



Quick Registration for Current Students

PARENT PORTAL ACCOUNT INFORMATION	
Username	Security Question
Password <small>(case sensitive)</small>	Security Question Answer <small>(case sensitive)</small>

STUDENT	Student Name			
	Student Grade		Student Age	
	Student Address			
CONTACTS	Guardian 1 Name		Phone	
	Guardian 2 Name		Phone	
	Emergency Contact 1 Name		Phone	
	Emergency Contact 2 Name		Phone	

GENERAL STUDENT INFORMATION	How many children enrolled in SAISD?		
	How long has the student lived at your address?		
	Does the child live in temporary housing?	Y	N
	Does the student live in foster setting?	Y	N
	Parent active military?	Y	N
	Does parent work on federal property?	Y	N
	Any custody orders?	Y	N
	Does the child have medical insurance?		
	<i>CHIP Carelink Medicaid Military Private None</i>		
	Do you have reliable Internet at home?	Y	N
	<i>If yes, is your home internet from an SAISD hotspot or cell phone?</i>	Y	N
	If TEA permits the district to provide remote learning and in-person instruction for the 21-22 school year, which do you prefer for your student?	<input type="checkbox"/> Remote Learning <input type="checkbox"/> In Person	
	Does your student currently participate in any of these programs? (Circle all that apply)		
	<i>504 Special Education Dyslexia Bilingual Gifted and Talented None</i>		
	Does your child have a sibling that will be 3-, 4-, or 5-years-old by September 1 of the upcoming school year?	Y	N
<i>If yes, do you want to register them for the upcoming school year?</i>	Y	N	

The district will enter all information provided in this document into its online registration platform on behalf of the family.

MEDICAL	Please list any medical issues (e.g., asthma, diabetes):	
	Please list any allergies:	
	Wears glasses/contacts	Y N

FAMILY INCOME	Does your household currently participate in SNAP/TANF?	Y N
	<i>If Yes, Eligibility Group #:</i>	
	Estimated annual household income	
	Total number of people living in the household	
	Did you seek or obtain employment in agricultural or fishing related activities within the last three years?	Y N

RESTRICTIONS: DO NOT RELEASE OR PERMIT	<i>Leave blank if all permissions are given to release student information and to participate with district technology.</i>	
	<input type="checkbox"/>	Check here if you DO NOT want your child's information released to a military recruiter or an institution of higher education without your prior written consent.
	<input type="checkbox"/>	Check here if you DO NOT want your child's information used for school-sponsored purposes <i>including</i> in the district yearbook, campus and district newsletters, a student directory and other school-sponsored publications.
	<input type="checkbox"/>	Check here if you DO NOT grant permission to photograph, videotape or record your child, to include (but not limited to) news events, social media posts, marketing campaigns and similar endeavors seeking to promote the San Antonio Independent School District. Such applications might include campaigns geared toward online or in-print projects using banners, billboards, video production, or other media.
	<input type="checkbox"/>	Check here if you DO NOT want your child to use the SAISD approved 3rd party software applications including, but not limited to, online instructional materials, educational applications, and interactive Websites such as, iTunesU, Google Apps for Education, the San Antonio Public Library Online eBook and audiobook App (Sora) and Bexar County's BiblioTech All-Digital Public Library.
	<input type="checkbox"/>	Check here if you DO NOT want your child to participate in the District's Technology Resources, utilizing a District-provided device and/or a personal wireless or mobile device.

Do you certify that all information provided is true and correct to the best of your knowledge?

Initial Here: _____

Date: _____

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