

School District of Brown Deer



Excellence. Equity. Engagement.

FAMILY GUIDE TO ANNUAL ONLINE REGISTRATION USING SKYWARD

Welcome!

Skyward allows families to register child(ren) that are already enrolled in a School District of Brown Deer for the coming school year. Online registration is a streamlined way for families to complete forms and pay fees.

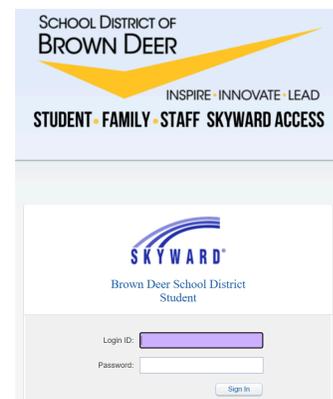
- The **custodial parent/guardian listed in the primary family** registers their child(ren) on Skyward.
- **The parent/guardian must login using their Skyward account. (Online Registration cannot be done through a student Skyward account.)**
- The parents/guardian needs to complete an **online registration for each child** enrolled in our District.
- The Parent/guardian must access a computer. If using a cell phone or tablet, set the device to “desktop.” (Online registration is not available using the mobile version of Skyward. When you access the app - choose the desktop version.)

If you need access to a computer and/or any other assistance, contact the District Registrar, Connie Dallas @ 414-371-6745 or cdallas@browndeerschools.com

To Begin - Login!

If you have used Skyward:

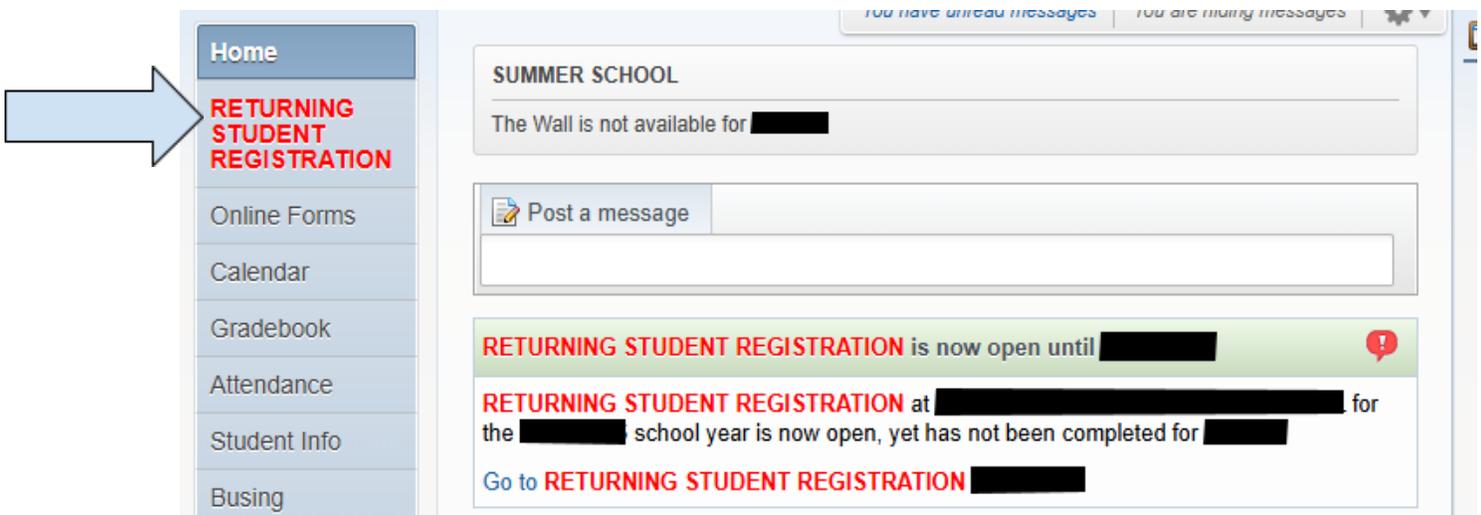
- Go to browndeerschools.com
- Click on > Family Access: [SKYWARD](#)
- Enter your Login
- Enter your Password



If you have never used Skyward:

- Go to browndeerschools.com
- Click on > Family Access: [SKYWARD](#)
- Enter > LOGIN ID
 - Your login ID is the first 6 characters of your first name, period, and your entire last name (lowercase, no comma). Example: jane.doe or jennif.brawn
 - If your last name is hyphenated, do not use the hyphen. Example: jane.doesmith or jennif.browndeer
- Enter > PASSWORD
 - Parents created a password at the time of enrollment, please contact the District Registrar if you need your password reset.
- Once a parent accesses Skyward, they will be prompted to change their password. It must be 8 characters in length and include at least 1 uppercase letter, 1 lowercase letter, and 1 number.

After login, click on > **Returning Student Registration.**



The screenshot shows the Skyward web interface. On the left, a vertical sidebar contains several menu items: Home, RETURNING STUDENT REGISTRATION (highlighted in red with a blue arrow pointing to it), Online Forms, Calendar, Gradebook, Attendance, Student Info, and Busing. The main content area on the right displays a 'SUMMER SCHOOL' section with a message: 'The Wall is not available for [redacted]'. Below this is a 'Post a message' section with a text input field. At the bottom, a green banner with a red exclamation mark icon contains the text: 'RETURNING STUDENT REGISTRATION is now open until [redacted]'. Below the banner, it says: 'RETURNING STUDENT REGISTRATION at [redacted] for the [redacted] school year is now open, yet has not been completed for [redacted]'. At the bottom of the banner, there is a blue link: 'Go to RETURNING STUDENT REGISTRATION [redacted]'.

READING AND/OR PRINTING FORMS

When e-signing forms for the school year, click on > “View full screen” to see the form in its entirety. You can also choose to print a pdf copy of the form for your own records!

Print

View Full Screen

MENU OF SECTIONS

- Online registration involves moving through these 14 sections. It is fast and easy to do! (NOTE: If your child(ren) is in certain grade levels you may have more sections!)
- You can toggle between the previous step and next step.
- You can close and finish later if you are interrupted.
- When online registration is complete, you will submit your registration.

| |
|---|
| 1. Verify Student Information |
| a. Student Information |
| b. Family Address |
| c. Family Information |
| d. Emergency Information |
| e. Emergency Contacts |
| 2. Student Health Form |
| 3. Over the Counter Medication Form |
| 4. Residency Verifications |
| 5. Title IX Policy Acknowledgement |
| 6. Sharing Form |
| 7. Technology User Agreement |
| 8. Student Data Privacy |
| 9. Field Trip Permission Slip |
| 10. AM/PM Transportation |
| 11. Middle School Student/Family Handbook |
| 12. Preferred Name |

Section 1: Verify Student Information

Screen 1a:

- Review your child’s home phone number. If it is incorrect, please enter the correct number.
- Complete the seven (7) Technology at Home Survey questions using the drop down menus.
- When finished, click on > “Complete Step 1a Only.”
- On the right hand side, click on > Next Step.

Step 1a. Verify Student Information: Student Information (Required) Undo

Step 1a: Please review your primary telephone number. If changed, please update the telephone number. Please fill out the Technology survey at the bottom of the page

Step 1b: If your address has changed, please contact the WAWM Enrollment Center at 414-604-3014. Address changes must be made at the Enrollment Center.

Step 1c: Please review the email addresses and telephone numbers. If anything has changed, please update it.

Step 1d: Please enter additional emergency contacts.

General Information

First: [input] Middle: [input]
 Last: [input] Suffix: [input]
 Birthday: [input] Gender: [input]
 Language: English [input]
 Home Phone: [input] Ext: [input]
 School Email: [input]

Technology at Home

Can the student access the internet on their primary learning device at home?: [input]
 What is the primary type of internet service used at the residence?: [input]
 Can the student stream a video on their primary learning device without interruption?: [input]
 What device does the student most often use to complete school work at home?: [input]
 Is the primary learning device a personal device or school-provided? Is the primary learning device shared with anyone else in the household?: [input]

Screen 1b:

- Please review your home address and mailing address. If it has changed, you must contact our School District at Brown Deer Registrar at 414-371-6745.
- After review, click on > “Complete Step 1b Only.”
- On the right-hand side, click on > Next step.

Step 1b. Verify Student Information: Family Address (Required) Undo

Step 1a: Please review your primary telephone number. If changed, please update the telephone number. Please fill out the Technology survey at the bottom of the page

Step 1b: If your address has changed, please contact the WAWM Enrollment Center at 414-604-3014. Address changes must be made at the Enrollment Center.

Step 1c: Please review the email addresses and telephone numbers. If anything has changed, please update it.

Step 1d: Please enter additional emergency contacts.

Address Preview Address

Street Number: [input] Street Dir: [input] Street Name: [input]
 SUD: [input] # [input] P.O. Box: [input]
 Address 2: [input]
 Zip Code: [input] Plus 4: [input] City/State: WEST ALLIS, WI

Mailing Address

Street Number: [input] Street Dir: [input] Street Name: [input]
 SUD: [input] # [input] P.O. Box: [input]
 Address 2: [input]
 Zip Code: [input] Plus 4: [input] City/State: [input]

Complete Step 1b Only

Screen 1c:

- Review guardian phone numbers and email addresses listed. If a number or email address is incorrect, please make the correction.
- When finished, click on > “Complete step 1c Only.”
- On the right hand side, click on > Next step.

Screen 1d:

- Review Emergency Information (physician, dentist, hospital, insurance). If anything has changed, please make the correction.
- When finished, click on > “Complete step 1d Only.”
- On the right hand side, click on > Next step.

Screen 1e:

- To review Emergency Contacts, click on > Add Emergency Contacts.
- Review the Emergency Contacts listed. Primary Guardians are always listed and additional contacts may be listed.
- If a telephone number is incorrect, please make the correction.
- Click on > add to add an Emergency Contact. If you add a contact, be sure to enter the name correctly (e.g., first name in the first name section, last name in the last name section). Include relationships with the student (e.g., grandparent, aunt, friend, etc.).
- Click on > delete to remove an Emergency Contact.
- When finished, click on > “Complete step 1d Only”
- On the right hand side, click on > Next step.

Section 2: Student Health Form

This information will help us provide appropriate care for your child. Please provide any health-related information in the sections provided, then answer the health-related questions regarding your child:

- Review student health information. If anything has changed, please make the correction.
- To view screen larger, select view full screen.
- When finished, click on > **“Complete Step 2 Only.”**
- On the right hand side, click on > Next step.

Section 3: Residency Verification

- Please upload a current (within one (1) year) WE Energies or TV/Internet Bill (ONLY ONE FORM IS NEEDED!)
- If you have moved out of the district, please contact the District Registrar at 414-371-6745
- When finished, click on > **“Complete Step 3 Only.”**
- On the right hand side, click on > Next step.

Step 2. Student Health Form (Required)

Click View Full Screen to view the entire form.

Print View Full Screen

Does your child have ASTHMA?

1. Does your child require medication to be given at school for ASTHMA?
2. Does your child Self Carry an inhaler?

Save

Does your child have ALLERGIES?

1. Type of Allergies:
2. Does your child require medication to be given at school for ALLERGIES?
3. Does your child Self Carry an EpiPen?

Does your child have SEIZURES?

1. Does your child require medication to be given at school for SEIZURES?

Does your child have SICKLE CELL ANEMIA?

Does your child have any OTHER HEALTH CONDITIONS?

1. Type of other health conditions:
2. Does your child require medication to be given at school for the condition?

Has your child been HOSPITALIZED for any reason in the past year?

Does your child wear GLASSES or CONTACTS?

Does your child wear a HEARING AID?

Have you made any updated to your responded above? If this is your first time completing the :
Response.

Step 3. Residency Verifications (Required)

Brown Deer Resident:
- Current WE Energies Bill or TV/Internet bill

Brown Deer Non-Traditional Resident
- Please contact the district for more information at 414-371-6750

* Utility Bill: No file chosen

If student is going into/in Middle/High School Section 3: Over the Counter Medication

- If you would like for your child to have access to medication during the school day through the nurses office, please fill out form for correct age level

Step 3. Over the Counter Medication Form (Required)

Click View Full Screen to view the entire form.

Print View Full Screen

Medication for:

Please answer the following STOCK Medications to be administered. NOTE dosing is based on your child's age, should you amount for your child a doctor's note will be required.

Please answer yes or no to each of the following:

Ibuprofen(100 mg Chewable tablets); 3 tablets by mouth, every 6-8 hours as needed for discomfort (11yrs)

Ibuprofen 200 mg tablets; 1-2 tablets, by mouth, every 6-8 hours as needed for discomfort (12 yrs & up)

Acetaminophen (160 mg Chewable tablets); 3 tablets, by mouth, every 4-6 hours as needed for discomfort (11 yrs)

Acetaminophen 325 mg tablets; 2 tablets, by mouth, every 4-6 hours as needed for discomfort (12 and up)

Benadryl 25 mg tablets; 1 tablet, by mouth, every 6 horses as needed for allergies (11 years)

Benadryl 25 mg tablets; 1-2 tablets by mouth, every 6 hours as needed for allergies (12 and up)

- If student will be turning 12 during the year, please mark your choices for both ages
- When finished, click on > **“Complete Step 3 Only.”**
- On the right hand side, click on > Next step.

If student is going into Grades K5, 7th, or 12th Section 3: Vaccine Information

- This step is optional. If you do not want to complete, please click the box next to “I do not wish to fill out this optional form”
- When finished, click on > **“Complete Step 3 Only.”**

Step 3. Vaccine Information (Optional)
Click View full screen to see the whole message.

I do not wish to fill out this optional form

You are seeing this step because your child is going into a grade with state required vaccines. Please ensure your child is up to date.

K5
Your student is required to have had:

- 4 Polio Vaccinations
- 2 Measles/Mumps/Rubella Vaccinations
- 2 Varicella (Chicken Pox) Vaccinations
- 3 Hep B Vaccinations
- Please remember we no longer can accept parent verification of chicken pox disease. We must have a doctor signature.

7th Grade
Your student is required to have the following in addition to previous vaccinations:

- 1 meningococcal (MenACWY-containing) Vaccine
- 1 Tdap Vaccination

Step 5. Share Form (Required)
Click View Full Screen to view the entire form.

Sharing Form

The information you provided on your Free and Reduced Price School Meals Application may be shared with other school programs for which your children may qualify. We need your permission to share your information not change your child's free and reduced status. If you do not need to complete a Free and Reduced Price School direct certification qualification, you still need to complete this sharing form to receive additional benefits such as fees. **Please choose if you are willing to share your information.**

No, I do not want to share information from my Free and Reduced status with school, state, and federal programs. **acknowledge you will not receive discounted fees even if you qualify for Free and Reduced lunch any time.**

Yes, I do wish to share information from my Free and Reduced status. By agreeing to this now, regardless of your child's status, it is beneficial in keeping our records up to date with this information in case of changes in your free and reduced status.

Section 4: Sharing

- If you are part of the Free and Reduced Lunch program, please select if you want your information shared among school programs such as athletics. This is a required step regardless of you are part of the program or not.
- When finished, click on > **“Complete Step 4 Only.”**
- On the right hand side, click on > Next step.

Section 5: Technology User Agreement

Please review the Technology User Agreement with your child(ren). When this agreement is signed, we can distribute a Chromebook to your child.

- Click on > Date and enter date.
- When finished, click on > **“Complete Step 5 Only.”**
- On the right hand side, click on > Next step.

Step 6. Technology User Agreement (Required)
Click View Full Screen to view the entire form.

Please read and scroll to the bottom. Select Yes and Date to complete the form.

**School District of Brown Deer
Acceptable Use Policy for Technology Resources
Parent Permission & Acknowledgment of Policy 7540.03**

Please click the link below to view the District Acceptable Use Policy
[Click Here](#)

As the parent/guardian of this student, I have read the Student Technology Acceptable Use and Safety Policy and Guidelines, and have discussed them with my child.

Date

Section 6: Student Data Privacy

- Please click the link to review the Student Data Privacy Policy

When complete,

- Click on > Date signature box and enter date.
- When finished, click on > **“Complete Step 6 Only.”**
- On the right hand side, click on > Next step.

Step 7. Student Data Privacy (Required)

[Print](#) [View Full Screen](#)

Please click the link to view our Student Data Privacy Policy.
[Click Here](#)

By selecting yes, you acknowledge you have read the Student Data Privacy Policy

Date:

Section 7: Field Trip Permission

All grade levels may go on class or school field trips as part of their learning experience. This form is universal for all grade levels and gives the class/school permission to allow your student(s) to go on those trips. You will be notified of field trips in advanced. This is an optional form to fill out.

- Please review the form. If you wish not to fill out the form, please check the box that states “I do not wish to fill out this optional form”.
- If you do wish to fill out the form, Click on > Date box and enter date. Then click on > Field Trip Approval and enter your full name. Lastly, select if you consent to form.
- When finished, click on > **“Complete Step 7 Only.”**
- On the right hand side, click on > Next step.

Step 8. Field Trip Permission Slip (Optional)

Click View Full Screen to view the entire form.

[Print](#) I do not wish to fill out this optional form [View Full Screen](#)

UNIVERSAL FIELD TRIP PERMISSION FORM

The use of community resources, both within the classroom and through field trips, is recognized as a valuable part of the education and will eliminate the need for special permission before each trip and will ensure each student has an opportunity to be included in a permission slip(s) may be required for special circumstances depending on student involvement (i.e.: incentive activities).

THIS FORM WILL BE KEPT ON FILE AT EACH STUDENT'S SCHOOL AND WILL SERVE AS A UNIVERSAL PERMISSION SLIP FOR ALL FIELD TRIPS. YOU WILL BE NOTIFIED IN ADVANCE OF ALL TRIPS IN WHICH YOUR CHILD PARTICIPATES.

I give permission for my child to accompany his/her class, along with Brown Deer School District Faculty/Staff Members and de planned or will be planned in the current school year. In granting permission, I assume responsibility for any damage to person(s) participating on a field trip. I understand that all School Policies and Procedures, including Discipline and Behavior Principles, w School field trips. I hereby authorize school personnel to transport my child to a hospital or medical facility in the event that I can

Date:

FIELD TRIP APPROVAL - PLEASE PRINT NAME

DO YOU CONSENT TO THIS FORM?

Section 8: AM/PM Transportation

How will your student be coming to and leaving school on a daily basis? This form allows us to know so we are able to assist your child(ren) if needed.

- If you are unaware if eligible for busing (Eligibility = living 2+ miles from the school. Hazard Zones do apply), please contact your school. Elementary - 414-371-6806 - High/Middle - 414-371-7006 (Open Enrollment and Tuition Waiver students aren't eligible for busing)

Step 9. AM/PM Transportation (Required)

[Print](#) [View Full Screen](#)

If eligible for busing, will you need and utilize busing for your student for the 2024-25 school year? (Eligibility = living 2+ n please contact the school for questions. Elementary - 414-371-6806 - High/Middle - 414-371-7006. Open Enrollment and Tuition Waiver students aren't eligible for busing.)

Please select a method of transportation for your child to and from school.

TRANSPORTATION TO SCHOOL (AM)

- Please select how your child(ren) will be arriving to school in the AM (Bus, Car, Walk, YMCA) and leaving the school in the PM (Bus, Car, Walk, YMCA/After School Programming).
- If you have any special circumstances, please put that in the “Other” section.

When complete,

- Click on > Name of Child Care box and enter name. Then click on > Address of Child Care box and enter address. Then click on > Phone Number of Child Care box and enter phone number.
- When finished, click on > **“Complete Step 8 Only.”**
- On the right hand side, click on > Next step.

Section 9: Student/Family Handbook

Please review the Student/Family Handbook with your child(ren).

- Please click the link to the handbook.
- Click on > Date and enter date.
- When finished, click on > **“Complete Step 9 Only.”**
- On the right hand side, click on > Next step.

Step 10. [Redacted] Student/Family Handbook (Required)

Click View Full Screen to view the entire form.

[Print](#) [View Full Screen](#)

I acknowledge that I have received and reviewed the [Redacted] Student Handbook. I acknowledge the provisions as modified, changed, or eliminated at any time by the District, with or without notice.

[Redacted]

Date:

If student is going into/in High School Section 9: HS Cell Phone Policy

Please review the Student/Family Handbook with your child(ren).

When complete,

- Click on > Date box and enter date.
- When finished, click on > **“Complete Step 9 Only.”**
- On the right hand side, click on > Next step.

Step 12. HS Cell Phone Policy (Required)

[Print](#) [View Full Screen](#)

[High School Cell Phone Policy](#)

I have read the student handbook with my student and we agree to the policies outlined.

Date:

Section 10: Dental Clinic Consent

The School District of Brown Deer offers a Free Dental Clinic for all of its students. If you would like to have your child participate in the program, please click on the link to fill out the form. This step is optional.

- When finished, click on > **“Complete Step 10 Only.”**

Step 11. Dental Clinic Consent Form (Optional)

Brown Deer Elementary offers a free Dental Clinic for students. If you would like your child to participate in this program, please click the link to complete the consent form.

[Print](#) I do not wish to fill out this optional form [View Full Screen](#)

Dental Clinic

Brown Deer School District is once again partnering with Wisconsin Seal-a-Smile to provide preventative dental services to your student AT NO COST TO YOU. Services are performed during school hours and, as always, their teeth are cleaned, fluoride is applied and dental cavity preventing sealants are placed. If you would like to sign up your child, please fill out the online form at <https://sealasmile.wisconsin.gov/Consent/Home/About>

Parents after navigating to that page would need to enter:
 County: Milwaukee
 School District: Brown Deer Sch Dist
 School: Brown Deer Elementary or Brown Deer Middle/High (Enter one only)
 Program: Preferred Dentistry Associates of Wisconsin, LLC

- On the right hand side, click on > Next step.

Section 11: Preferred Name

This is not for a legal name change, but if your child(ren) has a preferred name that they go by and you wish to have that show in the Skyward account, please add that so the system can be updated. This step is optional.

- When finished, click on > **“Complete Step 11 Only.”**
- On the right hand side, click on > Next step.

Step 12. Preferred Name (Optional)

This form request is not intended for a legal name change but rather to accommodate a student's/family's wish to have a preferred name appear in Skyward in locations such as, but not limited to, schedule, attendance, and report cards. This form intends to recognize a preferred identity rather than a nickname. If you do not wish to provide a preferred name, you may skip this step.

Click View Full Screen to view the entire form.

[View Full Screen](#)

| Date Created | Gender ID Preferred Ne | |
|--------------|------------------------|--|
| ██████████ | ██████████ | |

Section 12: Submit Online Registration

- When all sections are completed, click on > Submit Returning Student Registration.
- You will receive information regarding Open House.

Submit RETURNING STUDENT REGISTRATION

Thank you for completing Yearly Online Registration Using Skyward!