

**Welcome to the
Trinity Area School District**



Registration Packet

WELCOME

Welcome to Trinity Area School District home of the Hillers!

Our mission here at Trinity is: The Trinity Area School district in partnership with the parents and the community, prepares students to reach their fullest potential and to become contributing members of society.

We Believe:

- Every student can learn.
- Every student is entitled to a safe and nurturing learning environment.
- Every student has value and is treated with dignity and respect.
- Every student's independence, creativity, and leadership are promoted.
- Every student is equipped to be technologically literate, responsible and productive.

Kindergarten / First Grade Registration:

A child is eligible for admission to Kindergarten if s/he is not less than five (5) years and no months old before September 1st. A child is eligible for admission to first grade if s/he is at least six (6) years and no months old before September 1st.

To learn more about the Trinity Area School District, please visit www.trinitypride.org.

Trinity West Elementary School
Phone: 724-222-0473
Fax: 724-222-0180
Principal: Mrs. Carol Lee
Secretary: Mrs. Carolyn Miller

Trinity East Elementary School
Phone: 724-225-8140
Fax: 724-225-4951
Principal: Mrs. Saundra Deems
Secretary: Mrs. Pattie Staggers

Trinity South Elementary School
Phone: 724-225-7490
Fax: 724-228-7658
Principal: Mr. Pete Keruskin
Secretary: Ms. Lori Riffle

Trinity North Elementary School
Phone: 724-222-5064
Fax: 724-229-1031
Principal: Mr. William Tracey
Secretary: Mrs. Cindy Beattie

Trinity High School
Phone: 724-225-5380 ext. 6502
Fax: 724-228-8306
Principal: Mr. Thomas Samosky
Secretary: Mrs. Sandy Stolfer

Trinity Middle School
Phone: 724-228-2112 ext. 5502
Fax: 724-228-1196
Principals: Mrs. Michelle Ostrosky
Mr. Paul Kostelnik
Secretary: Mrs. Tracy Mowl

Homeless/Foster liaison:
Mr. Donald Snoke
Assistant Superintendent
Phone: 724-223-2000 ext. 7111
dsnoke@trinityhillers.net

Enrollment Secretary:
Mrs. Shelly Digon
724-223-2000 ext. 6510
mdigon@trinityhillers.net

Home of the Hillers

Trinity Area School District
231 Park Ave, Washington, PA 15301
724-223-2000 ext. 6510

REGISTRATION CHECKLIST

The following completed documents are requested at the time of registration:

1. ___ Student Registration Form TASDR-01
2. ___ Parent Registration Statement TASDR-02
3. ___ Home Language Survey TASDR-03
4. ___ Media Release TASDR-04
5. ___ Computer Technology Policy TASDR-05
6. ___ McKinney Vento Eligibility TASDR-06
7. ___ ***Residency Affidavit – TASDR-07 (Only applies to students not living with a biological parent or legal guardian.)**
8. ___ ***Multiple Occupancy – See notes below. (Only applies when a student and his/her parents(s)/guardian(s) are residing with another family.)**
9. ___ Health Survey TASDR-08 (please fill out)/bring with this packet a current immunization record
10. ___ Proof of Child's Age (Original birth certificate or certified duplicated issued from the Commonwealth of Pennsylvania, or other acceptable proof as determined by the school district.)
11. ___ Proof of Residency (Utility bill, Lease agreement, Rental agreement, Sales agreement, or other acceptable proof as determined by the school district.)

PLEASE NOTE:

You are required to provide proof of residency for any child/children newly registering even if you have another child already attending Trinity Area School District.

The District shall not enroll a student until the parent/guardian has supplied proof of student's age, residency, immunizations, and completed the parent registration statement as required by law and regulations. A school district must normally enroll a child the next business day, but not later than five business days after application. The transportation department will call you with your child's bus information and a start date – please send your child on the date specified.

When a student and his/her parent/legal guardian **move in with a family in an existing home owned by the resident**, the **owner** must then submit a **notarized letter** (the enrollment office has a notary) stating that the student and his/her parent/legal guardian is living with the home owner and the home owner's proof of residency as listed in #7.

I am aware the Trinity Area School District may investigate and verify residency, dependency and the authenticity of the information given, and I acknowledge that Trinity will contact me periodically to provide verification:

Parent/Legal Guardian

Date

TRINITY AREA SCHOOL DISTRICT
STUDENT REGISTRATION FORM

TASDR-01

Today's Date _____ **New** **Re-enrollment** **Entering Grade** _____ **School Year** _____

STUDENT INFORMATION (Please Print)

Last Name: _____ **First Name:** _____

Middle Name: _____ **Date of Birth:** _____

Gender: Male Female

Ethnicity/Race: Is student Hispanic or Latino? Yes No

Asian Black or African American White American Indian or Alaska Native

Native Hawaiian/Other Pacific Islander Multiracial

Student is Homeless? Yes No **Student is in Foster Care?** Yes No

RESIDENCY

Home Address: _____ **Apt #:** _____

City, State, Zip: _____

Home address and mailing address are the same? Yes No (if yes, do not fill our mailing address)

Mailing Address: _____ **Apt #:** _____

City, State, Zip: _____

Child resides with:

Both Parents Mother only Mother & Stepfather Father only Father & Stepmother

Guardian(s) Foster Parent(s) Relative(s) Student is court emancipated

Parents are:

Married & reside together Divorced Separated Remarried Single Widowed

PARENT(S)/GUARDIAN(S)

The Trinity Area School District uses an automated alert calling system to provide parents and students with up-to-date breaking news on school closings, delays, and other important district information. The phone numbers and email addresses provided below will be the number and email contacted.

If the student resides at the home address with one or both parents:

▪ **Mother's Name:** _____

Primary Phone : _____ **Cell Phone:** _____

Email Address: _____ **Work Phone:** _____

▪ **Father's Name:** _____

Primary Phone : _____ **Cell Phone:** _____

Email Address: _____

Is there a joint custody or parenting plan in effect? Yes No (if yes, court order or agreement must be on file with school)

Is there a restraining order in effect? Yes No (if yes, court order or agreement must be on file with school)

District use only: Student ID _____ **Building** _____ **Date** _____

Student Last Name: _____ Student First Name: _____

If the student resides at the home address with guardian/foster parent:

Name: _____ Relationship to student: _____

Primary Phone : _____ Cell Phone: _____

Email Address: _____ Work Phone: _____

Non-Custodial Parent Information:

If student resides with only one parent, please list non-custodial parent information. Non-custodial parents will be included in school database and will receive progress/report cards, etc.

Relationship Type (please check one): Mother Father Other: _____

Name: _____ Email Address: _____

Address: _____

Primary Phone : _____ Cell Phone: _____

SCHOOL INFORMATION

- My child has not previously been enrolled in school. My child has previously attended a Trinity Area School
- My child has attended a non-Trinity Area school.

Previous School Name: _____ Phone: _____

Dates attended: _____ Fax Number: _____

Please list the names and dates of birth of siblings in your household, grades K-12

NAME	BIRTH DATE	NAME	BIRTHDATE

PIMS INFORMATION The Pennsylvania Information Management System (PIMS) requires that public schools collect and report data pertaining to birth and state/county entry.

If not born in Pennsylvania, on what date did the child enter PA? _____

If not born in Pennsylvania, what State was the child born in? _____

If not born in the USA, on what date did the child enter the USA? _____ Country of Birth? _____

If not born in the USA, on what date did the child first enroll in US Schools? _____

SERVICES

Does or has your child receive(d) any of the following services (check all that apply)?

Has current IEP Yes No Has had an IEP in the past Yes No 504/Chapter 15 Agreement Yes No

Hearing Vision Speech ESL/ELL Other: _____

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE YOU SIGN:

I understand that I must be a resident living within the boundaries of the Trinity Area School District to register my child/children for school and I have provided the Trinity Area School District with accurate information pertaining to my residency. If information is incorrect, I fully understand that I am responsible for reimbursing the district the cost of my child's education. The District reserves the right to investigate residencies in question at any time.

Signature of Parent/Guardian

Date

PARENTAL SWORN REGISTRATION STATEMENT (ACT 26)

Student Name: _____

Date of Birth: _____ Grade: _____

Parent or Guardian Name: _____

Address: _____

Phone: _____

Pennsylvania School code 18 Pa. C.S.A §4904 states in part “Prior to admission to any school entity, the parent, guardian or any other person having control or charge of a student shall, upon registration, provide a sworn statement of affirmation stating whether the pupil was previously suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or any act of violence committed on school property”.

Please complete the following:

I hereby swear or affirm that my child **WAS** **WAS NOT** previously suspended or expelled from any public or private school of the Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property. I make this statement to the penalties of 18 Pa. C.S.A §4904, relating to an unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

If this student has been suspended or expelled from another school, please complete:

Name of the school from which student was suspended or expelled: _____

Dates of suspension or expulsion: _____

(Please provide additional schools and dates of expulsion or suspension on back of this sheet)

Reason for suspension or expulsion: _____

Signature of Parent or Guardian: _____ Date: _____

Signature of School Personnel Witness: _____ Date: _____

**Any willful false statement made above shall be a misdemeanor of the third degree.
This form shall be maintained as part of the student’s disciplinary record.**

HOME LANGUAGE

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

School District: Trinity Area School District Date: _____

School: _____

Name of Child: _____ Grade: _____

Student's date of entry to U.S. (if born in the U.S. then same as DOB)

Parents Country of Origin: _____

Parents Primary Country of Education: _____

Students Country of Origin: _____

1. Is the student's first language anything other than English? Yes No

If yes, specify the language(s): _____

2. Does the student speak a language(s) other than English? Yes No

(Do not include languages learned in school.)

If yes, specify the language(s): _____

3. Are there languages other than English spoken in your home? Yes No

If yes, specify the language(s): _____

If you answered YES to any of these questions, please complete the following

Grade	State (City & School if in PA)	Primary Language of Instruction
Pre K		
K		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

1. Is this student a Native Alaskan, Native American, or Native Hawaiian?

Yes

No

2. Is this student's language influenced by a Tribal language through a parent, grandparent, relative, or guardian:

Yes

No

3. When at home, how often does this student hear a language other than English?

Always

Occasionally

Never

4. When at home, how often does this student speak a language other than English?

Always

Occasionally

Never

5. When interactive with their parents or guardians, how often does this student hear a language other than English?

Always

Occasionally

Never

6. Within the last 12 months, when interactive with caregivers other than parents/guardians, how often did this student hear a language other than English?

Always

Occasionally

Never

7. When interactive with siblings or other children in their home, how often does this student hear or use a language other than English?

Always

Occasionally

Never

Person completing this form (if other than parent/guardian): _____

Parent/Guardian signature: _____

*The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school/full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/charter school/full day AVTS in the future.

TRINITY AREA SCHOOL DISTRICT
STUDENT REGISTRATION

TASDR-04

MEDIA RELEASE

Throughout the school year we like to use photographs and videos to highlight student accomplishments. Several places that we may use photographs and videos include but are not limited to the following:

1. Hallways
2. Slide Show Presentations
3. Yearbook
4. Newspaper
5. District Website
6. Monthly news letter
7. District Social Media including: Facebook and Twitter

PHOTO/DIGITAL MEDIA RELEASE FORM

Please complete to indicate whether or not you give permission for the District to disclose photographs and /or videos of your child. Please mark the appropriate line to indicate your choice and please discuss your wishes with your child so that he/she knows to notify someone if he/she cannot be photographed and/or videotaped.

_____ I give permission to the Trinity Area School District to photograph my child.

_____ I DO NOT give permission to the Trinity Area School District to photograph my child.

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

COMPUTER TECHNOLOGY POLICY

As a parent or guardian of a student in the Trinity Area School District, I have read the district's Computer Technology Policy. I understand that it is impossible for the district to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network.

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____ Date _____



As a student in the Trinity Area School District, I have read and understand all the points in the Trinity Area School District Computer Technology Policy and agree to adhere to them. If I do not follow the rules, I understand that my computer access privileges will be taken away and disciplinary action may result.

Student Print Name: _____

Student Signature: _____ Date _____

DISCLAIMER

Trinity Area School District makes no warranties of any kind, whether expressed or implied, for the service it is providing. Trinity Area School District will not be responsible for any damages the user suffers. This includes loss of data resulting from delays, non-deliveries, misdeliveries, or service interruptions caused by its own negligence or the user's error or omissions or any hardware failure. Use of any information obtained via the Internet is at your own risk. Trinity Area School District specifically denies any responsibility for the accuracy or quality of information obtained through its service. All users need to consider the source of any information they obtain, and consider how valid that information may be.

Trinity Area School District specifically disclaims any responsibility for the content of any notes, messages, or meetings. All messages, notes, and meetings remain the sole property and responsibility of the authors, owner, or originator who, with use of the computer network, agrees to indemnify and hold harmless Trinity Area School District for any claims or actions.

Policy Review:
This policy will be reviewed by the Board annually.

TRINITY AREA SCHOOL DISTRICT
STUDENT REGISTRATION

TASDR-06

MCKINNEY VENTO ELIGIBILITY QUESTIONNAIRE

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11431 et seq.
The answers to this residency information help determine the services the student may be eligible to receive.

(Check all that apply)

The student lives:

- parent(s)/Legal guardian(s)
- an adult who is not the parent/legal guardian
- no adult, student is an unaccompanied youth

SECTION A	SECTION B
<input type="checkbox"/> In a shelter/group home <input type="checkbox"/> Doubled up with relatives or friends due to loss of housing or economic hardship <input type="checkbox"/> Living in a motel, car, campsite, or similar setting <input type="checkbox"/> Youth living with friends or family members (other than parent/guardian) <input type="checkbox"/> Substandard housing <input type="checkbox"/> Other residency which is not fixed, adequate or Regular (please list below): If you checked anything in Section A, complete the form below:	<input type="checkbox"/> Choices in Section A do not apply If you checked anything in Section B, do NOT complete the form below.

Complete this section, *only* if you checked anything in Section A.

Please Print:

Name of Student: _____

Birth Date: ____/____/____ Age: ____ Grade in School: ____
 Month Day Year

School Most Recently Attended: _____

Name of Parent(s)/Legal Guardian: _____

Temporary/Current Address: _____

City: _____ Zip: _____ Phone: _____

Signature of Parent/Legal Guardian _____ Date: _____

TRINITY AREA SCHOOL DISTRICT
STUDENT REGISTRATION

TASDR-07

RESIDENCY AFFIDAVIT

(Only applies to students not living with a biological parent or legal guardian)

Instructions: Please complete this form if the student is living, or will be living, in a household with adults who are NOT the biological parent or legal guardian of the student and will assume responsibility for the student throughout the calendar year and not merely through the school term. If the student is living, or will be living, in a household with more than one resident adult who will assume responsibility for the student, all such adult residents must complete & sign this statement.

A notarized affidavit (notary available with enrollment secretary) and proof of residency must be filed annually prior to the first day of the school year by the resident with the superintendent or designee indicating eligibility under Section 1302 of the School Laws of PA.

This is a legal document. You may ask to see a copy of 24 P.S. 13-1302 prior to signing this document, and consult with an attorney if you have any questions or do not understand any portion of this document.

STUDENT NAME: _____ DATE OF BIRTH: _____ GRADE: _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Address: _____

RESIDENT'S NAME: _____ NAME OF SPOUSE: _____

Resident's Address: _____

Resident's Home Phone Number: _____ Work: _____

Date child began/will begin to reside in your home: _____

The following questions are to be answered by the resident:

1. Do you intend to keep and support the child continuously and not merely through the school term? Yes No
2. Are you supporting this child gratis (without personal compensation or gain)? Yes No
3. Will you assume all personal obligations related to school requirements for this child that may include providing for required immunizations, fee/fines, citations/fines for truancy, attending parent-teacher conferences, attending meetings/hearing concerning discipline, and fulfilling any special education requirements? Yes No

.....
SWORN STATEMENT BY RESIDENT UNDER 13-1302

Any person who knowingly provides false information in the sworn statement for purposes of enrolling a child in a school district for which the child is not eligible commits a summary offense and upon conviction may be sentenced to pay a fine of no more than \$300 or to perform up to 240 hours of community service, or both. In addition, such person shall pay all court costs and will be liable to the Trinity Area School District for the cost of tuition during the child's enrollment.

I, (resident) _____, hereby verify that I am the resident of the address listed above in the Trinity Area School District and that the above-named child and/or parent/guardian are residing with me at this time.

I/We also agree to notify the Trinity Area School District of any information changes, such as, but not limited to, a change in telephone number, residence address, or custodial parent change.

I further verify that I have not misled, withheld, or falsified any information and the statements herein are true and correct. I understand that false statements can and will be punishable by law. I also grant Trinity Area School District permission to investigate the information I have presented in this statement by discussing the presented information with all appropriate parties, as necessary to confirm the factual accuracy.

SWORN AND SUBSCRIBED BEFORE ME

THIS ____ DAY OF _____ 20__

Notary Public

Resident Signature Date

Resident Signature Date

TRINITY AREA SCHOOL DISTRICT
STUDENT REGISTRATION

TASDR-8

HEALTH SURVEY

Student's Name: _____ Date of Birth: _____ Male Female

Phone: _____ Grade: _____ School: _____

Physician's Name: _____ Phone: _____ Date of last exam: _____

Dentist's Name: _____ Phone: _____ Date of last exam: _____

Part I: Student Health Status (please use back of form if needed)

Health History (complete the checklist by indicating any past or present conditions and explain below)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Depression | <input type="checkbox"/> Hospitalizations/surgeries | <input type="checkbox"/> Seizures, tics or tremors |
| <input type="checkbox"/> Arthritis/joints | <input type="checkbox"/> Developmental delays | <input type="checkbox"/> Learning problems | <input type="checkbox"/> Serious illnesses |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Menstrual problems | <input type="checkbox"/> Skin Problems |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Fainting | <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Stomach problems |
| <input type="checkbox"/> Birth defects | <input type="checkbox"/> Head injury/concussion | <input type="checkbox"/> Migraines | <input type="checkbox"/> Surgeries |
| <input type="checkbox"/> Blood disorder | <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Nose bleeds | <input type="checkbox"/> Urinary problems |
| <input type="checkbox"/> Bowel problems | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Physical limitations | <input type="checkbox"/> Vision problems (glasses/contacts) |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Relationship issues | <input type="checkbox"/> Other |

Explain: _____

Allergies YES (indicate below) No known allergies

	Name/Type	Reaction	Treatment
<input type="checkbox"/> Medication	_____	_____	_____
<input type="checkbox"/> Environmental	_____	_____	_____
<input type="checkbox"/> Food	_____	_____	_____
<input type="checkbox"/> Insects'	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____

Part II: Medications (please use back of form if needed)

My child has asthmas Mild Moderate Severe Inhaler prescribed? Yes No

My child has allergies Mild Moderate Severe EpiPen prescribed? Yes No

My child is diabetic Insulin dependent Non-insulin dependent Is glucometer and/or care needed at school? Yes No

My child has a seizure disorder Describe type and medication taken: _____

Does your child take any prescribed or over the counter medications? Yes No

If yes, list dosage, frequency and reason: _____

Part III: Consents and Signature

- I understand that, to provide the safest possible environment and most complete educational program for my child, the school needs to be informed of **any** health or medical conditions that may affect my child's school day or impact their learning.
- I understand that medications of any kind are **not** allowed on school grounds without the proper medical authorization on file. If my child needs medication administered during the day, I will complete a separate authorization form and file it with the school nurse.
- I understand that for the safety of my child, or to provide for their educational program, the school nurse may need to share information with appropriate school staff. This will be done in a confidential manner. If I **do not** wish the information contained on this form to be shared, I will make my request in writing and file it with the school nurse.

By my signature, I verify that the information provided on this form is true and correct to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

TRINITY AREA SCHOOL DISTRICT
STUDENT REGISTRATION

IMMUNIZATIONS (Free immunizations available at the PA Dept. of Health Immunization Clinic – 724-223-4540)
--

- The PA Department of Health has changed school immunization regulations in August 2017. The regulations are intended to ensure that children attending school in the Commonwealth are adequately protected against potential outbreaks of vaccine preventable diseases. PA school immunization requirements can be found in 28 PA Code CH23 or www.dontwaitvaccinate.pa.gov.
- **Starting with the 2017-2018 school year, the provisional period for students not having all immunizations completed is five days from the first day of school.** Parents must provide a written plan from their doctor if they cannot receive the necessary vaccines in that time from. Students can be excluded from school if the plan is not followed or if immunizations are incomplete within the provisional time frame.

Immunizations Required for Children in ALL Grades (k-12)	Children in 7 th through 12 th Grade ADDITIONAL Immunizations Requirements:
<ul style="list-style-type: none"> • 4 doses of tetanus, diphtheria and acellular pertussis* (1 dose on or after the 4th birthday) 	<ul style="list-style-type: none"> • 2 doses meningococcal conjugate vaccine (MCV)
<ul style="list-style-type: none"> • 4 doses of polio (4th dose on or after the 4th birthday and at least 6 months after previous dose is given) 	<ul style="list-style-type: none"> • First dose is given at 11-15 years of age; a second dose is required at 16 or entry into 12th grade
<ul style="list-style-type: none"> • 2 doses of measles, mumps and rebecca ** 	<ul style="list-style-type: none"> • If the dose was given at 16 years of age or older, only one dose is required
<ul style="list-style-type: none"> • 3 doses of hepatitis B 	<ul style="list-style-type: none"> • 1 dose of tetanus, diphtheria, acellular pertussis (Tdap)
<ul style="list-style-type: none"> • 2 doses of varicella (chickenpox) 	
*Usually given as DTap or DTP or DT or TD	
** Usually given as MMR	

Exceptions to the school laws for immunizations are:

- Medical reasons
- Religious beliefs
- Philosophical/strong moral or ethical conviction

If a student will *NOT* be received immunizations due to an exemption listed above, a written, signed and dated statement must be submitted to the school nurse.

Pennsylvania state law requires a physical examination and dental examination upon original entry (Kindergarten or Grade 1) and any new student who was previously enrolled in another state. These examinations are provided FREE OF CHARGE by the school physician and school dentist during school hours. If you do not wish to have the school physician or dentist perform they exam you may have your own physician and/or dentist complete the exams at your own expense. Forms of these examinations can be obtained from the nurse’s office.

- I permit the school physician to complete the required physical? Yes No
- I permit the school dentist to complete the required dental exam? Yes No
- I prefer my own physician and dentist to perform the exam? Yes No



TRINITY AREA SCHOOL DISTRICT

231 Park Avenue, Washington, PA 15301

Phone: 724-223-2000

Fax: 724-228-2640

www.trinitypride.org

SKYWARD STUDENT INFORMATION SYSTEM

Skyward is a web-based program that allows students, parents, teachers, and administrators to better support student achievement by having real-time access to student data. Please familiarize yourself with the following important components of the program outlined below:

- **Family Access Center** – Provides parents with the ability to view their child's report cards, current grades, attendance, assignments, medical records, class schedule, discipline information, cafeteria accounts, parents can also submit absentee notes through the Family Access Center. IEP's will be housed in a program called IEP Writer.
- **Student Access Center** – Allows students to easily view upcoming assignments, schedules, attendance, discipline, report cards.
- **Teacher Access Center** – Equips teachers with classroom management tools including: and industry-leading gradebook, attendance tracker, along with many other features.
- **Mobile Access** – Gives users the ability to download an app via your iOS or Android device.
- **Communication** – The District uses the School Messenger Notification System to provide timely communication to parents concerning weather related delays, general news and emergencies. Each day School Messenger pulls parent contact information from Skyward. Therefore, it is vital that you keep your contact information up-to-date in the Skyward Family Access Center.

Parents will receive a username and log-in information upon successful completion of registration.

If you have difficulty logging into the system please contact: familyaccess@trinitypride.org