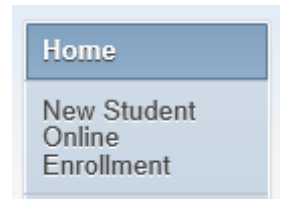


New Student Online Enrollment Directions

Begin enrollment by going to <http://www.pulaskischools.org/enrollment/>

Current Pulaski School District families

- Click on **Existing Families** to get to Skyward Family access.
- Enroll additional children by clicking on **New Student Online Enrollment**, then continue to **Step 1 on Page 2**.



Families new to the Pulaski School District

- Click on **New Families** to request an account to enroll your child(ren). Your **login and password will be emailed** to you.

Parent Account Request Screen

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 child(ren).

Enter the name of the legal parent/guardian of the student you want to enroll

* Enter Legal First Name:

* Enter Legal Last Name:

Enter Legal Middle Name:

Enter Legal Name Prefix: Enter Legal Name Suffix:

Enter contact information

* Enter Email Address:

* Re-type Email Address:

* Enter Primary Phone Number:

Asterisk (*) denotes a required field

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

Submitting the account request message

Online Enrollment Account Request Confirmation

Submitting this request initiates an email to the account entered with directions on how to access Pulaski Community School District's Online Enrollment process. The email will be sent to: myemail@gmail.com

Click OK to continue or Back to correct any information or cancel this request.

Step 1: Student Information

New Student Enrollment: Application Form

Save and Continue to Fill Out Application

Save and go to Summary Page

Print Application

Leave WITHOUT Saving

Instructions for completing the student application

Answer the questions to progress through the application form.
Click 'Save and Continue to Fill Out Application' to save your progress and stay on this screen.
Click 'Save and go to Summary Page' to save your progress and return to the summary page.
Click 'Leave WITHOUT Saving' to return to the summary page without saving.

For Emergency Contacts add two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

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: Enrollment * First Name: Student Middle Name: M

Name Suffix: Name Prefix: Nickname: * Gender: Female

* Date of Birth: 08/28/2009 * Birth City: Green Bay * Birth State: WI

Birth Country: USA Birth County: Brown

Does student live within this school district?

Is Student Hispanic/Latino?

* Federal Race: (select all that apply)

- American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

* Language Spoken Most: ENGLISH

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

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

* Expected Date of Enrollment: 09/02/2014 * Expected Grade Level: K4 * Expected School to Enroll into: 4K Enrollment

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: 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: (920) 639-2439 Should the District keep this number confidential?

Family Home Language: ENGLISH

House #: 1234 Direction: Street Name: Green Bay St Apartment:

Home Address: P.O. Box: Address 2: City: Pulaski State: WI Zip Code: 54162

Should the District keep this address confidential? County: BROWN

Township: PULASKI

Mailing Address: (if different than home address) House #: Direction: Street Name: Apartment:

P.O. Box: Address 2: City: State: Zip Code:

Enter Information for the Primary Guardian of the Family this Student lives with

Last Name: Enrollment First Name: Mother Middle Name:

Name Suffix: Name Prefix: Gender: Female

Relationship to Child: MOTHER

Cell Phone: (920) 639-9999 Work Phone: (920) 822-6000 Contact Email Address: tmc@netnet.net

Language: ENGLISH

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

Step 2: Adding Second Guardian

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: Gender:

* Relationship to Child:

Cell Phone: Work Phone: Contact Email Address:

Language:

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](#)

Step 2A: Adding Second Family (click on Yes, I want to Add a Legal Guardian who lives at a Different Address)

Are there other Legal Guardians who live at a different address?

[Yes, I want to Add a Legal Guardian who lives at a Different Address](#)

[No, Complete Step 2 and move to Step 3: Medical/Dental Information](#)

[No, Complete Step 2 Only](#)

Step 2A: Enter Information for the Family and a Guardian that lives at a different address

Enter Information for the Family that lives at a different address [Remove this Family](#)

Primary Phone: Should the District keep this number confidential?

Family Home Language:

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

Township:

Mailing Address: (if different than home address) House #: Direction: Street Name: Apartment:
P.O. Box: Address 2: City: State: Zip Code:

Enter Information for a Guardian of the Family that lives at this address

* Last Name: * First Name: Middle Name:

Name Suffix: Name Prefix: Gender:

* Relationship to Child:

Cell Phone: Work Phone: Contact Email Address:

Language:

Are there other Legal Guardians who live at this address?

[Yes, I want to Add another Legal Guardian who lives at this address](#)

Are there other Legal Guardians who live at a different address?

[Yes, I want to Add a Legal Guardian who lives at a Different Address](#)

[No, Complete Step 2 and move to Step 3: Medical/Dental Information](#)

[No, Complete Step 2 Only](#)

When all family information has been entered, select "No, Complete Step 2 and move to Step 3: Medical Information" link to continue.

Step 3: Medical/Dental Information [Edit](#) [View Only](#) [Save](#) [Save and 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:

Hospital: Hospital Phone:

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

When all Medical information is complete, select “Complete Step 3 and Move to Step 4: Emergency Contact Information” link to continue. **Enter up to 3 Emergency Contacts, two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.** Do not include yourself; we will always contact you first.

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: Name Suffix:

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

Gender:

Primary Phone: Should the District keep this number confidential? Cell Phone:

Work Phone:

Relationship to Child: Relationship Comment:

Enter the Information for Emergency Contact #2 [Remove this Emergency Contact](#)

* Last Name: * First Name: Name Suffix:

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

Gender:

Primary Phone: Should the District keep this number confidential? Cell Phone:

Work Phone:

Relationship to Child: Relationship Comment:

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: Additional District Forms](#) [No, Complete Step 4 Only](#)

When all emergency contacts have been added, select “No, Complete Step 4 and move to Step 5: Additional District Forms” link to continue.

Step 5: Additional District Forms - Click on each step to complete the registration process

Step 5: Additional District Forms

Edit

View Only

Save

Save and Collapse Step

Instructions for completing the Additional District Forms

Steps 1-2: Complete for your child, these steps are REQUIRED

Step 3: Complete if your child is Native American

Step 4: Complete if your child is entering 4K

Step 5: Complete any of the forms that are needed

Parent Initials are REQUIRED to complete each step

Step 1) **Enrollment Health History** Step 1 *has been completed*

Step 2) **Enrollment Language Survey** Step 2 *has been completed*

Step 3) **Enrollment Title VII Form - Native American Students Only** Step 3 *has been completed*

Step 4) **Enrollment 4K Form** Step 4 *has been completed*

Step 5) **Enrollment Additional Forms** Step 5 *has been completed*

Complete Step 5