

The online registration can be found at [www.berwicksd.org](http://www.berwicksd.org) –For Families- Enroll A Student- Kindergarten Registration

If you do not have any students that are or have been, a Berwick student, you will use the NEW student link. SEE STEP #12 IF YOU CURRENTLY HAVE OR HAD IN THE PAST, STUDENTS ATTENDING BERWICK

You will be required to setup a portal account using an email you have access to.

New Student Online Enrollment X +

https://skyward.iscorp.com/scripts/wsa.dll/WService=wseduberwickpa/

Most Visited Spiceworks Getting Started Login - Powered by Sk... PrimoEdge School ... PDE Login

Online Enrollment Acc

### New Student Enrollment: Account Request

This form is the first step to enrolling your new student online. Complete it to request an account that you will use to log in to a secure Online Enrollment system. Complete required fields to request an account to enroll your students.

Enter the name of the legal parent/guardian of the student you want to enroll

\* Guardian Legal First Name:

\* Guardian Legal Last Name:

Guardian Legal Middle Name:

Guardian Legal Name Prefix:  Guardian Legal Name Suffix:

Guardian contact information

\* Guardian Email Address:

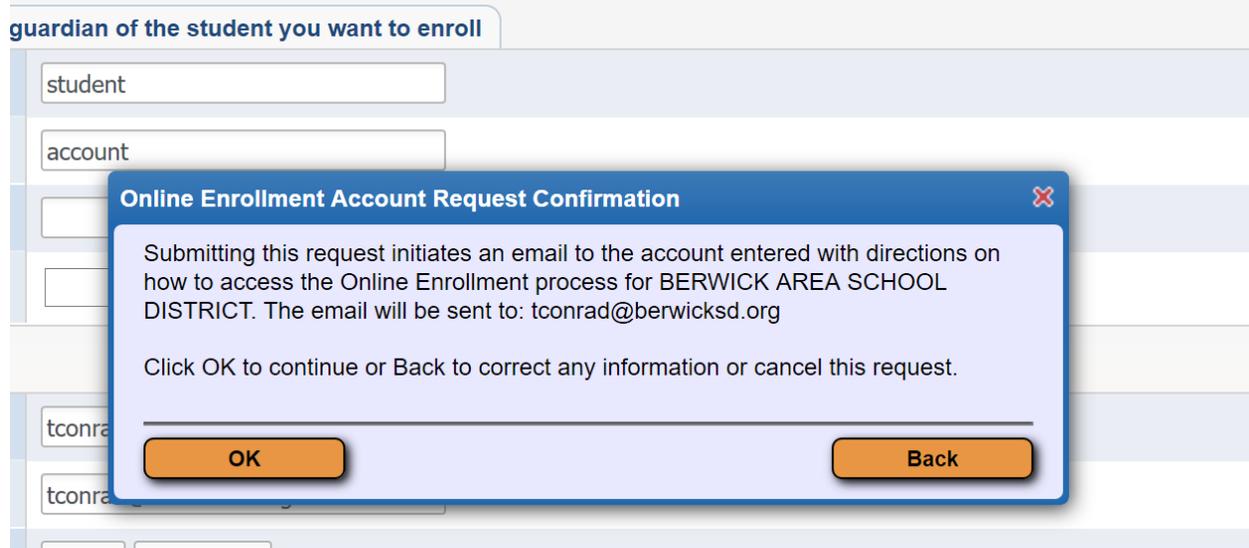
\* Re-type Email Address:

\* Guardian Primary Phone Number:

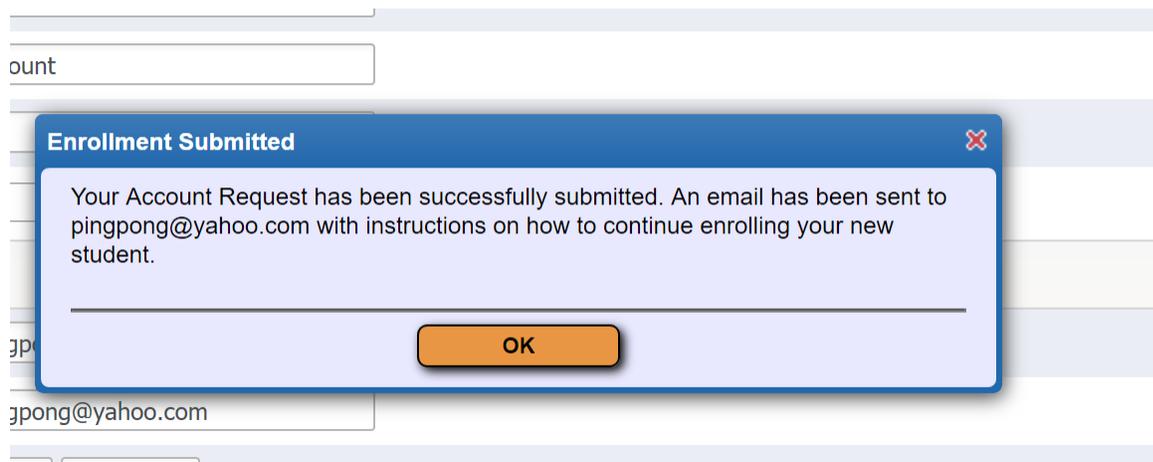
Asterisk (\*) denotes a required field

[Click here to submit Online Enrollment Account Request](#)

You will receive a pop-up similar to this:



Then a second pop-up stating the account has been submitted and the instructions were sent to your email address.



You will use that email address and the password provided, to log into Skyward and continue.

Gather the following information:

- Child's birth certificate
- Child's current immunizations
- Your current light, water or gas bill. Or valid & current driver's license for proof of address

STEP 1: Student Information- everything with an asterisks \* is a required field & must have information entered in order to continue.

### New Student Enrollment Application Form

[Save and Continue to Fill Out Application](#) [Save and go to Summary Page](#) [Print Application](#) [Leave WITHOUT Saving](#)

**Instructions for completing the student application**

Answer the questions to progress through the application form. Click 'Save and Continue to Fill Out Application' to save your progress and stay on this screen. Click 'Save and go to Summary Page' to save your progress and return to the summary page. Click 'Leave WITHOUT Saving' to return to the summary page without saving.

Asterisk (\*) denotes a required field      Please Note: Only one step may be edited at a time

**Step 1: Student Information**    [Edit](#)    [View Only](#)    [Save](#)    [Save and Collapse Step](#)

\* Legal Last Name:     \* Legal First Name:     Middle Name:

Name Suffix:     Name Prefix:     Nickname:     \* Gender:

\* Date of Birth:     Age:     \* Birth City:     \* Birth State:

\* Birth Country:     Birth County:

Second Phone:     \* Home Email:

Does student live within this school district?     Is student part of a military family?    Mom's Maiden Name:

\* Local Race:

\* Is Student Hispanic/Latino?:

\* Federal Race:  American Indian or Alaska Native  
(select all that apply)     Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White

Ancestry:

\* Language Spoken Most:     Native Language:

Has student attended a state school?    \* Has student attended this district previously?:

\* Previous School District:     \* School in the District Student Previously Attended:

**\*Please be aware that your students first day of school will be determined by our office and you will be contacted with this date.**

You are enrolling your student into the **Current School Year (2022 - 2023)**

\* Anticipated Enrollment Date:     (The first day of school is 09/06/2022)

\* Expected Grade Level:

Additional Information: (on the Student for the District)

Maximum characters: 5000, Remaining characters: 5000

[Complete Step 1 and move to Step 2: Family/Guardian Information](#)    [Complete Step 1 Only](#)

Once all fields are entered, you MUST click COMPLETE STEP 1 AND MOVE TO STEP 2.

STEP 2: Family\Guardian Information- Again everything with an asterisks is required

Step 2: Family/Guardian Information

Edit

View Only

Collapse Step

**Enter Information for the Primary Guardian and the Family this Student lives with**

**Enter Information for the Family this Student lives with**

Primary Phone: (555) 555-5555

\* Family Home Language:

Print Hard Copy Report Cards

House #:  Direction:  Street Name:  SUD:  #:

\* Home Address: P.O. Box:  Address 2:  City:  State:  Zip Code:

\* County:  \* Township:

Mailing Address: (if different than home address) House #:  Direction:  Street Name:  SUD:  #:

P.O. Box:  Address 2:  City:  State:  Zip Code:

**Enter Information for the Primary Guardian of the Family this Student lives with**

\* Last Name:  \* First Name:  Middle Name:

Name Suffix:  Name Prefix:  \* Date of Birth:  Gender:

\* Relationship to Child:  Marital Status:

\* Does this guardian have custody of the child?:   Is this guardian allowed to pick up the student from school?

Should this guardian also be considered an Emergency Contact?

\* Cell Phone:  Work Phone:  \* Contact Email Address:

Language:  Occupation:

\* Employer:  Work Hours:

**Are there other Legal Guardians who live at this address?**

Yes, I want to Add another Legal Guardian who lives at this address  No other Legal Guardians live at this Address

In Step 2 you can ADD another legal guardian who lives at the same address or NO other Legal Guardians Live at this Address.

Once you say YES or NO to another guardian at the same address, you will have the ability to add a Legal Guardian who lives at a different address.

**Are there other Legal Guardians who live at this address?**

Yes, I want to Add another Legal Guardian who lives at this address

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**Are there other Legal Guardians who live at a different address?**

Yes, I want to Add a Legal Guardian who lives at a Different Address  No, Complete Step 2 and move to Step 3: Medical/Dental Information  No, Complete Step 2 Only

Choose either YES to add a guardian at a different address, or NO COMPLETE STEP 2 and move on to Step 3.

STEP 3 – enter the required information and click COMPLETE STEP 3 AND MOVE TO STEP 4.

**Step 3: Medical/Dental Information**

\* Physician Last Name:  \* Physician First Name:  Physician Middle Name:   
Name Suffix:  Name Prefix:  \* Physician Phone:

\* Dentist Last Name:  \* Dentist First Name:  Dentist Middle Name:   
Name Suffix:  Name Prefix:  \* Dentist Phone:

Insurance:  Insurance Phone:    
Insurance Policy Number:

STEP 4- enter up to 4 emergency contacts, in addition to the parents listed in family information, for each student. Once you have entered all the emergency contact information, click No, COMPLETE STEP 4 and MOVE TO STEP 5.

**Step 4: Emergency Contact Information**

Do you have other Emergency Contacts to add for this student?

STEP 5:

**Step 5: Requested Documents**

**Instructions for completing the Requested Documents**

Use the Browse buttons to locate a file to upload that corresponds to the description on the same line. These documents are required, if you are unable to upload, please our office at 570-759-6400, for an appointment.

Birth Certificate :  No file chosen

Custody Documents:  No file chosen

Immunization Records:  No file chosen

Proof of Residency:  No file chosen

You must click CHOOSE FILE and attach/upload a copy or photo of the child’s birth certificate, immunizations, and acceptable proof of address. Acceptable forms for address verification are one of the following:

- current & valid driver’s license
- current water, gas, sewer or electric bill
- rental\lease agreement signature page

If there is custody paperwork for the student, upload it here as well.

Click COMPLETE STEP 5 and MOVE TO STEP 6

STEP 6: You will need to click on each form and enter the appropriate information.

Then click COMPLETE STEP 6

Step 6: Additional District Forms Edit View Only Save Save and Collapse Step

**Instructions for completing the Additional District Forms**

The buttons below each link to an additional form that must be completed to be able to submit the student application.

Asterisk ( \*) denotes a required form

- \* Required Form: Student Discipline Form  This form has not been completed
- \* Required Form: Student Home Language Survey  This form has not been completed
- \* Required Form: Special Education Services  This form has not been completed
- \* Required Form: Stu\_Records Request  This form has not been completed

Complete Step 6

Once you have a green check behind each step, as seen below;

asterisk ( \*) denotes a required field Please Note: Only one step may be edited at a time

Step 1: Student Information Edit View Only

✔ Date Completed: 02/24/2021

Submit the application. The child accounting office will contact you if any information is missing.

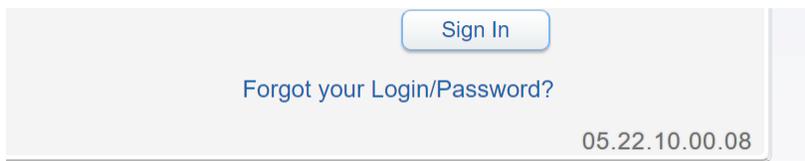
Submit Application to the District

Steps must be Completed before an Application can be Submitted

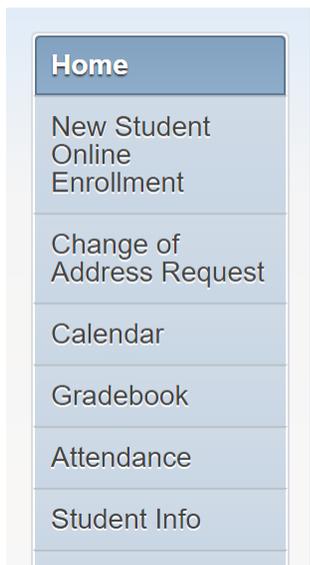
**IF YOU HAVE OR HAVE HAD STUDENTS ATTENDING BERWICK -**

12. \*\* If you have a current or past student that attended Berwick Area School District, you will have to log into the family portal of Skyward. You will use the RETURNING student enrollment link on the district webpage of [www.berwickisd.org](http://www.berwickisd.org).

13. If you do not remember your password, click Forgot your Login/Password to receive a password reset link.



14. Once you log into the family portal of Skyward, you will use the NEW student online enrollment on the left hand side of your family portal screen.



15. Skyward will pre-populate the address and phone number using the information already on file. You are still REQUIRED to upload current proof of address. If this information has changed, please contact us at [childaccounting@berwickisd.org](mailto:childaccounting@berwickisd.org), after you have submitted the enrollment application.