



# New Student Enrollment: Account Request



## NEW STUDENT TO THE DISTRICT ACCOUNT REQUEST

This application is the first step to enrolling your student online. Complete the application to request a registration account. You will need to enter your Legal Name and Email Address. Once completed, check your email for your username and password (the email may take several minutes). Please retain this information, this will be your temporary username and password.

If you do not have an email, select the box next to **I don't have an email**. You must create a username to be able to log in at the next step. Once the pop-up comes up, write down the information. Failure to do so could result in you having to begin the process over. A pop-up will appear with your created username and password.

Watch this quick video on how to create an account: <https://youtu.be/759sgzkV1Qc>

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

I don't have an email

\* Guardian Email Address:

\* Re-type Email Address:

\* Guardian Primary Phone Number:

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

I don't have an email

\* Guardian Login:

\* Re-type Login:

\* Guardian Primary Phone Number:

Instructions from the email and the pop-up will direct you to the **Enrollment Access** Log-In window. Log in with the username and password given in the email or the pop-up.

Citrus County School District  
Student Management Suite

Login ID:

Password:

[Forgot your Login/Password?](#)

05.22.06.00.11

Login Area:



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## Step 1: STUDENT INFORMATION

Enter information into each field. Be sure to enter the student's full Legal Name as it is printed on the birth certificate. Fields marked with an asterisk \* are required fields and this step(s) cannot be completed without entering the information in these fields. Select **Complete Step 1 and move to Step 2: Family/Guardian Information**.

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

**Instructions for completing Student Information**  
All required fields must be completed in order to move onto Step 2.

\* Legal Last Name:     \* Legal First Name:     Middle Name:   
Name Suffix:     Name Prefix:     \* Birth Gender:

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

\* Birth Country:     \* Birth County:

Was the student born outside the United States?    Date Entered US School:

Second Phone:     Third Phone:     \* Home Email:

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

Social Security Number:

\* Local Race:

\* Is Student Hispanic/Latino?:

\* Federal Race:  American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White

\* Language Spoken Most:     \* Native Language:

\* Language Spoken at Home:     Contact Language:

Is a language other than English used in the home?     Does the student most frequently speak a language other than English?  
 Did the student have a first language other than English?  
 Has student attended a state school?     Has student attended this district previously?

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

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

\* Expected Enrollment Date:     (The first day of school is 08/10/2022)

\* Expected Grade Level:     \* Expected School to Enroll into:

Acceptable Use Policy, I understand the student electronic agreement found in Board Policy Guideline 8.60G applies when using electronic resources.

\* Does your child have access to a family owned computer or tablet?:

I authorize this student's information to be distributed for the purposes of Media usage.

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**



# New Student Enrollment: Account Request



## Step 2 FAMILY/GUARDIAN INFORMATION

Fields marked with an asterisk \* are required fields and this step(s) cannot be completed without entering the information in these fields. **You can add an additional Guardian or select to move onto step: 3.**

Step 2: Family/Guardian Information

**Instructions for completing Family/Guardian Information**  
All required fields must be completed in order to move onto Step 3.

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

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

Primary Phone:   Should the District keep this number confidential?  
 Print Hard Copy Report Cards

\* Home Address: House #:  Direction:  Street Name:  SUD:  #:   
P.O. Box:  Address 2:  City:  State:  Zip Code:   
\* County:

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:   
\* 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:  Fax:   
Contact Email Address:   
\* Primary Language:

**Enter Information for a 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:   
\* 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:  Fax:   
Contact Email Address:   
\* Primary Language:

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

## Step 3: MEDICAL/DENTAL INFORMATION



# New Student Enrollment: Account Request



Add the Physician's Information and Phone Number. **Complete Step 3 and move to Step 4: Emergency Contact Information.**

**Step 3: Medical/Dental Information**               

**Instructions for completing Medical/Dental Information**  
If you do not have a name of a physician, please enter the name of the clinic or hospital, for example Urgent Care or Emergency Room. All required fields must be completed in order to move onto Step 4.

Allergy/Medical Condition:      Is this condition critical info that staff should be alerted to?

\* 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:

Hospital:     Hospital Phone:

Insurance:     Insurance Phone:

Insurance Policy Number:

  

## Step 4: EMERGENCY CONTACT INFORMATION

Additional emergency contacts can be added by clicking: **Yes, I want to Add another Emergency Contact Record.** Otherwise, click: **No, Complete Step 4, and move to Step 5: Requested Documents.**

**Step 4: Emergency Contact Information**               

**Instructions for completing Emergency Contact Information**  
All required fields must be completed in order to move onto Step 5. Upload all available documents. Then continue onto step 6. If you need assistance with uploading documents, please visit:  
<http://www.citrus.k12.fl.us/cms/One.aspx?portalId=737701&pageId=26813001>

Enter the Information for Emergency Contact #1   

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

Name Suffix:     Name Prefix:      Is this contact allowed to pick up the student from school?

Primary Phone:      Should the District keep this number confidential?    Cell Phone:

Work Phone:

Relationship to Child:     Relationship Comment:

## Step 5: IMMUNIZATION INFORMATION



# New Student Enrollment: Account Request



If your student has had chickenpox in the past, please select the box next to the Has your child had Chickenpox, enter in the approximate date. If this does not pertain to your student, then select complete step.

**Step 5: Immunization Information** Edit View Only Save Save and Collapse Step

**Instructions for entering Immunization Information**  
Enter Immunization Information for each Vaccine listed below.

Has your child had Chickenpox? Chickenpox Illness Date:

Complete Step 5 and move to Step 6: Requested Documents Complete Step 5 Only

## Step 6: REQUESTED DOCUMENTS

Click on each category button to upload the required document(s). See how to upload documents by clicking on this link: <https://youtu.be/vwFlctciZ5s>

**Step 5: Requested Documents** Edit View Only Save Save and Collapse Step

**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. For example, upload a Birth Certificate into the Birth Certificate file.

Attachments:	<input type="button" value="Choose File"/>	No file chosen
Birth Certificate:	<input type="button" value="Choose File"/>	No file chosen
Court Documents:	<input type="button" value="Choose File"/>	No file chosen
Florida Physical:	<input type="button" value="Choose File"/>	No file chosen
Immunization Record:	<input type="button" value="Choose File"/>	No file chosen
Proof of Residency:	<input type="button" value="Choose File"/>	No file chosen
SS Card - Optional:	<input type="button" value="Choose File"/>	No file chosen
Transcript:	<input type="button" value="Choose File"/>	No file chosen

Complete Step 5 and move to Step 6: Additional District Forms Complete Step 5 Only

## Step 6: ADDITIONAL DISTRICT FORMS

Click on each button to open the forms, fill out the information as requested on each form, then click **SAVE** at the top right. Forms are complete when this message, ✓ This form **has been completed**, displays. **Complete Step 6.**



# New Student Enrollment: Account Request



## 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. After completing the form you must select 'Complete Step' and move to the following Step. Or you can simply complete a step, and plan to continue additional steps at a later time.

Asterisk (\*) denotes a required form

\* Required Form: **Natural Disaster Displacement**  This form *has been completed*

\* Required Form: **Student Annual Forms**  This form has not been completed

Complete Step 6

Once all steps are marked completed. Click the [Submit Application to the District](#).



# New Student Enrollment: Account Request



**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	✔ Date Completed: 11/16/2022
Step 2: Family/Guardian Information   Edit   View Only	✔ Date Completed: 11/16/2022
Step 3: Medical/Dental Information   Edit   View Only	✔ Date Completed: 11/16/2022
Step 4: Emergency Contact Information   Edit   View Only	✔ Date Completed: 11/16/2022
Step 5: Requested Documents   Edit   View Only	✔ Date Completed: 11/16/2022
Step 6: Additional District Forms   Edit   View Only	✔ Date Completed: 11/16/2022

Submit Application to the District

\* All steps must be Completed before an Application can be Submitted \*

You will receive the following pop-up. Click **Submit Application**.

**Confirm** [X]

Submitting will allow Citrus County School District to review and process this application. After submitting you will only be able to view this application and will not be able to make any further changes.

Are you sure you want to submit this application to Citrus County School District ?

Submit Application   Cancel and Keep Screen Open