

## Online Kindergarten Registration

1. Parents/Guardians begin by submitting their name and email address for an account request. In about a minute after clicking submit, they will receive an email to their provided address with login instructions.



**Oak Ridge**  
SCHOOLS

### 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 Online Enrollment 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



reCAPTCHA  
Privacy - Terms


Asterisk (\*) denotes a required field

[Click here to submit Online Enrollment Account Request](#)

2. The email they receive will look like the one below:

Complete Student Enrollment

 donotreply@ortn.edu  
To:  Hannah Hansen

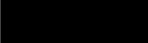
 This message was sent with High importance.


Dear Hannah Hansen,

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://skyed.ortn.edu/scripts/wsisadll/WService=wsEApplus/sfemnu01.w>

Your login is: 

Your password is: 

- They will then follow the link to sign into Skyward enrollment access. They should NOT use the Single Sign-On button.
- The enrollment process consists of six steps. Step 1 is for Student Information and includes Federal Impact Aid data points. Once all required fields are completed, parents/guardians will have the option to complete Step 1 and begin Step 2.

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

\* Last Name (as listed on birth certificate):  \* First Name (as listed on birth certificate):  Middle Name (as listed on birth certificate):

Name Suffix:  Name Prefix (as listed on birth certificate):  Preferred Name:  \* Gender (as listed on birth certificate):

\* Date of Birth:  Age:  \* Birth City:  \* Birth Country:

Birth State:  Birth County:

Does student live within this school district? \* Mom's Maiden Name:

\* Local Race:

Is Student Hispanic/Latino?:  No, My Child is not Hispanic or Latino  
 Yes, My Child is Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race

\* Federal Race: (select all that apply)  
 American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment  
 Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam  
 Black or African American - A person having origins in any of the black racial groups of Africa  
 Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands  
 White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

\* Language Spoken Most:

Is either parent/guardian currently enlisted in the military?

**Does either parent live or work on federal property?**

Rank/Civilian:

Uniformed Service/Civilian:

Country of Service:

Place of Employment:

Lives on Federal Property:

Has student attended a state school?  Has student attended this district previously?

Previous School District:  School in the District Student Previously Attended:

You are enrolling your student into the Next School Year (2023 - 2024)

First Day of School (07/24/2023) \* Expected Enrollment Date:

\* Expected Grade Level:  Expected School to Enroll into:

Do you have internet access?  Do you have a device to access eLearning material?

I authorize this student's information to be distributed for the purposes of Military usage

I authorize this student's information to be distributed for the purposes of Higher Ed usage

I authorize this student's information to be distributed for the purposes of Public usage

I authorize this student's information to be distributed for the purposes of District usage

I authorize this student's information to be distributed for the purposes of Local usage

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 involves Family/Guardian information. Multiple legal guardians can be added at this time. Once all required fields are completed, parents/guardians will have the option to complete Step 2 and begin 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:   Should the District keep this number confidential?  
 \* Family Home Language:

Print Hard Copy Report Cards

House #:  Direction:  Street Name:  SUD:  #:   
 \* Home Address: P.O. Box:  Address 2:  City:  State:  Zip Code:   
 Should the District keep this address confidential? \* County:

Mailing Address: (if different than home address) House #:  Direction:  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** [Remove this Guardian](#)

\* Last Name:  \* First Name:  Middle Name:   
 Name Suffix:  Name Prefix:  Date of Birth:  Gender:

\* Relationship to Child:  Marital Status:   
 Does this guardian have custody of the child?  Is this guardian allowed to pick up the student from school?  
 Should this guardian also be considered an Emergency Contact?

Cell Phone:  Work Phone:  Fax:

\* Contact Email Address:

\* Language:  Occupation:   
 Employer:  Work Hours:

**Enter Information for a Guardian of the Family this Student lives with** [Remove this Guardian](#)

\* Last Name:  \* First Name:  Middle Name:   
 Name Suffix:  Name Prefix:  Date of Birth:  Gender:

\* Relationship to Child:  Marital Status:   
 Does this guardian have custody of the child?  Is this guardian allowed to pick up the student from school?  
 Should this guardian also be considered an Emergency Contact?

Cell Phone:  Work Phone:  Fax:

\* Contact Email Address:

\* Language:  Occupation:   
 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](#) [No other Legal Guardians live at this Address](#)

6. Step 3 involves Medical/Dental information including any allergies, doctor contact information, insurance, etc. This information is not required.

**Step 3: Medical/Dental Information** [Edit](#) [View Only](#) [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:   
 Insurance:  Insurance Phone:   
 Insurance Policy Number:

[Complete Step 3 and move to Step 4: Emergency Contact Information](#) [Complete Step 3 Only](#)

7. Step 4 includes Emergency Contact Information. This includes contact information for anyone who will be receiving emergency notifications for the child. The option to allow the contact to pick the child up from school is also in this step.

**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:  Middle Name:

Is this contact allowed to pick up the student from school?

Language:

Contact Email Address:  \* Primary Phone:   Should the District keep this number confidential?

Cell Phone:  Work Phone:

\* Relationship to Child:

**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: Requested Documents
No, Complete Step 4 Only

8. Step 5 includes an area to attach required enrollment documents including birth certificate, immunization forms, etc.

**Step 5: Requested Documents** Edit View Only Save Save and Collapse Step

**Instructions for completing the Requested Documents**

Acceptable proof of residency documents include rental/lease agreement, deed, or tax statement and must be in the name of parent/guardian.

Birth Certificate:  No file chosen

Immunization Form:  No file chosen

Parent Photo ID:  No file chosen

Physical Examination:  No file chosen

Proof of Residency 1:  No file chosen

Proof of Residency 2:  No file chosen

Complete Step 5 and move to Step 6: Additional District Forms
Complete Step 5 Only

9. Step 6 includes all additional district-required forms. These forms are filled out by clicking each form's button in the application.

**Step 6: 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

Please fill out this form for State Reporting purposes.

\* Required Form:   This form has not been completed

\* Required Form:   This form has not been completed

\* Required Form:   This form has not been completed

Optional Form:   This form has not been completed

Optional Form:   This form has not been completed

- a. Tennessee Parent Occupational Survey



## Tennessee Parent Occupational Survey

In order to better serve your child, our school district wants to identify students who may qualify to receive additional educational services, such as tutoring, school supplies, free or reduced-price lunch, summer camps, and other services. **The information provided below will be kept confidential.** Please answer the following questions.

Today's Date:

Parent/Guardian First and Last Name:

Student's First and Last Name:

School:

Student's Grade Level:

**Have you or an immediate family member performed any of the jobs listed below temporarily or seasonally, in any part of the United States, in the past three years?**

- |  |   |
|--|---|
| <input type="checkbox"/> Agriculture/Field Work (planting, picking, sorting crops; soil preparation; irrigation; fumigation) | Total Months Worked: <input type="text"/> |
| <input type="checkbox"/> Processing/packing (fruit, vegetables, chicken, eggs, pork, beef)                                   | Total Months Worked: <input type="text"/> |
| <input type="checkbox"/> Dairy/Cattle Raising (feeding, milking, rounding up)  | Total Months Worked: <input type="text"/> |
| <input type="checkbox"/> Nursery/Greenhouse (planting, potting, pruning, watering, harvesting)                               | Total Months Worked: <input type="text"/> |
| <input type="checkbox"/> Forestry (soil preparation, planting, cutting trees; landscaping not included)                      | Total Months Worked: <input type="text"/> |
| <input type="checkbox"/> Commercial Fishing & Processing (catching, sorting, packing, transporting)                          | Total Months Worked: <input type="text"/> |

**In the past three years, has your family moved to another state, city, school district, and/or county?**

- No  
 Yes. How long have you resided in your current address?

Years:  Months:  Weeks:

**If you answered "Yes" to questions 1 and 2, please complete the information below.**

Home Street Address:

Apt #:  City:  State:  Zip Code:

Phone Number:

Best Day of Week & Times of Day to Call:



b. Oak Ridge Schools Residency Information for McKinney-Vento

OAK RIDGE SCHOOLS RESIDENCY INFORMATION FOR MCKINNEY-VENTO

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 § 11431 et seq. Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student Name:

Parent/Guardian Name:

School Name:  Phone/Pager:

Age:  Grade:  Date of Birth:

Address:  City:  Zip Code:

Is this address temporary or permanent?

Please choose which of the following situations the student currently resides in (you can choose more than one):

- House or apartment with parent or guardian
- Motel, car or campsite
- Shelter or other temporary housing
- With friends or family members (other than or in addition to parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:

- Loss of housing
- Economic situation
- Temporarily waiting for house or apartment
- Providing care for a family member
- Living with boyfriend/girlfriend
- Loss of employment
- Parent/Guardian deployed
- Other (please explain below):

Are you a student under the age of 18 and living apart from your parents or guardians?

**Residency and Educational Rights**

Students without fixed, regular, and adequate living situations have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to Dr. Larrissa Henderson, McKinney-Vento Liaison at 865-425-9009 or the State Coordinator, Justin Singleton, at 615-741-3262.

By signing below, I acknowledge that I have received and understand the above rights.

Parent/Guardian Name:

Date of Completion:



c. Home Language Survey

Oak Ridge Schools  
Home Language Survey

To make sure all students receive the education services they need, the law requires us to ask questions about students' language backgrounds. The answers you provide will tell us if a student's proficiency in English should be evaluated and help us to ensure that important opportunities to receive programs and services are offered to students who need them. Your answers will also help us communicate with you regarding the student and all school matters in the language you prefer.

Student's Name:

Student's Grade:

Name of Parent/Guardian:

What is the first language this child learned to speak?

What language does this child speak most often outside of school?

What language do people usually speak in this child's home?

Date:

d. Biometric Scanner Consent (this form is not required)

**Biometric Scanner Consent**

We are introducing a new payment method in our school cafeterias. Students will purchase lunch via biometric scanner rather than ID badges. This new system will improve efficiency, accuracy, speed, and cost-effectiveness of this process. This technology **will not store** student biometrics in our system. Rather, the software converts the biometrics into a mathematical algorithm that remains in the system following the initial scan. Students' biometrics are converted to a set of numbers identifying each student. There are *no biometric images* saved to the computer system.

In addition, both parents and students can rest assured the biometric images cannot be used by law enforcement for identification purposes. The biometric scanner will expedite the process for purchasing lunches and allow students to purchase lunch without their ID. Our goal is to utilize this new technology to serve our students and families while ensuring we are protecting student confidential information.

In order to participate in this program, Tennessee law requires active consent. Please indicate consent below and date the form. A parent may revoke consent at any time by providing written notice to Oak Ridge High School administrators.

By checking this box I am providing consent to my student's participation in the biometric scanner payment method as described above.

Date:



e. ORS Bus Transportation Registration (this form is not required)

Students' transportation needs vary from year to year. To provide the best service possible, it is necessary to update information annually. In compliance with First Student and new state laws, it is required that each student has an assigned bus number to ride the bus to and/or from school. Every student will be required to complete this Request for Bus Service form before a bus number is assigned.

**Parents are responsible for the transportation of cross boundary and tuition students.**

Students will not be allowed to ride another bus other than the one they are assigned to without a bus pass from their respective school. The student will provide the pass to the driver upon entering the bus.

**Please note: After 10 school days students may be removed from the route if they do not ride.**

Please check the box(es) for the service(s) this student will require (even if irregularly throughout year).

School:  Grade:  Date of Birth:  Gender:

Student Last Name:  Student First Name:

AM Bus Service:   
PM Bus Service:

Home Address:

Home Phone:

If your student rides the bus to or from a different address than that listed above, please indicate alternate address:

AM:   
PM:

Emergency Contact:   
Emergency Contact Phone Number:

**Kindergarten Only:** People authorized to get kindergarten students off the bus (these people may be asked to provide ID).

Authorized Person:   
Authorized Person:

Parent Signature Date:

10. Once all six steps have been completed, the parent/guardian will click the submit button at the bottom of the page. The process is complete.