

## WEBFORMS EXPLAINED

**All WebForms** information should be pre-populated with information your family has already provided to the school. This information will need to be updated annually and then as needed when changes occur.

Let's look at each WebForm that you will be reviewing and updating.

<b>Student(s)</b>	
Student Name	Student Information Form
<b>Student Medical</b>	
Student Name	Student Medical Form
<b>Parent Contact Information</b>	
John Parent	Parent(s)
Jane Parent	Parent(s)
<b>Parent Volunteer</b>	
John Parent	Parent Volunteer
Jane Parent	Parent Volunteer
<b>Emergency Contacts</b>	
Student Name	Contacts
<b>Pick Up Contacts</b>	
Student Name	Contacts
<b>Grandparents</b>	
Add Person	Add Grandparents

**Student Information Form:** This form has information that is related to each student individually.

The students home address and if they have their **own** cell phone number or **own** email address, can be entered here. Along with their name and a nickname or preferred name.

If you have updated information, please press the **Save** button at the bottom of the screen.

It will then show you a **Data Saved** message, at the top of the screen. You can then select **Return to Main Form**.

### Student Form

**Demographic Details:**

<input type="text"/> <i>Student</i>	<input type="text"/> <i>Middle</i>	<input type="text"/> <i>Name</i>	<input type="text"/> <i>Suffix</i>
<input type="text"/> <i>Nickname</i>	<input type="text" value="07/31/2013"/> <i>Birthdate (mm/dd/yyyy)</i>	<input type="text" value="Female"/> <i>Gender</i>	<input type="text"/> <i>Ethnicity</i>

**Contact Information:**

<input type="text"/> <i>Home Phone (xxx-xxx-xxxx)</i>	<input type="text"/> <i>Cell Phone (xxx-xxx-xxxx)</i>	<input type="text"/> <i>Email</i>
<input type="text"/> <i>Street</i>	<input type="text"/> <i>City</i>	<input type="text"/> <i>State</i>
		<input type="text"/> <i>Zip</i>

**Religious Affiliation:**

<input type="text"/> <i>Denomination</i>
<input type="text"/> <i>Church</i>
<input type="text"/> <i>Church (if unlisted)</i>

**Student Medical:** This form has information that is related to each student individually.

This form is where you should put your child's doctors and dentist information, Insurance Information, and preferred hospital. Please select Save after filling out the form.

Student Medical Form			
<b>Demographic Details:</b>			
Student		Name	
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Suffix</i>
<b>Physician and Insurance:</b>			
Doctor		Ins. Company	
Doctor Phone		Policy Number	
Dentist		Group Number	
Dentist Phone			
Preferred Hospital			
Permission to treat	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Within the Medical form is also some data that you may have already filled out on the paper forms, including Medications, Conditions and Allergies. Please fill out again as needed.

**No student will be able to self-administer medicine, so please ignore this field.**

Please select Save after filling out the form.

<b>Medications:</b>			
			<input type="radio"/> Yes <input checked="" type="radio"/> No
<i>Medication 1</i>	<i>Dosage</i>	<i>Note (255 characters max)</i>	<i>Able to self-administer?</i>
			<input type="radio"/> Yes <input checked="" type="radio"/> No
<i>Medication 2</i>	<i>Dosage</i>	<i>Note (255 characters max)</i>	<i>Able to self-administer?</i>
			<input type="radio"/> Yes <input checked="" type="radio"/> No
<i>Medication 3</i>	<i>Dosage</i>	<i>Note (255 characters max)</i>	<i>Able to self-administer?</i>
			<input type="radio"/> Yes <input checked="" type="radio"/> No
<i>Medication 4</i>	<i>Dosage</i>	<i>Note (255 characters max)</i>	<i>Able to self-administer?</i>
			<input type="radio"/> Yes <input checked="" type="radio"/> No
<i>Medication 5</i>	<i>Dosage</i>	<i>Note (255 characters max)</i>	<i>Able to self-administer?</i>
<b>Medical Conditions:</b>			
Condition 1		Condition 1 Note	
Condition 2		Condition 2 Note	
Condition 3		Condition 3 Note	
Condition 4		Condition 4 Note	
Condition 5		Condition 5 Note	
<b>Allergies:</b>			
Allergy 1		Allergy 1 Note	
Allergy 2		Allergy 2 Note	
Allergy 3		Allergy 3 Note	
Allergy 4		Allergy 4 Note	
Allergy 5		Allergy 5 Note	

**Parent Contact Information:** This form has information that is related to each parent individually. Please fill out all fields for each parent.

### Custodial Parent Form

**Demographic Details:**

<input type="text" value="Mr."/>	<input type="text" value="John"/>	<input type="text"/>	<input type="text" value="Parent"/>
<small>Salutation</small>	<small>First</small>	<small>Middle</small>	<small>Last</small>

<input type="text"/>	<input type="text"/>	<input type="text" value="Male"/>
<small>Birthdate (mm/dd/yyyy)</small>	<small>Marital Status</small>	<small>Gender</small>

**Contact Information:**

<input type="text"/>	<input type="text" value="111-111-1234"/>
<small>Home Phone (xxx-xxx-xxxx)</small>	<small>Cell Phone (xxx-xxx-xxxx)</small>

<input type="text" value="john@email.com"/>	<input type="text"/>
<small>Email 1</small>	<small>Email 2</small>

<input type="text" value="123 Street Address"/>	<input type="text" value="Houston"/>	<input type="text" value="TX"/>	<input type="text" value="77025"/>
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>

**Religious Affiliation:**

Denomination

**Under Parent Preferences, you can ignore the Gradebook Progress report as that does not apply to our school.**

If you would like to block your information from the Parent Directory, you may do so here with the listed Preference buttons.

You will need at least one of the phone numbers that you provided to be checked as Yes for the Parent Alert.

Please select Save after filling out the form.

**Employment Information:**

<input type="text" value="ABC Company"/>	<input type="text"/>	<input type="text" value="111-222-333"/>
<small>Company</small>	<small>Occupation</small>	<small>Work Phone</small>

<input type="text" value="123 Street Road"/>	<input type="text" value="Houston"/>	<input type="text" value="TX"/>	<input type="text" value="77025"/>
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>

**Parent Preferences:**

Auto Email Gradebook Progress Report:

Directory: Block Name:  Yes  No

Directory: Block Address:  Yes  No

Directory: Block Email:  Yes  No

Directory: Block Phone (Home):  Yes  No

Directory: Block Cell:  Yes  No

Parent Alert: Home Phone:  Yes  No

Parent Alert: Cell Phone:  Yes  No

Parent Alert: Work Phone:  Yes  No

Parent Alert: No Text:  Yes  No

**Parent Volunteer:** This form has information that is related to each parent individually.

You are able to select from a large drop down list of volunteer opportunities you are interested in. Please select Save after filling out the form.

Parent, John

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St. Catherine's has many ways for parents to be involved with the school. Some of the volunteer opportunities include helping the Parent Service Organization, Booster Club, Advancement, and more. Please select from the drop down list, volunteer events you are interested in for the upcoming year.

Advancement Committee ▼ Volunteer Interest 1

Booster Club ▼ Volunteer Interest 2

Casa de Esperanza ▼ Volunteer Interest 3

Friends of the Garden ▼ Volunteer Interest 4

Communications Committee ▼ Volunteer Interest 5

▼ Volunteer Interest 6

▼ Volunteer Interest 7

▼ Volunteer Interest 8

**Emergency Contacts:** This form has information that is related to each student individually.

**Please have the parents as the first two emergency contacts.** Then list other contacts in your order of preference. Please select Save after filling out the form.

Emergency Contact Form					
Please list the names of the individuals approved as Emergency Contacts for this student:					
<b>Emergency Contact 1</b>					
First:	John	Last:	Parent	Relationship:	Father
Home Phone:		Cell Phone:	111-111-1234	Work Phone:	
Email:		Note:			
<b>Emergency Contact 2</b>					
First:	Jane	Last:	Parent	Relationship:	Mother
Home Phone:		Cell Phone:	111-111-4321	Work Phone:	
Email:		Note:			
<b>Emergency Contact 3</b>					
First:	Joe	Last:	Friend	Relationship:	Friend
Home Phone:		Cell Phone:	222-222-1234	Work Phone:	
Email:		Note:			
<b>Emergency Contact 4</b>					
First:	Jackie	Last:	Friend	Relationship:	Friend
Home Phone:		Cell Phone:	222-222-4321	Work Phone:	
Email:		Note:			

**Pick Up Contacts:** This form has information that is related to each student individually.

**Please have the parents as the first two pick up contacts.** Then list other contacts in your order of preference. Please select Save after filling out the form.

Approved Transportation Form					
Please list the names of the individuals approved as Transportation Contacts for this student:					
<b>Transportation Contact 1</b>					
First:	John	Last:	Parent	Relationship:	Father
Home Phone:		Cell Phone:	111-111-1234	Work Phone:	
Email:	john@email.com	Note:			
<b>Transportation Contact 2</b>					
First:	Jane	Last:	Parent	Relationship:	Mother
Home Phone:		Cell Phone:	111-111-4321	Work Phone:	
Email:	jane@email.com	Note:			
<b>Transportation Contact 3</b>					
First:	Jill	Last:	Friendly	Relationship:	Friend
Home Phone:		Cell Phone:	333-333-1234	Work Phone:	
Email:	jill@email.com	Note:	Will Pick Up Every Thursday		

**Grandparent:** This form has information that is related to each grandparent individually.

Please either update or add a grandparent with any of their contact information. Please select Save after filling out the form.

Grandparent Form			
<b>Demographic Details:</b>			
Mrs. ▼	Nana		Name
<i>Salutation</i>	<i>First</i>	<i>Middle</i>	<i>Last</i>
	Female ▼		
<i>Birthdate (mm/dd/yyyy)</i>	<i>Gender</i>		
Grandparent:	<input checked="" type="checkbox"/>		
<b>Contact Information:</b>			
		444-444-1234	
<i>Home Phone (xxx-xxx-xxxx)</i>		<i>Cell Phone (xxx-xxx-xxxx)</i>	
nana@email.com			
<i>Email 1</i>		<i>Email 2</i>	
321 Grandparent Ln	Houston	TX	77025
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Save			

That's it, you're all done with WebForms! Please remember to Print, Sign and Return all forms under **Resource Documents before August 1<sup>st</sup>**.