Adding People



Personal Information	
Any field marked with a red asterisk is required. The form	a can only be submitted once all required fields are complete.
Your district may have required custom fields that you me	ust complete.
Click "Next Step."	
First Name *	Last Name *
Sam	Smith
Middle Name	Date of Birth
	08/08/2012
Participant ID *	State Participant ID
876543210	
Race/Ethnicity	Gender
~	~
Adult *	Primary Language
No 🗸	~
	Next Step

Registration Information
Select the Registration Site and Period. The Registration date range should default once the Registration Period is selected.
Click "Next Step."
Registration *
Registration Site *
Washington High ~
Registration Period *
2023-2024 Registration Period (07/01/2023 - 06/30/2024) V
Start Date * End Date *
01/01/2024
+ Add Registration
Previous Step Next Step

Home Address	
123 E Main St SW	
Home City	Home State
Hickory	North Carolina X 🗸
Home Zip Code	Phone
28601	
Email	
secondary address for the particip Same as home address Mailing Address	ant, you can also fill that out. Click "Next Step."
secondary address for the particip Same as home address Mailing Address Mailing City	ant, you can also fill that out. Click "Next Step."
secondary address for the particip	ant, you can also fill that out. Click "Next Step."

hool Information				
l out the school information for the pa	articipant.			
ck "Next Step."				
School attending during day				
Lincoln Middle School				× ~
Grade		Lunch Status		
Sixth grade	× ~	Free		× ~
Primary Language		English Learner Status		
English	× ~]	No		× •
Special Education Status		IDEA Disability		
No	× ~]			~
			Previous Step	Next Step
	6 - 1 - 1 - 1 - 1			

ew Contact *		
First Name *	Last Name *	
Sarah	Smith	
Relationship *	Home Phone	
Stepmother		
Work Phone	Alt/Cell Phone	
ver the required questions about the c	ontact.	
ver the required questions about the c	entact.	
wer the required questions about the c Primary Contact? * Yes No Curtodial Depart (Quardian2 *	ontact. Emergency Contact? * Yes O No	
wer the required questions about the c Primary Contact? * O Yes O No Custodial Parent/Guardian? * O Yes O No	ontact. Emergency Contact? * Yes No Lives with Participant? * Yes No	
wer the required questions about the c Primary Contact? * Yes No Custodial Parent/Guardian? * Yes No Contact Restrictions?	ontact.	
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