



Dubuque
COMMUNITY SCHOOLS

eREGISTRATION INSTRUCTIONS

FOR THE 2014-2015 SCHOOL YEAR

PowerSchool's eREGISTRATION has two purposes:

1. Before the start of the school year, eREGISTRATION is used to register your student for school.
2. During the school year, eREGISTRATION is used to update your student's information.

To use eREGISTRATION, you must have a PowerSchool account and internet access.

These instructions will take you through the steps of registering your student for the coming school year.

GET STARTED

① Open your web browser and go to www.dbqschools.org/registration or www.dbqschools.org/backtoschool.

② Click on the REGISTER NOW! icon to open the PowerSchool parent portal.



LOG IN

③ Sign in using your PowerSchool username and password.

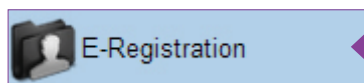
NOTE: If you don't have an account, you can easily create one by selecting "Create Account." To do so, you will need the Access ID and Password of each student for whom you'd like to register. Contact your student's school if you do not have this information.

SELECT YOUR STUDENT

④ Once you're logged into PowerSchool, each of the students attached to your account will display in the blue bar at the top of the screen. Choose the student you want to register by clicking on the student's name.



OPEN eREGISTRATION



⑤ With a student selected, click on the eREGISTRATION link on the left side of the screen.

TAB 1:

VERIFY STUDENT DEMOGRAPHICS

- 6 In the middle column, review the information already on file with the school. This information pertains to the student whom you are registering.

E-Registration: Student Name (ID Number)

Demographics | Language | Guardians | Emergency | Health | Permissions | Fees | Finish

**** Please complete all tabs prior to changing students. Click the Save button at the bottom of each screen to proceed to the next step.**

Student Demographics		
	On file with the school	Please make your updates or changes.
Name (last, first MI)	Student Name	<i>If you make changes, please use the formatting shown.</i>
Date of Birth	MM/DD/YYYY	<input type="text"/>
Gender	M or F	<input type="text"/>
Is the student Hispanic or Latino?	Yes or No	<input type="text"/>
What is the student's race? (Check all that apply)	() Race	<input type="checkbox"/> (A) Asian <input type="checkbox"/> (B) Black or African American <input type="checkbox"/> (I) American Indian or Alaska Native <input type="checkbox"/> (P) Native Hawaiian / Other Pac Islander <input type="checkbox"/> (W) White
Student Primary Phone	555-555-5555	<input type="text"/>
Student Cell Phone	555-555-5555	<input type="text"/>
Student Home Address	Street Address City State Zip	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Student Mailing Address	Street Address City State Zip	Copy home Address <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
In which school district does your child reside?	School District	<input type="text"/>
In which county does your child reside?	() County	<input type="text"/>
What is the current military status of your child's parent or guardian?		<input type="text"/>

Please click the Save button to save your progress and continue to the next screen. [Save](#)

NOTE: If you make a change to the home address, you may click the [copy home address](#) link to update the student mailing address with the same information.

- 7 Make any updates or changes to the information in the right column.
- 8 Once all information is verified and/or updated, click the SAVE button.

» You must click the [Save](#) button to move to the next screen.

TAB 2:

VERIFY HOME LANGUAGE

9 Make any updates or changes to the information in the right column.

E-Registration: Student Name (ID Number)

Demographics

Language

Guardians

Emergency

Health

Permissions

Forms

Fees

Finish

Home Language Survey

Was your child born in the United States?

Yes or No

⚠ Please answer the following question:

What state was your child born in?

State

What language is spoken by you and your family most of the time at home?

Language

If available, in what language would you prefer to receive communication from the school?

Language

Is your child a native American Indian, Alaskan, Pacific Islander or US Virgin Islander?

Yes or No

Is your child's first-learned or home language anything other than English?

Yes or No

I am the parent or guardian of Student and accept responsibility for the accuracy and completeness of this data.

Please enter your first and last name

Please click the Save button to save your progress and continue to the next screen.

Save

10 Enter your first and last name at the bottom of the screen.

11 Once all information is verified and/or updated, click the SAVE button.

>> You must click the **Save** button to move to the next screen.

TAB 3:

VERIFY GUARDIAN INFORMATION

12

Make any updates or changes to the information in the right column.

NOTE: If you made changes to information on TAB 1, you may have to re-enter the same information on this screen if applicable to the legal guardians.

E-Registration: Student Name (ID Number)

Demographics | Language | Guardians | **Emergency** | Health | Permissions | Forms | Fees | Finish

Parent/Guardian Information

Email

Primary Parent/Guardian Email Address(es) Email Address ** Separate multiple email addresses with a comma.

Legal parent or guardian

Name Name (Last, First) Last Name, First Name

Primary Phone 555-555-5555 XXX-XXX-XXXX

Employer Employer

Daytime Phone 555-555-5555 XXX-XXX-XXXX

Legal parent or guardian

Name Name (Last, First) Last Name, First Name

Primary Phone 555-555-5555 XXX-XXX-XXXX

Employer Employer

Daytime Phone 555-555-5555 XXX-XXX-XXXX

Primary Parent with whom the Student Lives (Parent Contact 1)

First Name First Name

Last Name Last Name

Relation to student Relationship

Primary Phone 555-555-5555 XXX-XXX-XXXX

Work Phone 555-555-5555 x55555 XXX-XXX-XXXX

Cell Phone 555-555-5555 XXX-XXX-XXXX

Email Email Address

Home Address Street Address
City
State

Employer Employer

Student Lives With Yes or No

2nd Parent Information (Parent Contact 2) (Click to Remove All Data)

First Name First Name

Last Name Last Name

Relation to student Relationship

Primary Phone 555-555-5555 XXX-XXX-XXXX

Work Phone 555-555-5555 x55555 XXX-XXX-XXXX

Cell Phone 555-555-5555 XXX-XXX-XXXX

Email Email Address

Home Address Street Address
City
State

Employer Employer

If the student **DOES NOT** live with this parent, does the parent wish to receive school mailings? Yes or No

NOTE: Emails listed in this field will be used for the district's messaging and alert system.

You may enter multiple addresses, but they must be separated by a comma to be valid.

CONTINUED ON NEXT PAGE >>

TAB 3 CONTINUED:

VERIFY INFORMATION FOR OTHER ADULTS IN THE HOUSEHOLD (NOT EMERGENCY CONTACTS)

- 13 If there are no additional adults in the same household as the student, click the SAVE button and skip to step 15 on the next page of this packet.

Wish to receive school mailings:

Is there a 3rd parent or guardian that your child's school should be informed of? No ▾

Please click the Save button to save your progress and continue to the next screen. Save

If there are additional adults in the same household as the student (i.e. stepparent, grandparent, etc.), change the dropdown menu to select YES and move to the next step.

- 14 Make any updates or changes to the information in the right column.
NOTE: If you made changes to information on TAB 1 and 2, you may have to re-enter the same information on this screen if applicable to the other adults.

Is there a 3rd parent or guardian that your child's school should be informed of? Yes ▾

3rd Parent Information (Parent Contact 3) (Click to Remove All Data)

First Name	First Name	
Last Name	Last Name	
Relation to student	Relationship	▾
Primary Phone	555-555-5555	XXX-XXX-XXXX
Work Phone	555-555-5555 x55555	XXX-XXX-XXXX
Cell Phone	555-555-5555	XXX-XXX-XXXX
Email	Email Address	
Home Address	Street Address	
	City	
	State	▾
	Zip	
Employer	Employer	
If the student DOES NOT live with this parent, does the parent wish to receive school mailings? Yes or No ▾		

Is there a 4th parent or guardian that your child's school should be informed of? Yes ▾

4th Parent Information (Parent Contact 4) (Click to Remove All Data)

First Name	First Name	
Last Name	Last Name	
Relation to student	Relationship	▾
Primary Phone	555-555-5555	XXX-XXX-XXXX
Work Phone	555-555-5555 x55555	XXX-XXX-XXXX
Cell Phone	555-555-5555	XXX-XXX-XXXX
Email	Email Address	
Home Address	Street Address	
	City	
	State	▾
	Zip	
Employer	Employer	
If the student DOES NOT live with this parent, does the parent wish to receive school mailings? Yes or No ▾		

Please click the Save button to save your progress and continue to the next screen. Save

- 15 Once all information is verified and/or updated, click the SAVE button.

» You must click the Save button to move to the next screen.

TAB 4:

VERIFY EMERGENCY CONTACTS, MEDICAL AND OTHER INFORMATION

16 Make any updates or changes to the information in the right column.

E-Registration: Student Name (ID Number)

Demographics | Language | Guardians | Emergency | **Health** | Permissions | Forms | Fees | Finish

Emergency Info

First Emergency Contact (Click to Remove All Data)

First Name	First Name	<input type="text"/>
Last Name	Last Name	<input type="text"/>
Relation to Student	Relationship	<input type="text"/>
Primary Phone	555-555-5555	<input type="text"/>
Work Phone	555-555-5555 x55555	<input type="text"/>
Cell Phone	555-555-5555	<input type="text"/>

Second Emergency Contact (Click to Remove All Data)

First Name	First Name	<input type="text"/>
Last Name	Last Name	<input type="text"/>
Relation to Student	Relationship	<input type="text"/>
Primary Phone	555-555-5555	<input type="text"/>
Work Phone	555-555-5555 x55555	<input type="text"/>
Cell Phone	555-555-5555	<input type="text"/>

Third Emergency Contact (Click to Remove All Data)

First Name	First Name	<input type="text"/>
Last Name	Last Name	<input type="text"/>
Relation to Student	Relationship	<input type="text"/>
Primary Phone	555-555-5555	<input type="text"/>
Work Phone	555-555-5555 x55555	<input type="text"/>
Cell Phone	555-555-5555	<input type="text"/>

Other Information

Where does your child go in the event of weather related early dismissals?	Name and/or Place	<input type="text"/>
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Medical Providers

Doctor Name	Name	<input type="text"/>
Doctor Phone	555-555-5555	<input type="text"/>
Dentist Name	Name	<input type="text"/>
Dentist Phone	555-555-5555	<input type="text"/>

Please click the Save button to save your progress and continue to the next screen.

Save

17 Once all information is verified and/or updated, click the SAVE button.

» You must click the **Save** button to move to the next screen.

TAB 5:

UPDATE YOUR STUDENT’S HEALTH RECORD

- 18 Review the information already on file with the school and make any necessary updates.
NOTE: This information will only be shared on a need-to-know basis.

E-Registration: Student Name (ID Number)

DemographicsLanguageGuardiansEmergencyHealthPermissionsFormsFeesFinish

** Note: This health information will be shared with school personnel on a need to know basis

Health Concerns on File

Health Concern	Comment	Remove?
Health Concern on File		<input type="checkbox"/>

Add

Add Additional Health Concerns

Health Concern	Comment
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Medications On File

No existing records on file.

Add Additional Medications

Add

Medication	Time	Dosage	Notes
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Insurance Information

On file with the school	Please make your updates or changes.
Do you need assistance finding a Health Care Provider?	<input type="text"/>
Do you have health insurance?	<input type="text"/>
If you answered yes to the health insurance question above, what type?	<input type="text"/>
If you answered yes to the health insurance question above, what is your policy number?	<input type="text"/>
If you answered yes to the health insurance question above, what is your insurance company name?	<input type="text"/>
Do you have Dental Insurance?	<input type="text"/>

Please click the Save button to save your progress and continue to the next screen.

Save

- 19 Once all information is verified and/or updated, click the SAVE button.

» You must click the **Save** button to move to the next screen.

TAB 6:

COMPLETE PARENT PERMISSIONS

- 20 Select YES or NO for each statement.

E-Registration: Student Name (ID Number)

Demographics | Language | Guardians | Emergency | Health | Permissions | **Forms** | Fees | Finish

2014-2015 Permissions

I give permission for my child to participate in all field trips (with additional notification of the details).

Current Setting Yes No

I give permission for my child to ride with approved school personnel.

Current Setting Yes No

I give permission for my child to participate in approved school related fundraisers.

Current Setting Yes No

The District Parent-Student Handbook contains federal, state and district policy information which is required to be distributed annually by Dubuque Community School District. The District Parent-Student can be accessed online at: www.dbqschools.org/parenthandbook/. A printed copy of the handbook is available on request in my student's school office. I understand it is my responsibility to read the information in the handbook.

Current Setting Yes No

Please enter your First and Last Name: **Save**

I am the parent or guardian of Student and have the legal authority to execute the above permission(s).

- 21 Enter your first and last name at the bottom of the screen.

- 22 Click the SAVE button.

» You must click the **Save** button to move to the next screen.

TAB 7:

REVIEW REQUIRED AND OPTIONAL FORMS

- 23 Click on the FORMS link to download and complete required and optional forms.

E-Registration: Student Name (ID Number)

Demographics | Language | Guardians | Emergency | Health | Permissions | **Forms** | Fees | Finish

Forms

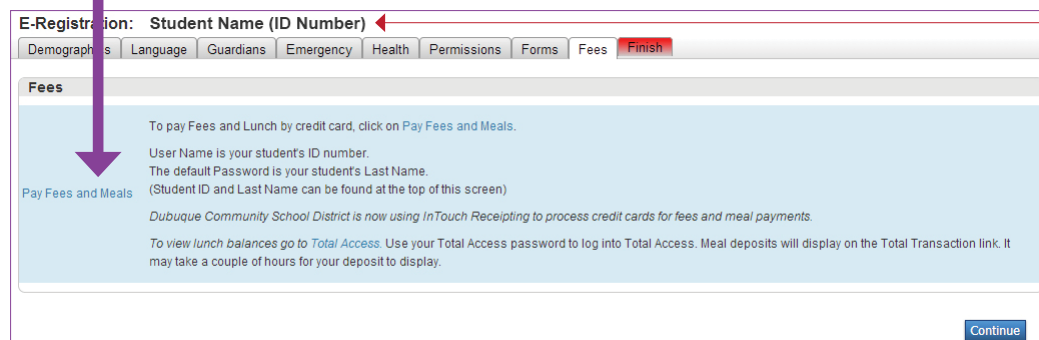
Forms

Continue

- 24 Click the CONTINUE button.

TAB 8: PAY FEES ONLINE

- 25 Click on the PAY FEES AND MEALS link to pay online, if you haven't already done so.



E-Registration: Student Name (ID Number)

Demographics | Language | Guardians | Emergency | Health | Permissions | Forms | Fees | **Finish**

Fees

To pay Fees and Lunch by credit card, click on [Pay Fees and Meals](#).

User Name is your student's ID number.
The default Password is your student's Last Name.
(Student ID and Last Name can be found at the top of this screen)

[Pay Fees and Meals](#)

Dubuque Community School District is now using InTouch Receipting to process credit cards for fees and meal payments.

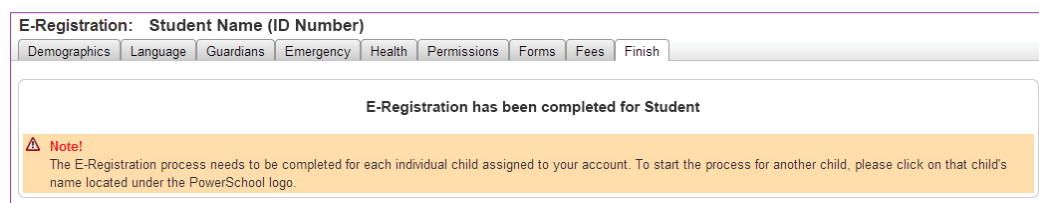
To view lunch balances go to [Total Access](#). Use your Total Access password to log into Total Access. Meal deposits will display on the Total Transaction link. It may take a couple of hours for your deposit to display.

[Continue](#)

NOTE: You will need your student's ID number to sign in to the Online Payment Portal to pay your student's fees.

- 26 Click the CONTINUE button.

SCREEN 9: eREGISTRATION PROCESS COMPLETE!



E-Registration: Student Name (ID Number)

Demographics | Language | Guardians | Emergency | Health | Permissions | Forms | Fees | **Finish**

E-Registration has been completed for Student

Note!
The E-Registration process needs to be completed for each individual child assigned to your account. To start the process for another child, please click on that child's name located under the PowerSchool logo.

NEED TO REGISTER ANOTHER STUDENT?

To start the eREGISTRATION process for another student, please click on that student's name.



PowerSchool

Welcome, Parent Name | [Help](#) | [Sign Out](#)

Student Student Student

NOTE: After completing eREGISTRATION for one student, you will have the option to copy addresses and phone data to other students in the same household. This option will be presented on the DEMOGRAPHICS, GUARDIANS and EMERGENCY screens.