Online Registration

MASON CONSOLIDATED SCHOOLS

A HELPFUL TUTORIAL

STEP 1:

Select 'Mason Consolidated Schools' from the drop-down menu. Click 'Go'. Select 'Register New Account' under the login boxes. Proceed to fill out all boxes with an asterisk (*) and click 'Submit'.

Select Database:	Siled - - Siled - - Siled - - Siled - Siled - School Sc	
	Evict	
	EXIST	
Parent Login	ID : *	
	Forgot Password?	
		Register New Account
User Inform Preferred Lau First: * Last: * Phone: *	ation nguage: *	Select ▼
Login Inform Parent Login Confirm Logi Parent Email Password: * Confirm Pass	nation ID: * n ID: * Address: * :: sword: *	
Address Apartment: House Numb Street Prefix: Street * Street Type: Street Suffix: City: * State: * Zip Code: *	er:	Select ▼ Select ▼ Select ▼ Michigan ▼ Submit Back to Login

STEP 2:

Click 'New Application'. A box will appear below; click 'Go'. On the next screen (titled Student Information Tab), Answer all questions with an asterisk (*). <u>If more than one race, hold</u> <u>'CTRL' button and select all that apply.</u>

Check box in lower corner 'Check to Mark Section Complete'. Click 'Save Section'. Page will appear to reload. Click 'Next Section'.

Saved Applications	
New Application	
	New Student F
Go	from
	New Student Information
New Student Registration Application Form - New Student Registration Form	
	< Previous Section Next Section >>>
Student Information Tab *	
Please review and update your student's information. The student's name should b	e exactly as it is listed on their birth certificate.
Select which school year your child will begin attending class? * 🔍	02019-20 02020-21
Which day will your child begin attending class? * 🔱	
What grade will your child be in the selected school year? * 🔱	Select V
First Name * 🔱	
Middle Name	
Last Name * 🖤	Calast
Nicknamo	Seleci 🗸
Conden de	Malo Comalo
Gender *	
Birth Date * 🦞	
Hispanic/Latino Ethnicity * 🔱	Oyes Ono
	American Asian American Indian or Alaskan Native
Race * 🌵	Black or African American Caucasian
	Hawaiian/Pacific Islander
	Race Instruction
Home Language * 🔱	Select V
Native Language	Select V
Language of Conspondence	Use language for mailing
Save Section	Check To Mark Section Complete
<<< Previous Section Next Section 222	
I NEXT SECTOR 222	

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STEP 3:

On next screen (titled Address and Phone), fill in boxes with an asterisk (*). Some may be already completed. If mailing address is different, uncheck the blue box and complete the section.

Click 'Check to Mark Section Complete'. Click 'Save Section'. Page will appear to reload. Click 'Next Section'.

Physical Address	
Apartment 🄍	
Complex 🔍	
House Number	
Street Prefix	Select 🗸
Street Name *	
Street Suffix	Select 🗸
City Label *	
State *	Michigan 🗸
Zip *	
Mailing Addre	ss ysical Address

Same as Physical Address	
Soloct	
Select 🗸	
Michigan 🗸	
Save Section	Check To Mark Section Con

vious Section Next Section >>>

STEP 4:

On next screen (titled Contact Information), click 'Add Contact'. Check a Contact Type. Proceed to fill in all boxes with an asterisk (*). Click 'Add Phone' under Contact Phone. Select phone type from drop-down menu. <u>Please make sure to enter</u> <u>a Primary (H) phone number for each guardian.</u> (This may be a home or cell number.) To add more numbers, click 'Add Phone'.

Click 'Check to Mark Section Complete'. Click 'Save Section'. Page will reload. <u>To add another</u> <u>contact, click 'Add Contact' and repeat Step 4.</u>

Click 'Next Section'.

Save Section

<< Previous Section Next Section

Contact Types * Contact Type Guardian Emergency Other	
Contact Correspondence Flags	
Title	Select 🗸
First Name \star 🔍	
Last Name \star 🔱	
Generation	Select 🗸
Relationship Label \ast 🔱	Select 🗸
Home Language 🄍	Select 🗸
Language Of Correspondence	Select 🗸
	Use Language For Mailing
Email Address 🔱	
	Use Email For Mailing
Education Level 🔱	Select 🗸

Pho	ne Type
Add Phone	Delete Phone
ontact Phone Phone Type Phone Nu Select	imber Ext Listing Status

Check To Mark Section Comple

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STEP 5:

On next page (titled Building Information), click 'Check to Mark Section Complete'. Click 'Save Section'. Page will appear to reload. Click 'Next Section'.

Save	re Section	Check To Mark Section Comp
<<< Previous Section	Next Section >>>	

STEP 6:

On next page (titled Additional Information), completely fill in all boxes with an asterisk (*). <u>Be sure to read through them carefully.</u>

Click 'Check to Mark Section Complete'. Click 'Save Section'. Page will appear to reload. Click 'Next Section'.

Additional Information	
Please enter and verify the following information on your student. Also note that the fields with a red asterisk are red	uired.
Disease only the same of the situations the student use here t	
Please enter the name of the state where the student was born. *	Soloct M
Please enter the name of the state where the student was born. *	Seleu V
Please enter the name of the country where the student was born. *	
information to the office. *	- Select - V
Do you have legal documentation concerning your student that the school needs to be made aware of? If Yes, please	
submit a copy of the information to the office. *	- Select - V
Are there any custody restrictions that the school needs to be made aware or / if yes, please submit the information to the office. *	Select 🗸
Does your student have any allergies or medical conditions? *	Select 🗸
If your student has allergies or a medical condition, please list it here.	
Does your child take any medication, prescription or over-the-counter? If yes, a Medical Authorization is required. *	Select 🗸
Does your child have the necessary immunizations to start school?*	Select 🗸
I authorize Mason Schools to release my child's immunization records to the Michigan Dept. of Health and Human Services	
services. *	Select V
If you do not own/rent your own home, please select which applies to your student.	Select
Please indicate who the student currently resides with *	Select
Please list the names and ages of any other children in the home.	
List each parent's occupation *	
List each parent's employer *	
Please select your marital status. *	Select 🗸
Please select your education level. *	Select 💊
Do any of the student's parents/guardians currently serve in the military? *	Select 🗸
What is your residential status? *	Select
Does your student require bus transportation? *	Select 🗸
If your student is transferring from another school, please provide the name and address of the school.	
In case of an accident or emergency treatment, I authorize the school district to authorize medical treatment or to arrange	Onlant
transportation. *	- Seleti - V
accountable according to its contents. The handbook can be found online or in the office. *	Select 🗸
I have reviewed the student handbook and understand that my student will be held accountable according to its contents.	Soloct M
The handbook can be found online or in the onice. *	- Select - V
I concert to the obstronanting/videntaning of my student related to school activities *	Select ¥
Do you give permission for your student to participate in field trips and assembly programs? *	- Select Y
Would you like to opt-in to receive automated non-emergency calls on your cell phones such as attendance, meetings,	
Save Section Check T	o Mark Section Complete 🗹
< Previous Section Next Section >>>	

STEP 7:

On next page (titled Documents), click 'Click here to upload new file' if you wish to upload documents. <u>You may choose to bring them in</u> to the office physically instead.

Click 'Check to Mark Section Complete'. Click 'Save Section'. Page will appear to reload. Click 'Next Section'.

Documents	
Items can be Uploaded here Uploaded Documents	
Click here to upload new file	
Save Section	Check To Mark Section Complete
<	

STEP 8:

On final page (titled Review Form Information), review each section for accuracy. If you make a change, click 'Save Section' at the bottom of the section you are editing.

Make sure all sections have the blue check next to 'Check To Mark Section Complete'.

Check the box marked 'I Agree'. Click 'Submit'.

