare our students for success. We feel that access to the tools and resources of a worldwide network are appropriate and imperative in each student's education.

The school's information technology resources are provided for educational purposes.

The following acceptable use policy applies to any and all district owned device and/or student device when accessing electronic resources including, but not limited to, Google Apps for Education, district website, Edmodo, Pearson Products, and related applications.

\* Student Name:

\* Student Electronic Signature:

\* Parent/Guardian Name:

\* Parent/Guardian Electronic Signature:





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22. student will be bringing a personal device to school, please [click here](#) to read Bring Your Own Technology Agreement.

Complete the fields below to indicate understanding and acknowledgement of the Bring Your Own Technology Agreement:

Student Name:

Student Electronic Signature:

Parent/Guardian Name:

Parent/Guardian Electronic Signature:

**Student and Parent please read Bring Your Own Technology Agreement and sign. Click Save and Next.**

Back

Save and Next

23.

### Release Agreement – Jane Doe

**Fill out Release Agreement/Enter Initials and save and next**

I hereby give my permission to release my student's photograph and original schoolwork, if converted to electronic format, to be placed on the District's worldwide website. This includes digital imagery, scanned or otherwise converted documents, and multimedia files. All published content is covered by copyright protection and is solely owned by the student. Any requests for permission to copy said content will be forwarded to the parent(s)/guardian(s) and/or student. Any student photographs posted to the website will contain a first name only.

\* have read and agree to the Release Agreement:

Yes  No

**\* Required**

\* Enter your initials to confirm you have read and agreed to our Release Agreement.

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Save and Next



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24.

### Student Discipline Policy – Jane Doe

Enter Initials and save and next

[Click here](#) to read our Student Discipline policy.

\* Enter your initials to confirm you have read and agreed to our Student Discipline policy.

*\* Required*

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Save and Next

25.

### Student Attendance Policy – Jane Doe

Enter Initials and save and next

[Click here](#) to read our Student Attendance policy.

\* Enter your initials to confirm you have read and agreed to our Student Attendance policy.

*\* Required*

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Save and Next

26.

### Student Immunizations Policy – Jane Doe

Enter Initials and save and next

[Click here](#) to read our Student Immunizations policy.

Enter your initials to confirm you have read and agreed to our Student Immunizations policy.

*\* Required*

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Save and Next



## Springboro School District Returning Student Application Process

### 27. Emergency Medical Authorization Policy – Jane Doe

Enter Initials and save and next

[Click here](#) to read our Emergency Medical Authorization policy.

Enter your initials to confirm you have read and agreed to our Emergency Medical Authorization policy.

*\* Required*

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Save and Next

### 28. Health Examinations Policy – Jane Doe

Enter Initials and save and next

[Click here](#) to read our Health Examinations policy.

Enter your initials to confirm you have read and agreed to our Health Examinations policy.

*\* Required*

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Save and Next

### 29.



#### Finishing Up – SRCTest 305\_FN SRCTest305

**Student Update Form** will be generated for the district and will include your digital signature.

- \* Type your name. This is a binding electronic signature and confirms that all the information you entered is true and accurate to the best of your knowledge.

- \* I have completed updating this student.  
 Yes

Next, you will review your information. Then, you will be able to view and/or save a document that provides information on any items you may still need to complete.

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Save and Next



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30.



Please be patient as this page loads; it may take several minutes.

This page contains all the information you entered about the student being updated. You will later be able to print this information.

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Save and Next

31.



### Final Checklist / Download PDF

If the district requires any documentation, instructions are below. If not, you are done. To view/save these instructions and your answers as PDF, scroll to the bottom of the page and click on "Download PDF".

You need Adobe Reader installed on your computer in order to open a PDF file. If it is not installed, please install before clicking the "Download PDF" button.

**This page will include your exact content. Your Gateway Specialist will be taught how to edit it.**

If you have changed student's address or listed people who may not contact the student, schedule an appointment with the student's school to complete the process. Follow the instructions below.

#### Proof of residency -

##### Category A

- Mortgage, School Tax, Real Estate Bill, or Lease.
- PA State ID- with current Chichester address.
- 3 Bills dated (1 must be utility).

**Proof of court order or social restriction** - If there is someone not allowed to contact the student, bring a copy of the court order or custody agreement.

**Click continue button to exit. You are done on this portal.**

Download PDF

Back

Continue

32.

Your online work is done

Ok