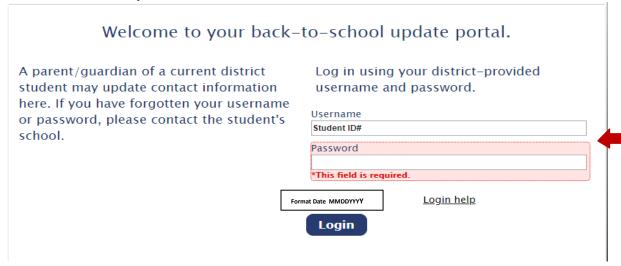


Login Instructions (Returning Students)

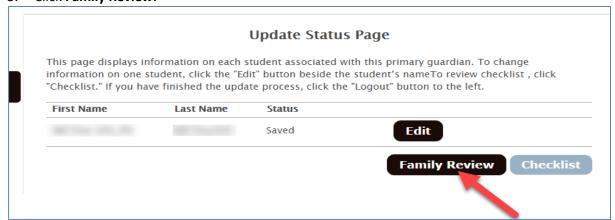
1. Go to the Springboro School District website (http://www.springboro.org/) under Parents, and click on the Registration page. Click on Returning Students.



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



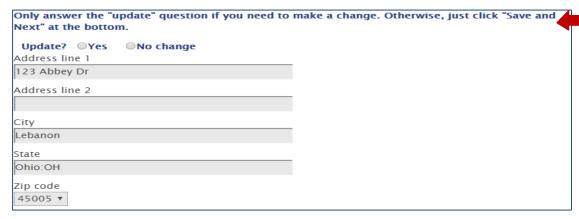
3. Click Family Review.



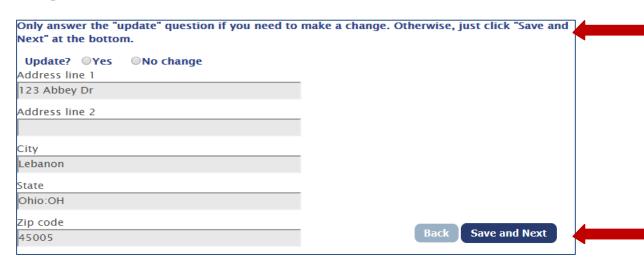


	4.	Parent/Guardian	Fill out Parent/Guardian
	*То (change or delete data in gray shaded cells, contact the district.	info and click save and next.
	Make	changes in any field not shaded gray.	next.
		student must reside with this guardian. Contact information on this pag the student.	e is used for both this guardian
æ		ay's date ## ####	
		is field is required.	
	Prefi	x	
	Pare	nt/quardian first name	
		Fest_gfn_nlm	
	Parei	nt/guardian middle name	
ske	Parei	nt/guardian last name	
	SRCT	Test_gln_nlm	
	Suffi	x	

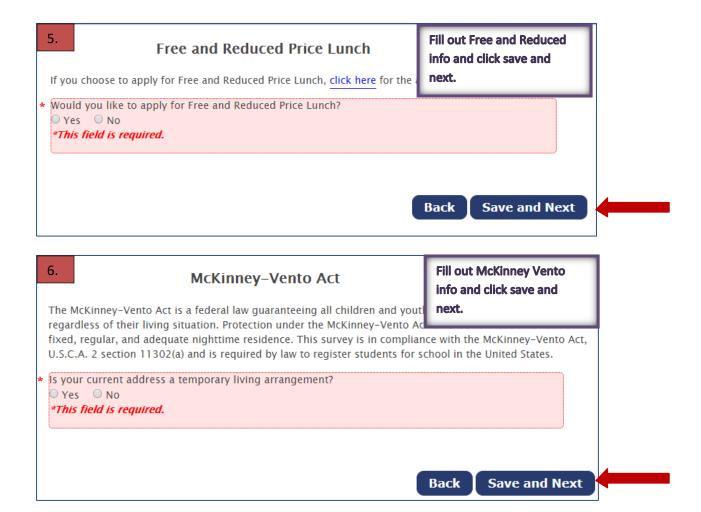
Physical Address



Mailing Address









	MENGE . IND	
	7. Student – SRCTest_sfn_nlm SRCTest_sln_nlm Please review the information regarding this student. If you wish to update	keview Student into and
	(such as their name), please contact the school district.	
æ	Student first name	
	SRCTest_sfn_nlm Student middle name	
	Student middle name	
å	Student last name	
	SRCTest_sIn_nIm	
	Suffix	
	Name student prefers to be called	
	Gender	
	Female:F v	
	Date of birth	
	4/19/2010	
	Current grade 05	
	School student attends (as uploaded) FIVE POINTS ELEMENTARY	
	Email address	
		Back Save and Next

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? Back **Save and Next** ○ Yes ● No



	9.	Additional Parent/Guardian 2	SRCTest_sfn_n	lm	
L	9.	SRCTest_sln_n	lm		
		age is for a second guardian at your address. e names or change people, please contact this		tom and click "Save and Nex	t". To
	·	31171		Fill out additional	1
	Prefix			Parent/Guardian and click save and next.	Н
å	First	name			-
	SRCT	est_g2fn_nlm			
	Middl	e name			
åe	Last r				
	1	est_g2ln_nlm			
	Suffix				
	Delati	onship to the student	_		
ľ		mergency Contact		Back Save and Nex	t
L	,				
	10	FERPA – SRCTest_sfn_nlm S	RCTest_sln_nlm	Fill out FERPA info and c	lick
				save and next.	
		(Family Educational Rights and Privacy Act) all nation) may be released to those who follow pr			- 1
		nation shared, choose "do not release" below.	occurred for requesting		_
	Click	<u>here</u> for additional information			
Å		nt's name			
		ease O Do not release field is required.			
	,,,,,	regaritor			
A	• Addre				
		ease Do not release			
ń		hone listing ease Do not release			
.,1		onic mail address (email)			
		ease Opo not release			
ń	• Photo	graph			
		ease O Do not release			
ş		and place of birth			
Т	□ Dol	ease Do not release			
		nt and height of members of athletic teams			



11 Transportation – SRCTest_sfn_nlm SRCT	Fill and Annual and add and to Ca
AM Transportation	Fill out transportation info and click save and next.
* Does this student need to take the bus to school in the morning?	
Yes O 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? O Yes No	Company I Name
B. B.	Save and Next
ergency Contacts - SRCTest_sfn_nlm SRCTest_slr	Fill out emergency contact
If you need to update name or remove a person, or blank out a piece of data,	info and click save and
changes in any field not shaded gray.	next.
The student's legal guardians serve as the first point of contact during an eme	rgency. Please list the names of
relatives/neighbors/friends in close proximity to the school who we may relea the event of an emergency and you cannot be reached.	se this student to, or contact, in
Do not list Parents or Guardians on th	is nage
Do not list farents of Gaardians on th	is page.
This student has no Emergency Contact 1 on record. Click 'Add a person' t	o enter one.
	o enter one.
	o enter one.
Emergency Contact 1 OAdd a person ONo change	
Emergency Contact 1	
Emergency Contact 1	
Emergency Contact 1	o enter one.
Emergency Contact 1	o enter one.
Emergency Contact 1	o enter one.



rmission to Pick Up Your Student – SRCTest_sfn SRCTest_sln_nlm Please list individuals who are permitted to visit your student or pick them u	up student info and click save and next.
Name Phone number ###-###-### Name	ck up your student.
Phone number ###-###-###	ack Save and Next
Before School/After School Care – SRCTest_sfn_n 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. 	
В	ack Save and Next
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? O Yes O No *This field is required.	
В	ack Save and Next



Medical – SRCTest sfn nlm SRCTest sln r

	16	Fill out medical into and
	Please provide accurate and complete medical information about your st	click save and next.
	Medical	
*	Does this student have a family doctor? Yes No *This field is required.	
×	Does this student have a family dentist? O Yes No	
w	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 ###-###-###	
ŵ	Does this student have any medical conditions that require special atteronal $\ensuremath{^{\odot}}$ Yes $\ensuremath{^{\odot}}$ No	ntion?
æ	Does this student require any prescribed medication at school? Yes No	Back Save and Next

Emergency Medical Authorization – SRCTest_sfn_ SRCTest_sln_nlm

Fill out emergency medical authorization and click save and next.

Purpose - To enable parents and guardians to authorize the provision of eme 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.

ŵ	ĺΙ	hereby	give	conse	nt for 1	the liste	d medica	l care	providers	and	local	hospital	to b	e call	ed.
	0	Yes	○ N	0											
	w	Thic fi	old ic	reauit	red										

Back

Save and Next



THE NOTE OF THE PARTY OF THE PA	
echnology Survey – SRCTest_sfn_nlm SRCTest_s	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.) O Yes No	
	Save and Next
Parking Page CDCTast of many CDCTast ola m	
Parking Pass – SRCTest_sfn_nlm SRCTest_sln_n	rill out parking pass into
Student Parking Regulations	and click save and next.
1. Student must have a permit issued to them to park on school property. Pe must be visible in the car during the school day.	
2. Students may park in designated student parking areas only. If a space has are not permitted to park in that space.	s a restriction sign, then students
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 or permanent removal from the high school lot.	ticketing, possible towing of car
${\bf 6.}$ Students who are suspended may lose their parking privileges at the high year.	school for the remainder of the
Will student require a parking pass?	
○ Yes ○ No *This field is required.	
	Back Save and Next
DD Darmission SDCTast of nlm SDCTast oln n	
PR Permission – SRCTest_sfn_nlm SRCTest_sln_n	Elitel illitials allu tiltk save
Students who attend school in the School District are occasionally asked to be	
publicity, publications and/or public relations activities. In order to guarantee	
your agreement for your student to participate, the District asks that you click	
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	2:
*This field is required.	
	Courses
	Back Save and Next



21

Technology Agreement - Jane Doe

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

Springboro Community City Schools provides network and telecommunical Acceptable Use Policy and sign. instructional and educational objectives of the school system. These networks and telecommunications technologies include the Internet and are intended for educational purposes only.

If your student will be bringing a personal device to school, please <u>click here</u> 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.

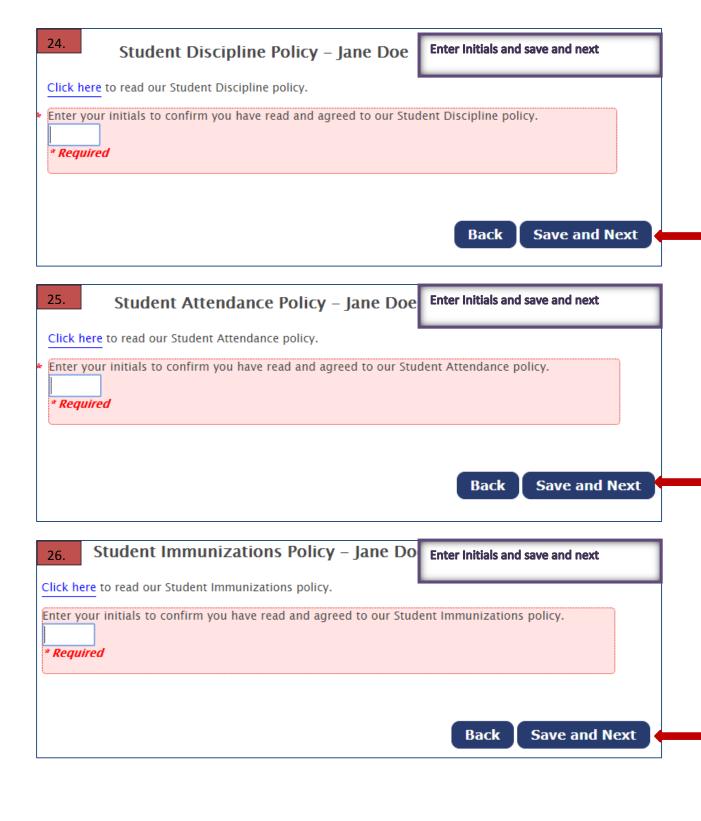
١		
5	Student Name:	
	test	
,	Student Electronic Signature:	
	test	—
4	Parent/Guardian Name:	
	test	
,	Parent/Guardian Electronic Signature:	
	test	



22. student will be bringing a personal device to school, please <u>click here</u> to read Bring Your Own Technology Agreement.

Student Name: test	Student and Parent please read Bring Your Own Technology
Student Electronic Signature:	Agreement and sign. Click Save
test	and Next.
Parent/Guardian Name:	
test	
Parent/Guardian Electronic Signature:	
test	
	Back Save and Next
23. Release Agreement – Jane Do	Fill out Release Agreement/Enter Initials and save and next
Release Agreement – Jane Do electronic format, to be placed on the District's worldwide wotherwise converted documents, and multimedia files. All protection and is solely owned by the student. Any requests forwarded to the parent(s)/guardian(s) and/or student. Any contain a first name only.	raph and original schoolwork, it converted to vebsite. This includes digital imagery, scanned or ublished content is covered by copyright of for permission to copy said content will be
I hereby give my permission to release my student's photogelectronic format, to be placed on the District's worldwide wotherwise converted documents, and multimedia files. All protection and is solely owned by the student. Any requests forwarded to the parent(s)/guardian(s) and/or student. Any	raph and original schoolwork, it converted to vebsite. This includes digital imagery, scanned or ublished content is covered by copyright of for permission to copy said content will be
I hereby give my permission to release my student's photogelectronic format, to be placed on the District's worldwide wotherwise converted documents, and multimedia files. All protection and is solely owned by the student. Any requests forwarded to the parent(s)/guardian(s) and/or student. Any contain a first name only. I have read and agree to the Release Agreement:	Initials and save and next raph and original schoolwork, it converted to vebsite. This includes digital imagery, scanned or ublished content is covered by copyright is for permission to copy said content will be student photographs posted to the website will







ergency Medical Authorization Policy – Jar 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

Back

Save and Next

Health Examinations Policy - Jane Doe Enter Initials and save and next 28.

Click here to read our Health Examinations policy.

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

* Required

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.

Save and Next







