TeacherEase Parent User Guide: Online Registration

Limestone Walters School District #316 July 2017



Online Registration Overview:

Review Policies and Forms

Visit our registration webpage and review all of our policies and forms. www.limestonewalters.com/registration



You will receive a welcome email on July 31st with a link to choose your password for your TeacherEase parent account.



Complete Registration Form(s)

You will see a link to online registration when you login to your parent account. An online registration form will need to be completed for each child.



View and Pay Fees

Review the fees assessed to your account and pay fees either in person or mail a check to the school office:

Limestone Walters SD 316 8223 W Smithville Road Peoria, IL 61607

Important Notes:

• You cannot save as you go so please be sure to allocate enough time (roughly 10 minutes per child) to complete the online registration form.

Navigation Tabs:

The online registration process is comprised of a series of **TABS** which organizes the information. Once you access a tab, you must complete all of the mandatory fields (denoted by asterisk *) before you can go on to the next tab or review the previous tab.

Student Information								
student mormation	Family Information	Emergency Contacts	Health Information and Authorization	Other Information	Authorizations			
Please complete all s	tudent information	fields.						
*Child's Birth Date	_				(****)			
		www.teacherease.com sa	ays:					
		Please enter a value for Health	- Hospital.					
		Please enter a value for Health	- Doctor.					
			ОК					
Navigation Buttons:								

Please be aware that the **<u>SAVE</u>** button is programmed to not be active until you finish the last tab of the online registration process. When you click save you will be asked to provide a digital signature which is simply typing your full name and then you will submit the form.

Please be aware that the **<u>BACK</u>** button is programmed to <u>discard changes</u> and take you back to the online registration homepage. If you need to review tabs be sure to click the <u>**PREV**</u> tab.



Step 1: Review Policies and Forms:

Please visit <u>www.limestonewalters.com/registration</u> and review all of the posted polices and forms.

2017-2018 SCHOOL REGISTRATION INFORMATION

ONLINE REGISTRATION



Through TeacherEase, our new student information system, we are implementing a new online registration process to make registering your child(ren) for school more efficient. The process is completely secure, will only take a few minutes per child, and can even be done from the comfort of your own home. You will receive an email on July 31st with information on how to access your TeacherEase parent account so you can complete the online registration process.

The designated online registration window will be open from July 31st through August 11th

ONLINE REGISTRATION PROCESS

Step 1: Review policies and forms

Step 2: Look for the welcome email and setup your parent account

Step 3: Complete registration form(s)

Step 4: Pay fees (In person for cash or via mail for check)

HELPFUL RESOURCES

Online registration user guide - coming soon!

POLICIES AND FORMS **Policies and Information** Other Forms Health Forms Photo Release Policy Overview of Exams and Immunizations Sport's Physical Request to Administer Medicine Form Truth in Residency Policy Optional Student Insurance TeacherEase Parent Portal Policy Child Health Physical New Student - Auth. to Release Records Technology Acceptable Use Policy Child Health Waiver Free/Reduced Lunch Application (Coming Soon) School Handbook Dental Exam (Coming Soon) Dental Waiver Eye Exam Eye Exam Waiver FEES AND PAYMENTS

Registration Fees

Lunch Prices

(You must fill out a free/reduced lunch application)

Technology Fee All grades \$60

Supply Fees K - \$25 1 - \$25 2 - \$25 4-8 Art - \$4.50

Shirt Fees K-4 orange field trip shirt - \$3 Jr. High activity polo - \$24

Yearbooks Student yearbook \$15 Online Payments Coming Soon! You will soon be able to deposit lunch money online with a credit or debit card. We are hoping to offer this service in early

September. Until then, lunch money must be on a separate check from all other fees.

Regular Student Lunch - \$2.25

Reduced Price Lunch - \$0.40

A La Carte Milk - \$0.30

Bottled Water - \$0.50

Step 2: Setup your TeacherEase Parent Account:

You should receive an email on July 31st with the subject line "Welcome to TeacherEase"

Cody Martzluf via Teache. Welcome to TeacherEase - This email is to welcome you to our student information system, TeacherEase.

Open the email, review the information, and then click on the link provided to setup a password for your account.



You will be prompted to create a password which you will need to type twice:



Step 3: Complete Online Registration Forms (One Per Child):

- 1.) Login to your TeacherEase Parent Account (<u>www.teacherease.com</u>) using the password you selected.
- 2.) Look for the online registration link in the middle of the page under news feed

Parent Main

Welcome! TeacherEase helps teachers better communicate with parents and improve student performance. Choose any link below to view information about your student.

ct Assignme
ct Assignme
es Attendan
es Attendan
es Attendan
NE
nail Email Lo
Report C
Report Ca
÷.
nail

3.) Select "Continue registering existing student(s) (not started)", then click "Continue".

Continue registering e	xisting student(s) (not started)
Student Name	Grade Level	
A9thgrader, I am	9	
A6thgrader, I am	6	
A0Kindergarten, I am	К	
A7thgrader, I am	7	

4.) Click on the "complete form" next to your first child.

Online Registration

Please complete all the steps below to register your student(s) for the upcoming school year.



Back

5.) Review and update information on the STUDENT INFORMATION tab and click next

Student Information	Family Information	Emergency Contacts	Health Information and Authorization	Other Information	Authorizations		
Please complete all stu	udent information fi	elds.					
*Child's Birth Date							
*Child's Gender				Male v			
*Ethnicity			Not Hispanic 🔻				
*Race			Check all that apply: Asian Black or African American White American Indian or Alaska Native Native Hawaiian or Other Pacific Islander				
*Please enter your o	hild's mother's mai	den name.		Page:			
*Please enter your o	hild's birth place -	city and state.		Peoria IL			
Please enter/verify y	our child's home a	ddress.		*Address 1	5		
				Address 2			
				Address 3			
				*City, State Zip	Mapleton		IL ▼ 61547
Please enter/verify y	our child's mailing	address.		*Address 1	200		
				Address 2			
				Address 3			
				*City, State Zip	Mapleton		IL ▼ 61547
Please enter/verify y	our child's home p	hone and your child'	s cell phone number (If applicable).	Home Phone	1000		
				Cell Phone			
*Child lives with (Se	elect One)						
If other, please spec	:ify:						

Save << Prev Next >> Back

6.) Review and update information on the FAMILY INFORMATION tab (parent/guardian info) and click next.

Student Information	Family Information	Emergency Contacts	Health Information and	Authorization	Other Information	Authorizations	
Please complete al	l family information.						
Custodial Parent/C	Guardian			Custodial Pa	rent/Guardian		
Name:	•	Research		Name:		~	
Relationship:	Father			Relationsh	nip: Mother	۲	
Address 1:				Address 1:			
Address 2:				Address 2	:		
City, State Zip:		Y		City, State	Zip: Mapleton	IL V	61547
*Home Phone:		Work Phone:		*Home Pho	one:	N	Vork Phone:
Other Phone:	-	*Cell Phone:		Other Pho	ne:	*	Cell Phone:
Employer:				Employer:	-	2	
Can Pickup				Can Picku	p 🖉		
				Email:			

7.) Create emergency contacts in the EMERGENCY CONTACTS tab and click next.

- * Click the "add emergency contact" button to add a new contact.
- * Click the delete link to completely delete the contact.

Student Information	Family Information	Emergency Contacts	mergency Contacts Health Information and Authorization Other Information Auth						
Please complete all Add Emergency Con	emergency contact	t information.							

Student Information	Family Information	Emergency Contacts	Health Information and Autho	orization	Other Information	Authorizations		
Please complete all emergency contact information.								
Emergency Contac	ct Only <u>delete</u>							
Name:								
Relationship:		T						
*Home Phone:		Work Phone:						
Other Phone:		Cell Phone:						
Employer								
Can Pickup								
Add Emergency Con	ntact							

Student Information	Family Information	Emergency Contacts	Health Information and		Other Information		
Please complete a	II emergency contact	information.					
Emergency Conta	ct Only <u>delete</u>			Emergency C	ontact Only delete		
Name:	John	Doe		Name:			
Relationship:	Grandfather	¥		Relationsh	ip:	۲	
*Home Phone:		Work Phone:		*Home Pho	ine:	W	ork Phone:
Other Phone:		Cell Phone:		Other Pho	ne:	C	ell Phone:
Employer				Employer			
Can Pickup				Can Picku)		
Add Emergency Co	ntact						

- 8.) Complete fields on the HEALTH INFORMATION AND AUTHORIZATION tab and click next.
 - * Yes/No answer field
 - * Text box answer field

Student Information Family Information Emergency Contacts Health Information and Authorization Other Information Authorizations
Please complete all of the following fields.
*HEALTH PROBLEMS
Are there any health problems your child has that you feel the school should be aware of? (Enter NA if none)
*ALLERGIES
Please list any allergies your child has. (Enter NA if none)
*MEDICATION
Does your child need to take any medications during school? All medication, including prescription and non-prescription medication (cough drops, Tylenol, etc.) requires the submission of a completed REQUEST TO ADMINISTER MEDICATION FORM which is available on the district website or school office.
*HOSPITAL
Please list the name of the hospital of choice for your child:
*DOCTOR
Please list the name(s) of your child's doctor(s):
HEALTH CONCERNS
Does your child have any of the following health concerns? If you answer yes to any of the following we will have you fill out paperwork at a later time.
*Asthma/Reactive Airway Disorder
*Diabetes
*Seizure Disorder
*Severe Food Allergy
*Any Other Life Threatening Disorder

9.) Complete fields on the OTHER INFORMATION tab and click next.

* Based on your child's grade level, the information on this page may change.

tudent Information Family Information Emergency Contacts		Other Information	Authorizations	
RANSPORTATION INFORMATION				
*Will your child ever be a bus rider in the morning?	T	-		
Child will be picked up at:	.	-		
If other, please enter exact pick-up address:		-		
*Will your child ever be a bus rider in the afternoon?	T	-		
Child will be dropped off at:	T	-		
If other, please enter exact drop-off address:		-		
OME LANGUAGE		-		
*Is a language other than English spoken in your home?	T			
If yes, what other language is spoken in your home?				
*Does your child speak a language other than English?	•			
If yes, what other language does your child speak?				
PECIAL SERVICES				
*Has your child received special education services in the	ie past? ▼			
*Does your child have a 504 Plan?	T			For example, the E. 9 note chirt substitution will only
*Does your child have an IEP for academics?				For example, the 5-8 polo shift question will only
*Does your child have an IEP for speech?				appear for children in grades 5-8.
8 POLO SHIRT				
*All 5-8 students are required to purchase a LW polo shi	rt. These shirts will be worn on all f	field trips and by all ı	members of Ban	d, Chorus, Scholastic Bowl, Math Counts, Speech Team, and all sports teams during events. The cost is \$24.00.
Does your child need a new LW polo shirt?				

DI ACI/DOADD CONNECT

10.) Complete fields on the AUTHORIZATIONS tab and click the save button.

* Based on your child's grade level, the information on this page may change.

* Take note that the SAVE button is now green!

Nease complete all of the following fields.	
*TRUTH IN RESIDENCY	
By selecting "YES" I (parent/guardian) understand the district's TRUTH IN RESIDENCY POLICY and my child's home address is my legal residence. I (parent/guardian) agree to provide documentation of residency as stated in the policy. I (parent/guardian) hereby certify that said child is a bona fide resident of District 316. I understand that I am liable for tuition charges if it is determined that residency is not established within District 316 and that said child will be immediately barred from attendance in all academic programs and extracurricular activities unless the required tuition is paid.	•
*STUDENT PHOTO AND VIDEO RELEASE	
By selecting "YES" I (parent/guardian) have read the "PHOTO RELEASE POLICY" and give permission to Limestone Walters School District #316 to allow my child to be photographed/filmed by district personnel, media outlets including newspapers or televisions stations; or other District authorized persons for the use of publicizing or promoting the school district. The publications and promotions of these events may occur by print or electronic media including websites.	•
*STUDENT PARENT/GUARDIAN HANDBOOK ACKNOWLEDGEMENT AND PLEDGE	
By selecting "YES" we (parent/guardian and child) acknowledge reading the student handbook and understand all rules, responsibilities and expectations and agree to the following guidelines:	
We (parent/guardian and child) pledge to adhere to all school and school district rules, policies, and procedures.	T
We (parent/guardian and student) understand that the student handbook and school district polices may be amended during the year without notice, and that the latest version is applicable to all students upon the implementation of any change. The administration will notify all parents and students in writing, where possible, of any changes to the student handbook and to school district policies as soon as it is practicable. The student handbook is listed on the district's website.	
*PESTICIDE APPLICATION REGISTRY NOTICE	
Limestone Walters School practices Integrated Pest Management, a program that combines preventive techniques, non-chemical pest control methods, and the appropriate use of pesticides with a preference for products that are the least harmful to human health and the environment. The term "pesticide" includes insecticides, herbicides, herbicides, and fungicides.	•
By selecting "YES" (parent/guardian) would like to be notified two days before the use of pesticides at the school. I understand that if there is an immediate threat to health or property that requires treatment before notification can be sent out, I will receive notification as soon as practical.	
*LOAN OF STUDENT TEXTBOOKS	
By selecting "YES" I (parent/guardian) hereby request the loan of secular textbooks in accordance with Public Act 82-469 of 1981. I understand that this request will remain valid so long as my son/daughter is enrolled in Limestone Walters School District #316 of Peoria, Illinois in Peoria County. I may at any time withdraw this request.	· _
*FIELD TRIP PERMISSION	
* By selecting "YES" I (parent/guardian) hereby give permission for my child to attend all scheduled field trips during the 2017-2018 school year. I understand detailed information regarding each field trip will be sent home in advance of the trip. Individual trip permission forms will not be required. I also understand and agree the following provisions:	
I understand that detailed information regarding each trip will be sent home with my child prior to the date of the field trip.	
I understand that all reasonable precautions will be taken to provide for the safety and supervision of my child/ward.	
In granting this permission, I hereby expressly waive any claim for liability against the Board of Education including its employees and representatives, and release them from all liability in connection with this trip.	•
Further, I assume full responsibility for any damage to persons or property caused by my child/ward. I further expressly agree that in the event it becomes necessary, at the discretion of the sponsors, my child/ward may be returned home at my expense, or that it may be necessary for me to travel to the trip location to pick up my child/ward. I understand that I will be personally notified if such action becomes necessary.	
I further grant permission to the sponsors to provide medical treatment if necessary, either through administration of first aid or referral to a physician. To this end, I have provided all necessary insurance information below. I understand that in case of any serious medical problem every effort would be made to contact me, but failing that, I consent to the provision of such medical treatment as deemed necessary or advisable by a physician.	
It is further warranted that if this authorization is only filled out by one of two parents/guardians, it is with the authority of the other.	
*STUDENT TECHNOLOGY ACCEPTABLE USE POLICY	
By selecting "YES" we (parent/guardian and child) acknowledge reading the district's STUDENT TECHNOLOGY ACCEPTABLE USE AGREEMENT and understand that access is designed for educational purposes and that the District has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the District to restrict access to all controversial and inappropriate materials. I will hold harmless the District, its employees, agents, or Board members, for any harm caused by materials or software obtained via the network. I (parent/guardian) accept full responsibility for supervision if and when my child's use is not in a school setting.	•
*TEACHEREASE PARENT PORTAL ACCEPTABLE USE POLICY	
By selecting "YES" I (parent/guardian) acknowledge reading the District's TEACHEREASE PARENT PORTAL ACCEPTABLE USE POLICY and agree to the guidelines put forth by the district.	



11.) Click on the green SAVE button



Repeat step 3 for each child

Step 4: View and Pay Fees:

1.) Login to your parent account and click on the "Fees" icon from your parent account home screen.



2.) You will have access to your child's current lunch account balance and to your child's current general (registration fees) account balance. To view a breakdown of registration fees, click on the word "General".

Account	Balance (\$92.65)
Lunch	\$10.85
General	(\$103.50)
Make Online Payment Back	

3.) If you wish to not purchase a yearbook or shirt/polo please notify the office, or if paying by check please include a note and the office staff will void the fee.

Date ↓	Cate	egory		Amount	Balance (\$103.50)
7/17/17	Year	book		(\$15.00)	(\$103.50)
7/17/17	5-8 F	Polo		(\$24.00)	(\$88.50)
7/16/17	4-8 A	Art Fee		(\$4.50)	(\$64.50)
7/16/17 Technology Fee			e	(\$60.00)	(\$60.00)
Make Online Payment	Show Future Fees	Back			

4.) If paying by cash, please stop by the school office between the hours of 8:00 AM to 1:00 PM. If paying by check, please write "registration fees" on the memo line and either stop by the school office or mail it to the school. All fees are due no later than Friday, August 11th. Note: Checks for lunch money must be written separately from checks for registration fees and should have "lunch" written in the memo line. If you wish for your lunch check to be divided between multiple children, make a note of how you want it distributed.

REGISTRATION CHECK LIST & REVIEW

Please make sure you have done all of the following:

_ Review policies & forms on our website

Set a password for your Parent Account

Complete all tabs of the registration process

_ Click SAVE when finished & type your digital signature

____ Repeat steps 3 & 4 for each child

____ Log back in to view your fees invoice

____ Write "lunch" or "registration fees" in the memo line of each check

__ Mail checks to LW or drop off payment in person <u>no later than</u> Friday, August 11th