



Step by Step for Donna ISD Parents

How to register a returning student online

1st Step- Please visit Donna ISD webpage at www.donnaisd.net

STAFF ABOUT US **PARENTS** ← 2nd Click Parents CITY EMPLOYMENT ACADEMICS EXTRACUR

Back to School
Breakfast & Lunch Menus
Educational Resources
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2019-2020 School Supply List
Parental Engagement
Parent Portal Instructions
Parent Portal ← 3rd Click Parent Portal
PreK-3 Program / PreK-4

Donna ISD Parent Portal

frontline
education™

Welcome

Welcome to the Donna Independent School District Parent Portal.

New Users will need to click on **Register** and fill out the required fields (*) in New User Registration.
*Los Nuevos usuarios deberán hacer clic en **Registrarse** y completar Los campos obligatorios (*) en Registro de nuevo usuario.*

Existing Users will need to click on **Sign-in** to login to Parent Portal.
Los usuarios existentes deberán hacer clic en Iniciar sesión para iniciar sesión en el Portal para padres.

- Additionally, existing users can retrieve User ID and Password by clicking on *Forgot User ID* and *Forgot Password*.
- Además, Los usuarios existentes pueden recuperar ID de usuario y contraseña haciendo clic en *Forgot User ID* y *Forgot Password*.

New Users Existing Users

Register **Sign-in** ← 4th Click Sign In

Donna ISD Parent Portal



Login

User ID:

Password:

← 5th Enter User ID and password.

6th Click Sign On →

- [Forgot User ID](#)
-
- [Change Password](#)

If a parent/guardian has forgotten their password, click the **Forgot Password** button. A Forgot Password box with the security question that is associated with the User ID entered, as shown in the following figure.

Parent Self Serve - Forgot Password

User ID: STUDENTTEST

Security Question: ★ Favorite Team

Security Question Answer (case sensitive): ★

Donna ISD Parent Portal

ERP & SIS DONNA IND SCH DIST

Parent Estudiante

TEAMS Parent Self Serve - My Students

- My Students
- Attendance
- Report Cards
- Progress Reports
- Email Teacher
- Schedule
- Edit Contact Info
- Notificati
- 7th Click Registration →
- Registration

Testing

Student List

Local ID	Name	SCH	Grade Level
60700	Estudiante, Soy	A. M. Ochoa Elementary	01



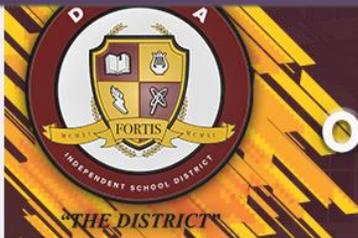
Select Student to View Available Information

Sign Out

Donna ISD Parent Portal

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Parent Estudiante



DONNA ISD ONLINE REGISTRATION

- My Students
- Attendance
- Report Cards
- Progress Reports
- Email Teacher
- Schedule
- Edit Contact Info
- Notifications
- Transportation
- Campus Messages
- Registration
- Testing

Welcome to Donna ISD Student Online Registration

If your child is new to our district, please click on "Register New User" and enter all information on the Register New User screen.
 If your child is a returning student
 please log in with your Parent Self-Serve credentials. Parents with returning students who do not have Parent Self-Serve
 credentials,
 please register as a "New User."

Language: English

← 8th Select preferred language

9th Click continue to Online Registration →

Continue to Online Registration

Sign Out

11th Click Next → Next

1. My Students 2. Student Information 3. Parent/Guardian Contacts 4. Other Contacts 5. Medical History 6. Verify Campus 7. Restrictions 8. Student Forms 9. Documents 10. Confirm Enrollment

My Students

Select A Student

Soy L. Estudiante - (60700)

Soy L. Estudiante - (60700)
(Create New Student)

← 10th Select your child's name

14th Click Next → Next

1. My Students 2. Student Information 3. Parent/Guardian Contacts 4. Other Contacts 5. Medical History 6. Verify Campus 7. Restrictions 8. Student Forms 9. Documents 10. Confirm Enrollment

Student Information

Enrollment Request School Year * 2020-2021

Enrollment Request Grade Level * Second Grade ← 12th Select Grade Level

If your address has changed, please choose any available campus below. You will have a chance to change the requested campus or verify your selection after address changes.

Enrollment Request Campus * A. M. Ochoa Elementary

Social Security Number #####1111

Birthdate 10/4/12

Student Last Name Estudiante

Student First Name (As Shown on Birth Certificate) Soy

Student Middle Name L

Student Generation V

Gender Male Female

Hispanic/Latino Yes No

Please select at least one option

Race American Indian or Alaska Native Black or African American White
 Asian Native Hawaiian or Other Pacific Islander

PEIMS Home Language Spanish

Preferred Spoken Language Spanish

Correspondence Language English ← 13th Select Correspondence Language *Note: Correspondence Language is used to determine the language used for both Parent and Student notifications.*

1. My Students 2. Student Information 3. Parent/Guardian Contacts 4. Other Contacts 5. Medical History 6. Verify Campus 7. Restrictions 8. Student Forms 9. Documents 10. Confirm Enrollment

Current Contacts for Student

Parent/Guardian Contacts: Parent Estudiante
Other Contacts: Tia Estudiante
Medical Contacts:

Parent/Guardian Contacts

Last Name Estudiante First Name Parent Middle Name Or

Generation

Contact Type Guardian Relationship Guardian

Birthdate

Driver's License # Driver's License State

Employer Occupation

Student Resides With? Home Address is Bus Drop Off Receives Mailings
 Can Pickup Home Address is Bus Pick Up Call in Case of Emergency

Home Address

Private?

Address (If address is incorrect, provide proof of address to campus)
424 S 11th St

Unit/Apt #

Zip 78537 City Donna State Texas

← 15th Enter Parent/Guardian Information

← 16th Verify home address, if current address is incorrect, provide proof of address to campus (Utility Bill -gas, water, or light)

17th Click Next → Next

19th Click Next → Next

1. My Students 2. Student Information 3. Parent/Guardian Contacts 4. Other Contacts 5. Medical History 6. Verify Campus 7. Restrictions 8. Student Forms 9. Documents 10. Confirm Enrollment

Current Contacts for Student
Parent/Guardian Contacts: Parent Estudiante
Other Contacts: Tia Estudiante
Medical Contacts:

Other Contacts

Tia Estudiante [Add a Contact]

Title

Last Name * First Name * Middle Name

Generation

Relationship

Birthdate

Can Pickup Dropoff? Call in Case of Emergency
 Pickup?

← 18th Enter Other Contacts Information
Note: This should not be a parent/guardian or medical contact for the student.

1. My Students 2. Student Information 3. Parent/Guardian Contacts 4. Other Contacts 5. Medical History 6. Verify Campus 7. Restrictions 8. Student Forms 9. Documents 10. Confirm Enrollment

Student Medical History

Medical History Introduction

Family Doctor:
 Permission to contact Dr?

Person Medical Conditions:

<input type="checkbox"/> Skin Condition	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Asthma
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Cancer	<input type="checkbox"/> Hypertension
<input type="checkbox"/> CLEPTL	<input type="checkbox"/> CLEPTP	<input type="checkbox"/> Anorexia
<input type="checkbox"/> Bulimia	<input type="checkbox"/> Depression	<input type="checkbox"/> ADHD
<input type="checkbox"/> Autism	<input type="checkbox"/> TBI	<input type="checkbox"/> Anxiety Disorder
<input type="checkbox"/> Chronic Cough	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Epy-Seize
<input type="checkbox"/> HIV	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Tooth-Gum
<input type="checkbox"/> Nose Bleed	<input type="checkbox"/> Shoulder Injury	<input type="checkbox"/> Pinched Nerve
<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Vision Impaired	<input type="checkbox"/> D Muscular Dyst
<input type="checkbox"/> Spina Bifida	<input type="checkbox"/> Crohn's Disease	<input type="checkbox"/> Lupus
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Congenital Heart Dis
<input type="checkbox"/> Adrenal Insufficienc	<input type="checkbox"/> Pierre Robyn Syndrom	<input type="checkbox"/> SVT-Tachi
<input type="checkbox"/> Migranes	<input type="checkbox"/> Scoliosis	<input type="checkbox"/> Sacral Agensis
<input type="checkbox"/> Hydrocephalus	<input type="checkbox"/> Dystonia	<input type="checkbox"/> Hearing Loss
<input type="checkbox"/> Lactose Intolerance	<input type="checkbox"/> Celiac Disease	<input type="checkbox"/> Hydronephrosis

Student Allergies:

<input type="checkbox"/> Insect Allergy	<input type="checkbox"/> Med Allergy	<input type="checkbox"/> Peanut Allergy
<input type="checkbox"/> Milk Allergy	<input type="checkbox"/> Pollen Allergy	<input type="checkbox"/> Mold Allergy
<input type="checkbox"/> Gluten Allergy	<input type="checkbox"/> Sea Food Allergy	<input type="checkbox"/> Allergies
<input type="checkbox"/> Other Food Allergy	<input type="checkbox"/> EpiPen	

Injuries:

<input type="checkbox"/> Dental Injury	<input type="checkbox"/> Arm Injury	<input type="checkbox"/> Eye Injury
<input type="checkbox"/> Elbow Injury	<input type="checkbox"/> Finger Injury	<input type="checkbox"/> Head Injury
<input type="checkbox"/> Knee Injury	<input type="checkbox"/> Shoulder Injury	<input type="checkbox"/> Nose Injury
<input type="checkbox"/> Hip Injury		

Person Medical Condition:

← 20th Parents/guardians can select and save medical history details in this area.

21th Click Next → Next

1. My Students 2. Student Information 3. Parent/Guardian Contacts 4. Other Contacts 5. Medical History 6. Verify Campus 7. Restrictions 8. Student Forms 9. Documents 10. Confirm Enrollment

Enrollment Request Campus * ← 22nd Parent/Guardian must verify campus

23rd Click Next → Next

1. My Students 2. Student Information 3. Parent/Guardian Contacts 4. Other Contacts 5. Medical History 6. Verify Campus 7. Restrictions 8. Student Forms 9. Documents 10. Confirm Enrollment

Only check boxes if you do not give your child permission to participate in the following:

Enrolled and Requested Restrictions

- Internet Use Prohibited
- Prohibit use of photographs in district publications
- Prohibit use of school work in district publications

← 24th Select box if you DO NOT give permission

25th Click Next →

Next

1. My Students 2. Student Information 3. Parent/Guardian Contacts 4. Other Contacts 5. Medical History 6. Verify Campus 7. Restrictions 8. Student Forms 9. Documents 10. Confirm Enrollment

Student Forms

Migrant Survey
Please Complete
Open Form To Do

Military Connected Form-MT-Title
Military Connected Form-MT-Instr
Open Form To Do

Donna ISD Emergency Nurse Form-Title
Donna ISD Emergency Nurse Form-Instr
Open Form To Do

Foster Care - DISD-Title
Foster Care - DISD-Instr
Open Form To Do

Restrictions Form-DISD-Title
Restrictions Form-DISD-Instr
Open Form To Do

← 26th Open each form and complete *Note: Forms that need to be completed are indicated by "To Do" in red text. Completed forms are indicated by "Complete" in green text.*

27th Click Next →

Next

1. My Students 2. Student Information 3. Parent/Guardian Contacts 4. Other Contacts 5. Medical History 6. Verify Campus 7. Restrictions 8. Student Forms 9. Documents 10. Confirm Enrollment

Documents

Attendance Accountability Document
Download Attendance Accountability (Acknowledged on 04-20-2020)
* I acknowledge that I have received and read this document.

Student Code of Conduct Acknowledgment
Download Student Code of Conduct (Acknowledged on 04-20-2020)
* I acknowledge that I have received and read this document.

Student Handbook Acknowledgment
Download Student Handbook (Acknowledged on 04-20-2020)
* I acknowledge that I have received and read this document.

← 28th Download each document and click on box stating "I acknowledge that I have received and read this document"

29th Click Submit →

Submit

IMPORTANT: All parents/guardians are required to bring the following documentation to your student(s) school:

New to District Students

- Immunization Record (Copy sent to nurse for verification)
- Social Security Card
- Birth Certificate
- Valid Parent/Guardian ID
- Proof of Residence(light, water, or gas bill)
- Proof of Guardianship/Custody (if applicable)
- Proof of Income (Latest check stub or tax return)
- Government Benefits Received (SNAP, TANF, SSI)
- Enrollment Confirmation Number

Returning Students

- Valid Parent/Guardian ID
- Proof of Residence(light, water, or gas bill)
- Proof of Guardianship/Custody (if applicable)
- Enrollment Confirmation Number

Click the button below to complete the enrollment process.

Confirm Enrollment

← 30th Click on Confirm Enrollment to complete the enrollment process.

Logout

Back

Online Enrollment Confirmation

Student Name: *Soy Estudiante*

Enrolling Parent/Guardian Name: *Parent Estudiante*

Campus of Enrollment: *A. M. Ochoa Elementary*

Grade Level: *02*

Fiscal Year: *2020-2021*

Online Registration Confirmation Number: *6714*

Local ID: *60700*

Resides With Parent/Guardian Name: *Parent Estud*

Home Address: *424 S 11th St*

Donna, TX 78537

Home Language: *Spanish*

Student Language: *Spanish*

Correspondence Language: *English*

Date/Time Printed: *04-22-2020 09:56*

Print

Next

← NOTE: If you are unable to print this page, please write down this confirmation number to complete registration process. This number will be needed at your child's campus in August.

← 31st Click print. Note: Should you have another child to register, please click on Next and repeat steps 10-31.