



OLR for New KUSD Families

This guide is for parents/guardians new to KUSD to complete online registration

To begin online registration, go to www.kusd.edu and click the Registration tab.



KENOSHA UNIFIED SCHOOL DISTRICT



Click the blue "Register Now" button under the New Student(s) heading.



KENOSHA UNIFIED SCHOOL DISTRICT



Choose your preferred language and select school the year for this application (if available).

English | Spanish

Please select 22/23 if you are registering for the current school year. Select 23/24 for next school year. *



Complete all the

required fields

This page is only for families that are NEW to KUSD. Please complete the information below to begin the registration process. If you are an existing KUSD parent/guardian and enrolling a NEW 4K student please log on to your parent portal to enroll your new student.

24/25

Parent/Guardian First Name *

Parent/Guardian Last Name *

Parent/Guardian Email Address *

user@example.com

Verify Email Address *

user@example.com

Please check this box if any student being entered has attended a school in this district in the past. *

I'm not a robot	2
	Privacy - Term

Type your first and last name in the box.



English | Español

Welcome John Johnson! Please type in your first and last name in the box below.

By typing your name into the box above you attest that you are the person authenticated into this application or an authorized user of this account, and the data you are entering/verifying is accurate and true to the best of your knowledge.



Click the Begin button to start the registration process.



Application Number 57786

English | Español

On the next few pages you will be entering information about the primary household residence for your student/s. This will include the home phone number and street address. PO Boxes are not an acceptable as a household address. Please remember to bring a form of address verification for all NEW addresses or addresses that have changed from last year.



KENOSHA UNIFIED SCHOOL DISTRICT

Enter your home/primary phone number.



Enter your home address and upload proof of residency (optional).

House Number itouse Number State = Zip = Ett. County Citer Address Fields Citer Address Fields Citer Address Fields Citer Address Fields Citer Address Fields Citer Address Fields County State = Zip = Ett. County Count	As you enter your add nformation will be fille	ess you ma d in for you	see your ad	dress appear in	a drop dov	wn list. If your complete cor	rect address doe	s appear yo	ou may ch	noose it an	all all	PLEASE NOTE: Your application will not b
Clear Address FieldsClick on your address if it appears in boxClick on your address if it appears in boxClick on your address as entered aboveClick on your address as entered above	House Number *	N,S,E,W ▼	Street Name	•		Street Abbreviation (Ex:	: St, Ave, Dr, Ct)	N,S,E,W	Apartmer	nt/Lot Num	ber	processed/approved until v receive your proof of
Clear Address Fields - Click on your address if it appears in box - Click on your address if it appears in box - Current lease agreement - Current l	City	*	State	Zip *	Ext.	County			-	-		residency.
-Click on your address if it appears in box -Current lease agreement -Current mortgage statement -Current mortgage -Current energy bill -Current ene	Clear Address Fields	1										Proof of Residency is:
Vour address as entered above Proof of residency is required for ALL new students, whether you are an existing KUSD family or new to the district. You may upload your proof of residency to your application, submit it to your child's boundary school or bring it to the Central Enrollment Office. *ACCEPTABLE FORMS OF PROOF OF RESIDENCY: - CURRENT WE Energies Bill - CURRENT Litle/Mortgage Information - CURRENT Lease Agreement	– Clic <mark>k on your addre</mark>	ss if it appe	ars in box —									-Current lease agreemen
Proof of residency is required for ALL new students, whether you are an existing KUSD family or new to the district. You may upload your proof of residency to your application, submit it to your child's boundary school or bring it to the Central Enrollment Office. *ACCEPTABLE FORMS OF PROOF OF RESIDENCY: - CURRENT WE Energies Bill - CURRENT Title/Mortgage Information - CURRENT Lease Agreement												-Current mortgage stateme
Proof of residency is required for ALL new students, whether you are an existing KUSD family or new to the district. You may upload your proof of residency to your application, submit it to your child's boundary school or bring it to the Central Enrollment Office. *ACCEPTABLE FORMS OF PROOF OF RESIDENCY: - CURRENT WE Energies Bill - CURRENT Lease Agreement												-Current energy hill
Proof of residency is required for ALL new students, whether you are an existing KUSD family or new to the district. You may upload our proof of residency to your application, submit it to your child's boundary school or bring it to the Central Enrollment Office. ACCEPTABLE FORMS OF PROOF OF RESIDENCY: - CURRENT WE Energies Bill - CURRENT Title/Mortgage Information - CURRENT Lease Agreement		Your ad	lress as enter	ed above								-Current energy bill
	Proof of reside	Your add	equired for to your	ed above or ALL new applicatio	studer	nts, whether you a nit it to your child's	re an existi 5 boundary	ng KUSI school (D fami or brin	ily or ne	ew to	-Current energy bill the district. You may upload entral Enrollment Office.
	Proof of reside your proof of r *ACCEPTABLE - CURREN - CURREN - CURREN	Your add ncy is re esidenc FORMS T WE En T Title/N T Lease	equired for y to your OF PROC ergies Bi lortgage Agreeme	ed above or ALL new applicatio OF OF RESI II Informatic nt	studer n, subm DENCY: n	nts, whether you a nit it to your child's f:	re an existi 5 boundary	ng KUSI school (D fami or brin	ily or ne g it to i	ew to the Ce	-Current energy bill the district. You may upload entral Enrollment Office.
	Proof of reside your proof of r *ACCEPTABLE - CURREN - CURREN - CURREN	Your add ncy is re esidenc FORMS T WE En T Title/N T Lease	equired for y to your OF PROC ergies Bi lortgage Agreeme	ed above or ALL new applicatio OF OF RESI II Informatic nt	studer n, subm DENCY: n	nts, whether you a nit it to your child's f:	re an existi s boundary	ng KUSI school d	D fami or brin	ily or ne g it to i	ew to the Ce	-Current energy bill the district. You may upload entral Enrollment Office.
NOTE: If you are not uploading proof of residency to your application, you may continue by clicking the "Next" button	Proof of reside your proof of r *ACCEPTABLE - CURREN - CURREN - CURREN NOTE: If you	Your add ncy is re esidenc FORMS T WE En T Title/N T Lease are no	ress as enter equired for y to your OF PROC ergies Bi lortgage Agreeme t upload	ed above or ALL new applicatio PF OF RES II Informationt ing proof	of resi	nts, whether you a nit it to your child's f: idency to your ap	re an existi s boundary pplication,	ng KUSI school (you m	D fami or brin ay co i	ily or ne g it to i ntinue	ew to the Ce	-Current energy bill the district. You may upload entral Enroliment Office.
NOTE: If you are not uploading proof of residency to your application, you may continue by clicking the "Next" button below. All new families are required to provide	Proof of reside your proof of r *ACCEPTABLE - CURREN - CURREN - CURREN NOTE: If you below.	Your add ncy is re esidenco FORMS T WE En T Title/N T Lease are no	equired for y to your OF PROC ergies Bi lortgage Agreeme t upload	ed above or ALL new applicatio PF OF RES: II Informationt ing proof	of resi	nts, whether you a nit it to your child's f: idency to your ap amilies are required t	re an existi s boundary pplication, to provide	ng KUSI school o you m	D fami or brin ay co i	ily or ne g it to i ntinue	ew to the Ce by cl i	-Current energy bill the district. You may upload entral Enrollment Office.
NOTE: If you are not uploading proof of residency to your application, you may continue by clicking the "Next" button below. Upload	Proof of reside your proof of r *ACCEPTABLE - CURREN - CURREN - CURREN NOTE: If you below.	Your add ncy is ra esidenc FORMS T WE En T Title/N T Lease are no	ress as enter y to your OF PROC ergies Bi lortgage Agreeme t upload	ed above or ALL new applicatio F OF RES: II Informatic nt ing proof	of resi of resi of resi	nts, whether you a nit it to your child's ?: idency to your ap amilies are required t residency. It is optio upload it here other	re an existi s boundary pplication, to provide nal if you wise please	ng KUSI school o you m	D fami or brin ay co i	ily or ne g it to i ntinue	ew to the Ce by cl i	-Current energy bill the district. You may upload entral Enrollment Office.
NOTE: If you are not uploading proof of residency to your application, you may continue by clicking the "Next" button below. Upload Upload All new families are required to provide proof of residency. It is optional if you choose to upload it here, otherwise please submit it to your school or the Central	Proof of reside your proof of r *ACCEPTABLE - CURREN - CURREN - CURREN NOTE: If you below. Upload	Your add ncy is re- esidence FORMS If WE En If Title/N If Lease are no	equired fo y to your OF PROC ergies Bi lortgage Agreeme t upload	ed above or ALL new applicatio IF OF RESI II Informatic nt Ing proof Al P cho s s	of resi of resi of resi nose to u obmit it i	nts, whether you a nit it to your child's ': idency to your ap amilies are required t residency. It is optio upload it here, other to your school or ther	re an existi s boundary oplication, to provide nal if you wise please ie Central	ng KUSI school (you m	D fami or brin ay co i	ily or ne g it to i ntinue	ew to the Ce by cl i	-Current energy bill the district. You may upload entral Enrollment Office. icking the "Next" button

KENOSHA UNIFIED SCHOOL DISTRICT

If you prefer your mail to be sent to a different address, select yes in the drop down and add the address.

	•		
< Previous			
	-		

Confirm and complete guardian

information

Parent/Guardian Name: Steven Smith

Demographics

First Name *		
Steven		
Middle Name		
[
Last Name *		
Smith		
Suffix		
	v	
Birth Date *		
01/01/1984		
Gender *		
	v	
I am registering myself as	an emancipated or unaccompanied minor *	
	T	
Does this person live at th	e address listed below? *	
	·	
2600 E2nd St		
Kenosha, WI 53144		
4		

Confirm or update the parent's contact information and preferences

Contact Information

Enter the contact information and how you'd prefer to receive the different types of messages we will send you.

Cell Phone

(___)__--

By checking this box I give consent to receive text messages from Kenosha Unified School District

Work Phone

()	-	¥			
(/		 _^	_	_	

Other Phone

()	x	

Email

Secondary Email

Work Place Name

It is required that you enter an email address or check the box "Has no e-mail"



Select the parent/guardian's military status.

▼ Military Connection
 The Federal/State Government is requiring school districts to ask all parent/guardians the following questions.

 Is either parent or guardian on active duty in the military (answer question for this specific parent/guardian)?
 Yes
 No

 Is either parent or guardian a traditional member of the Guard or Reserve (answer question for this specific parent/guardian)?
 Yes
 No
 Is either parent or guardian a member of the Active Guard/Reserve (ARG) under Title 10 or full time National Guard under Title 32 (answer question for this specific parent/guardian)?
 Yes
 No
 Did you answer yes to any of the above questions?
 Yes
 No



Select yes or no if the parent is a migrant worker.

Migrant Worker

Does this person currently work as a migrant worker?

* Migrant status is defined as a student who is, or whose parent/guardian is, a migratory fisher, dairy worker, or agricultural worker, and who has been from one district to another in order to work or obtain temporary or seasonal employment.

Yes, this individual is a migrant worker

No, this individual is not a migrant worker

For more information click on this link.



Enter additional parents/guardians or continue.



Enter at least one emergency contact.

Emergency Contact						
FIRST NAME	LAST NAME	GENDER	COMPLETED			
No records available.						
Add New Emergency Contact						
IN AN EMERGENCY, if parent/guardian cannot be contacted, please call and/or release my child to one of the following Emergency Contacts listed. Proper identification will be required before a student is released.						
The maximum number of Emergency Contacts	is 4					
K Back Save/Continue						

Complete the required fields

Contact Name: Mary Smith

Oemographics

Please complete the following information for each emergency contact for your students.

First Name *

Mary

Middle Name

Last Name *

Smith

Suffix



▼

Birth Date

month/day/year

Gender *

Female	•

Next >

Enter the contact information.

Contact Information

At least one Phone Number is required.

Enter the contact information for this emergency contact.

Home Phone

(/

Cell Phone

(222)222-2222

Work Phone



Email

< Previous	Next >	

Confirm or update the emergency contact's address as needed

Please enter the address for this emergency contact. This information will only be used to verify the contact doesn't already appear in our system.

Does this emergency contact live at the address below? *
No 🔹
3600 52nd St Kenosha, WI 53144
OR AND
Address Line 1
Address Line 2
Example Address Line 1 - 123 S Main St Apt 4 Address Line 2 - Schenectady, NY 12345
< Previous
Cancel Save/Continue

Enter additional emergency contacts or continue.

Emergency Contact								
FIRST NAME	LAST NAME	GENDER	COMPLETED					
Mary	Smith	F	COMPLETED					
Add New Emergency Contact								
IN AN EMERGENCY, if parent/guardian cannot be contacted, please call and/or release my child to one of the following Emergency Contacts listed. Proper identification will be required before a student is released.								
The maximum number of Emergency Contac	The maximum number of Emergency Contacts is 4							
< Back Save/Continue								

Enter all non-enrolling household members.



NOTE: Please list all other members of the household who are not enrolling in this school year. Example: children under the age of 4 as of September 1st or any adult NOT already entered on this application that is living in the household.



Click "Add New Student".

S	Student							
	FIRST NAME	LAST NAME	GENDER	SCHOOL	COMPLETED			
No records available.								
Add New Student								
	Please include all students that need to be enrolled.							
	< Back							

Enter all required student

There will be a few steps for each student you enter. incorrect. Please enter the student's name exactly as enter both names without a dash in between.	The first is general demograp s it appears on the birth certific	hic information. Please verify o cate. If your student has two las	r add the information below. Please update any info st names, please enter both in the box marked "last i
First Name *	Gender *		Enrollment Grade *
Jason	Male	•	KG
Middle Name	Birth Date *		Birth Country *
	05/16/2019		United States of Amer 🔻
Last Name *	Foreign Exchange		
Smith	Yes, this is a fore	ign exchange student	
Suffix	🔘 No, this is not a f	oreign exchange student	
Nickname			
Student Cell Number			
()			
By checking this box I give consent to receive text messages	3		
from Kenosha Unified School District			

Select the student's race and

ethnicity © Race Ethnicity

If you are re-enrolling your student and the information on this page is not correct please contact your student's school.

Yes	•		
lease check all t	hat apply. At leas	t one is require	d. *
American Indian or A	Alaska Native		
Acian			
ASIdil			
Black or African Am	erican		
\Box			
Native Hawaijan or (Other Pacific Islands	r	
White			
$\overline{\mathbf{v}}$		-	

KENOSHA UNIFIED SCHOOL DISTRICT

Select yes or no for the student's homeless status.

Student(s) Primary Household	Parent/Guardian	Finerg
Student Name Jill Marie Johnson	ı	
Demographics		
Race Ethnicity		
▼ Housing		
 Yes, this student is homeless No, this student is not homeless 	-	
Previous Next	<u>.</u>	

Complete the student and parent language fields.

Language Information

Please enter the basic language information for your student below.

Student Language

Parent/Guardian Language

What is the language most often spoken at home?

What was the first language spoken by the student?

Has your child ever received English as a Second Language (ESL/ELL) services?





Answer yes or no to the Home Language Survey questions.

Home Language Survey

The information on this form helps us identify students who may need help to develop the English language skills necessary for success in school. Language testing may be necessary to determine if language supports are needed by your child.

Answers will **NOT** be used for determining legal status or for immigration purposes. If your child is identified as eligible for English language services, you may decline some or all of the services offered to your child.

You will be asked an initial question and there may be additional questions asked depending on the answers given.

Was the first language used by this student English?



Please note that additional questions will appear dependent on how you answer each question.

Please provide the student's previous school.

Dravious Sahaal	
Previous School	
School *	
City *	
State	
	▼
Country	
	T
-	
Phone	
()	
s your student currently suspe	anded or expelled from another school? *
	•

KENOSHA UNIFIED SCHOOL DISTRICT

Enter parent/guardian relationship, contact preferences and sequence.



Secondary Household - Marking this checkbox will indicate that the student has a secondary household membership with this person

Contact Sequence - Adding a sequence number on contacts will prompt district staff to contact these persons in the order that you specify. Parent/Guardians should start with a sequence of 1 and Emergency Contacts should also start at a sequence of 1.

No Relationship - Marking this checkbox will indicate that this person does not share a relationship to the student. By checking this checkbox you are indicating that this person no longer has a relationship to the student. The relationship will be ended if one exists.



Enter emergency contact(s) relationship and contact sequence.

•	Relationships - Emergency Contacts					
Ĩ	A minimum of (1) Emergency Contacts are required					
	NAME	RELATIONSHIP *	CONTACT SEQUENCE *			
	MARY SMITH	Aunt 🔻	2 •			

Description of Contact Preferences

Contact Sequence - Adding a sequence number on contacts will prompt district staff to contact these persons in the order that you specify. Parent/Guardians should start with a sequence of 1 and Emergency Contacts should also start at a sequence of 1.

No Relationship - Marking this checkbox will indicate that this person does not share a relationship to the student. By checking this checkbox you are indicating that this person no longer has a relationship to the student. The relationship will be ended if one exists.

< Previous Next >



Enter the relationships of other household members to the student.

	Student(s) Primary Household	🗸 🗸 Parent/Guardian	Emergency Contact	Non-Enrolling Household Members	Student 🗸	
S	Student Name Jill Marie Johnsor	n				
	> Demographics					
	Race Ethnicity					
	▶ Housing					
	Relationships - Parent/Guardians					
	Relationships - Emergency Contacts	s				
	Relationships - Other Household					
	Name	F	Relationship*	OR	No Relationsh	ip
	Jack Johnson	Sibl	ling 🗸	I.		

Description of Contact Preferences

No Relationship - Marking this checkbox will indicate that this person does not share a relationship to the student. By checking this checkbox you are indicating that this person no longer has a relationship to the student. The relationship will be ended if one exists.

Previous
 Next

Enter your student's doctor and phone number (optional).

Student(s) Primary Household	Parent/Guardian	Emergency Contact	Non-Enrolling Household Me
Student Name Jill Marie Johnson	ı		
> Demographics			
Race Ethnicity			
→ Housing			
Relationships - Parent/Guardians			
Relationships - Emergency Contact	5		
Relationships - Other Household			
Health Services - Emergency Information	mation		You may enter your
Primary Care Provider Primary Care Phone	(although it is not required.
Please be prepared to provide docume medications. You will be required to pro	ntation directly to the school r vide immunization document	nurse regarding any and all health ation at your registration appointm	conditions/concerns and eent.
Previous Next			

If your student doesn't have health conditions, check the box and answer the three questions. For students with health conditions, please see the next slide.

Health Services - Medical or Mental Health Conditions

If your student has more than two health conditions please contact your student's school.

Does this student have any medical or mental health conditions? *

No

• Yes - I do give permission for the principal or his/her designee to contact any of the emergency contacts I have provided if my child becomes ill at school and you can not reach me by phone.

No - I do not give permission for the principal or his/her designee to contact any of the emergency contacts I have provided if my child becomes ill at school and you can not reach me by phone.

O Yes - I do give permission to contact the Student's Physician for consultation if needed.

No - I do not give permission to contact the Student's Physician for consultation if needed.

• Yes - I do give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.

No - I do not give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.

If a serious illness or Accident occurs at school, I understand that my child will be sent by rescue squad to the emergency room. (All expenses charged by the hospital are the responsibility of the Parent/Guardian.)

< Previous Next >

If your student has health conditions complete the required boxes, then answer the three questions.

Health Services - Medical or Mental Health Conditions

If your student has more than two health conditions please contact your student's school.

Does this student have any medical or mental health conditions? *



Select "No" in the drop down if your student doesn't take medication. For students who do take medication, please see the next presentation.

S Health Services - Medic	ations				
Please list all Medications your student is currently taking					
Does this student take any	medications? *				
No	•				
< Previous Next	>				

If your student takes medications select "Yes" in the drop down and complete the required boxes. Repeat as needed for additional medications.

Health Services - Medications Please list all Medications your student is currently taking Does this student take any medications? * Yes ¥ Where is Medication Administered Medication * Comments and Instructions **Remove Medication** Type of Medication * Add Medication < Previous Next >

Select yes or no if your child has an IEP or 504 Plan.



Select yes or no if your student's Directory Data may be released.

Concerning Disclosure of Student Data

Notice is hereby given to all parents and guardians of student age 17 or under and students themselves age 18 or older that the following have been designated Directory Data that may be released to the public including military recruiters and higher education institutions.

The student's name, address, telephone number, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, the most recent previous school attended by the student, and the student's ID photo.

Yes - I agree that my student's Directory Data may be released.

) No - I do not agree to release my student's Directory Data.





Select an option for your student's Media Release.

Notice and Media Release -Student and Student Work

Our students have many exciting opportunities to display and publish their talents and schoolwork. Video, pictures, and other recordings of our students are often published on the district's website, Channel 20, social media sites and other media sources. These opportunities create excitement and joy for our students and help us strengthen and develop our students and our student body. In order for students to participate in and enjoy these opportunities, the district must receive consent below from parents/guardians of minor students or students of majority age (i.e. 18 or older and emancipated minors). Student photos, voice and likeness may be used in: • Artwork displays • Social media posts • Videos • Classroom, school or district promotional materials

Parents and guardians of minor students/students of majority age please select one of the following for your student:



I CONSENT to the disclosure of my student's/my class work, my student's/my name, likeness, voice, and image for reproduction, publication, distribution, or exhibition by the Kenosha Unified School District on the district's website and other media sources. I understand that as a result of my student's/my participation in activities, class work and performances, my student/I may be photographed or recorded and that my student's/my picture, image, voice, and name may be transmitted. I understand the district has sole discretion to determine whether a photograph or recording will be transmitted in part or in its entirety, the times, and frequency of transmissions and the type of notices that will be displayed with each transmission. I consent and assign to Kenosha Unified School District all rights for the non-profit use of my student's/my name, likeness, voice, image, and class work, and assignments. My student and I have reviewed and understand this paragraph.

I DO NOT CONSENT to the disclosure of my student's/my class work, my student's/my name, likeness, voice and image for reproduction, publication, distribution or exhibition by the Kenosha Unified School District on the district's website and other media sources. My student/I will assist the district in fulfilling this request. Notwithstanding this election, I understand that because my student/I may have the opportunity to participate in certain programs and activities, that it will not be possible to keep my student/me from being recorded or photographed and my student/I will remove my student/myself from those activities. My student/I have reviewed and understand this paragraph.



Select if your student's photo can appear in the school yearbook.

Yearbook

Each year our schools may produce an annual year book that includes the names and photos of all of the students that attended that year. If you would like your child's name and photo to be excluded from the yearbook please check the appropriate box below. Please note that if your child participates in any public activities during the school year such as Athletics, Theater, etc. it is possible that they may appear in the yearbook

-) Yes My child's photo and name can be included in the annual yearbook
-) No My child's photo and name may not be included in the annual yearbook





Select how long you'd like KUSD to retain your student's behavioral records.

Behavior Records Retention

Laws concerning pupil records and their confidentiality govern the maintenance and destruction of such records. Wisconsin Statute 118.125 Section 3 requires that "behavioral" records be destroyed one year after the student ceases to be enrolled in the school, unless permission is granted in writing to maintain them for a longer period.

"Behavioral records mean those pupil records which include psychological tests; personality evaluations; records of conversations; any written statement relating specifically to an individual pupil's behavior; tests relating specifically to achievement or measurement of ability; the pupil's physical health records other than immunization records or lead screening records required under s. 254.162, law enforcement officers; records obtained under s. 48.396(1)(b)2, (c)3, and any other pupil records that are not progress records," Wis. Stat. sec. 118.125(1)(a).

Please note that if a student leaves the Kenosha Unified School District and the receiving school requests records, all records are mailed as required by law, even though this form is in the student cumulative records. Nevertheless, it is highly recommended that the "permission to retain behavior records" is on file for each student. This will insure that records not requested will be retained up to five yeards after leaving KUSD and be available in the event the student returns to KUSD. If this form is not on file, records will be destroyed one year after leaving KUSD.

) I hereby request and authorize Kenosha Unified School District to retain behavioral records for five years.



I hereby request and authorize Kenosha Unified School District to retain behavioral records for one year.

Previous

Next)



Answer all questions about the internet and devices in your home.

Internet/Computer Device Access

Click on one of the buttons below to replace the current student's information in this section with the corresponding information of the student listed on the button.

Copy from Smith, Jason

Can your students access the internet on their primary learning device at home? *

What is the primary type of internet used at the residence? *

.

•

•

¥

v

Can the student stream a video on their primary learning device without interruption? *

What device does the student most often use to complete school work at home? *

Is the primary learning device a personal device or school-provided? Is the primary device shared with anyone else in the household? *

< Previous Next >



KENOSHA UNIFIED SCHOOL DISTRICT

Answer District Policies. When finished, click on "Save/Continue"

• District Policy Acceptance
Parent Acknowledgment of Classroom Code of Conduct
To review the KUSD policies regarding the Classroom Code of Conduct click here, or to view all policies, go to https://www.kusd.edu/board-education/school-board-policy.
I have reviewed the KUSD policies regarding Student Behavior Expectations *
Parent Acknowledgment of Student Device Monitoring
Any KUSD owned and issued district device is to be used solely for educational benefit and will be properly filtered and monitored to ensure compliance with federal guidelines on and off the KUSD network. While the district respects the privacy and security needs of all individuals, authorized district representatives may review, audit, intercept, access and/or disclose all communications created, received or sent using district technology (including email, website history, etc.)
I have reviewed the above statement. *
Student Acceptable Use Policy
To view this policy in a new window click here, or to view all policies, go to https://www.kusd.edu/board-education/school-board-policy.
I have reviewed School Board Policy 6633: STUDENT TECHNOLOGY ACCEPTABLE USE POLICY with my son/daughter. *
You are now complete. Please click save to add a new student or click save then save again to finish.
Annual Notices
To review KUSD annual notices click here.
I have reviewed the annual notices. *
0
< Previous
Cancel Save/Continue

Confirm all students included in your application.

Student							
FIRST NAME	LAST NAME	GENDER	SCHOOL	COMPLETED			
Jason	Smith	М	Not Assigned	COMPLETED			
Add New Student							
Please include all students that need to be enrolled.							
< Back Save/Continue	K Back Save/Continue						

Sign in the box with mouse or finger, then click on "Submit".

Please sign on th	e line be	ow.
-------------------	-----------	-----

		-	-
-			
Clear	 	 	1

PLEASE NOTE: Prior to submitting your application, you may verify all of the data you have entered by going back to the area in question or click on the PDF link below. Your information is not submitted until you click the submit button above. You will receive an email notification that your application was received after clicking submit application.

You must submit your application by clicking the following button.



You have now completed the Online Registration process. Thank you for your time!

Thank you for completing Online Registration! For a PDF copy of the submitted data, please click the link below.

Application Summary PDF