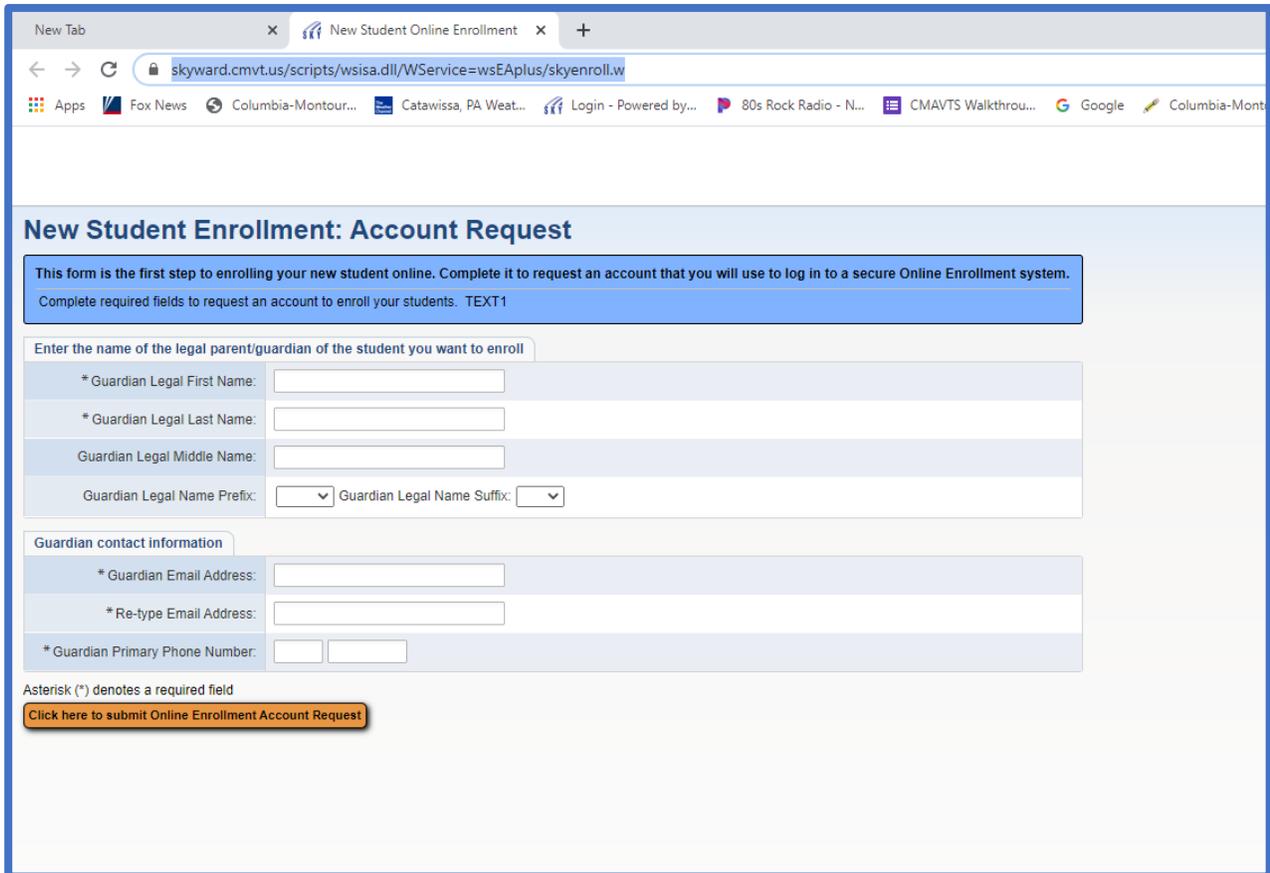


Columbia-Montour AVTS

New Student Registration Directions

1. Go to the website link given on the school website. It should look like this.



The screenshot shows a web browser window with the URL skyward.cmv.t.us/scripts/wsisa.dll/WService=wsEPlus/skyenroll.w. The page title is "New Student Enrollment: Account Request". A blue box contains the text: "This form is the first step to enrolling your new student online. Complete it to request an account that you will use to log in to a secure Online Enrollment system. Complete required fields to request an account to enroll your students. TEXT1". Below this is a section titled "Enter the name of the legal parent/guardian of the student you want to enroll" with the following fields: "* Guardian Legal First Name:", "* Guardian Legal Last Name:", "Guardian Legal Middle Name:", "Guardian Legal Name Prefix:" (dropdown), and "Guardian Legal Name Suffix:" (dropdown). The next section is "Guardian contact information" with fields: "* Guardian Email Address:", "* Re-type Email Address:", and "* Guardian Primary Phone Number:". A note states "Asterisk (*) denotes a required field". At the bottom, there is a yellow button that says "Click here to submit Online Enrollment Account Request".

2. Please fill in the information. You must have an email address to complete this process. If you do not have an email, please use google to create a gmail account. When complete, click the yellow box at the bottom.

New Student Online Enrollment

skyward.cmvts.us/scripts/wsisa.dll/WService=wsEAplus/skyenroll.w

Apps Fox News Columbia-Montour... Catawissa, PA Weat... Login - Powered by... 80s Rock Radio - N... CMAVTS Walkthrou... Google Columbia-Montour... Dashboar

New Student Enrollment: Account Request

This form is the first step to enrolling your new student online. Complete it to request an account that you will use to log in to a secure Online Enrollment system.
Complete required fields to request an account to enroll your students. TEXT1

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

* Guardian Email Address:

* Re-type Email Address:

* Guardian Primary Phone Number:

Asterisk (*) denotes a required field

[Click here to submit Online Enrollment Account Request](#)

3. Please click OK in the next 2 boxes that appear. An email will be sent to your personal email account on how to proceed with the registration process. Please check your personal email and click on the link. You will need to remember your username and password. Once you click on the link, it should look like this.

4. Please enter the username and password that was provided in the email. When complete, click sign in.

SKYWARD®
Columbia Montour AVTS

Login ID:

Password:

[Forgot your Login/Password?](#)

05.21.02.00.06

Login Area:

5. Please enter the information for the student in the following screen. Please provide as much information as possible. When complete, click the yellow box at the bottom to **complete step 1**.

Step 1: Student Information

Last Name: Student1 **First Name:** Test1 **Middle Name:** _____

Gender: Female

Date of Birth: 05/22/2007 **Age:** 14 **Birth City:** Bloomsburg **Birth State:** PA -- PENNSYLVANIA

Birth Country: USA

Social Security Number: _____ **PAssuredID:** _____

Is Student Hispanic/Latino?: No

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

Language Spoken Most: English **Native Language:** _____

Previous School District: _____

You are enrolling your student into the Next School Year (2021 - 2022)

First Day of School: _____

Expected Grade Level: 99

Do you have internet access?: Yes

authorize this student's information to be distributed for the purposes of Military usage
 authorize this student's information to be distributed for the purposes of Higher Ed usage
 authorize this student's information to be distributed for the purposes of Public usage
 authorize this student's information to be distributed for the purposes of District usage
 authorize this student's information to be distributed for the purposes of Local usage

Additional Information (on the Student for the District): _____

Complete Step 1 and move to Step 2: Family/Guardian Information **Complete Step 1 Only**

6. Step 2 is information about the parent/guardian. Please provide as much information as possible. If another guardian lives with the student, please click the yellow box on the left. If no other guardian lives with the child click the box to the right.

Step 2: Family/Guardian Information

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

Enter Information for the Family this Student lives with

Primary Phone: (570) 784-8040 Should the District keep this number confidential?

Family Home Language: English

Print Hard Copy Report Cards

Home Address: House #: 5050 Street Name: Sweepermaster Dr SUD: # _____
P.O. Box: _____ Address 2: _____ City: Bloomsburg State: PA Zip Code: (570) _____
 Should the District keep this address confidential?

Mailing Address (if different than home address): House #: _____ Street Name: _____ SUD: # _____
P.O. Box: _____ Address 2: _____ City: _____ State: _____

Enter Information for the Primary Guardian of the Family this Student lives with

Last Name: Student1 **First Name:** Test1 **Middle Name:** _____

Gender: _____

Relationship to Child: Father **Marital Status:** Married

Does this guardian have custody of the child? Is this guardian employed full-time?
 Does this guardian also be considered an Emergency Contact?
 Should the District keep this information confidential?

Call Phone: (570) 784-8080 **Work Phone:** _____ **Contact Email:** ameyer@cmst.us

Language: _____

Are there other Legal Guardians who live at this address?

We want to Add another Legal Guardian who lives at this address **No other Legal Guardians live at this Address**

Click here to add additional guardians **Click here if no other guardians**

Step 3: Medical/Dental Information **Step 4: Emergency Contact Information** **Step 5: Requested Documents**

7. When complete, Click the button that says **Complete Step 2**.

8. Enter all medical information. Please enter as much information as possible. When complete, Click the yellow box to **complete Step 3 and move to Step 4**.

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. TEXT2

Asterisk (*) denotes a required field Please Note: Only one step may be edited at a time

Step 1: Student Information Date Completed: 05/27/2021

Step 2: Family/Guardian Information Date Completed: 05/27/2021

Step 3: Medical/Dental Information

Allergy/Medical Condition: Asthma is the condition that staff should be alerted to?

Physician Last Name: _____ Physician First Name: _____ Physician Name: _____
Name Suffix: _____ Name Prefix: _____ Physician Phone: _____
Dentist Last Name: _____ Dentist First Name: _____ Dentist Phone: _____
Name Suffix: _____ Name Prefix: _____ Dentist Phone: _____
Hospital: _____
Insurance: _____
Insurance Policy Number: _____

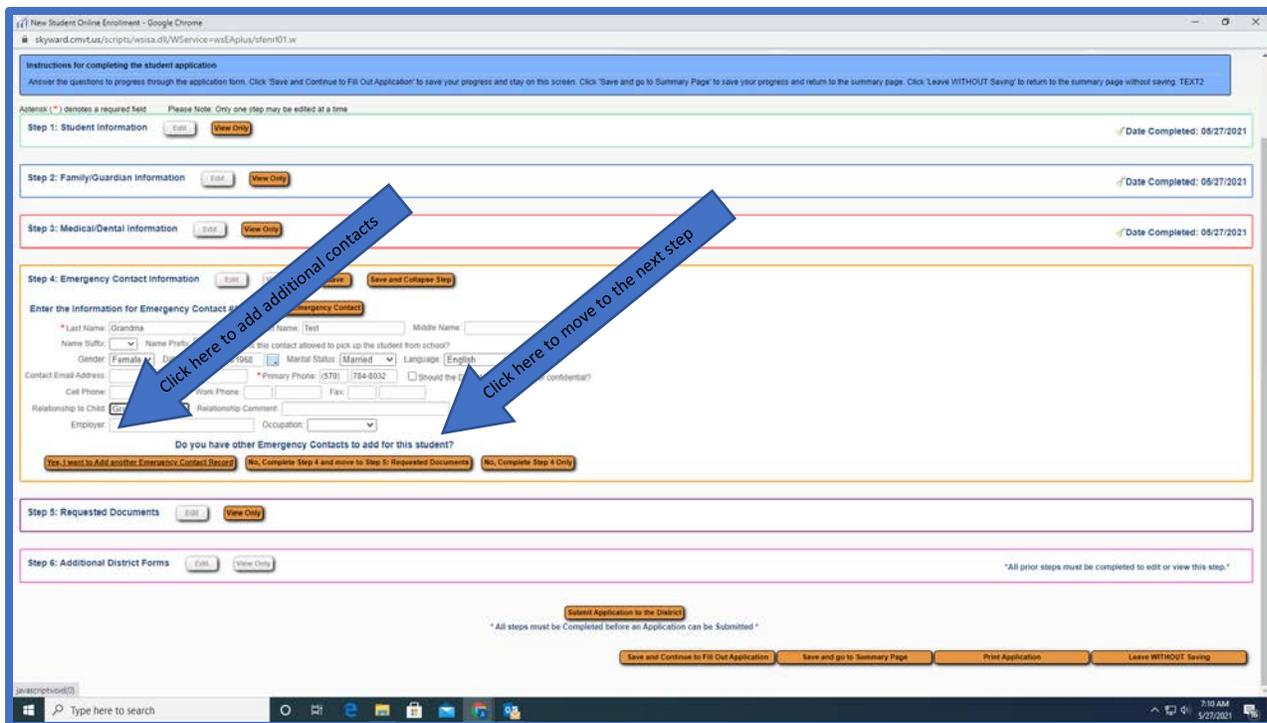
Step 4: Emergency Contact information

Step 5: Requested Documents

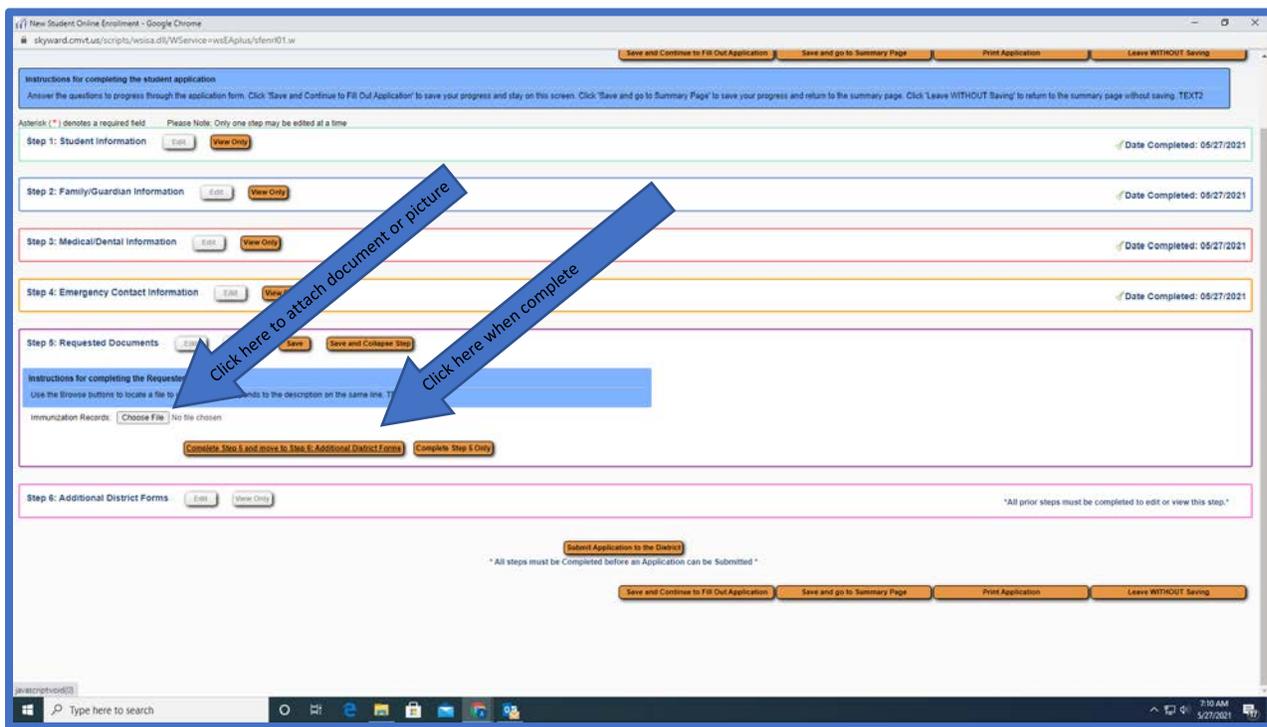
Step 6: Additional District Forms *All prior steps must be completed to edit or view this step.*

All steps must be Completed before an Application can be Submitted

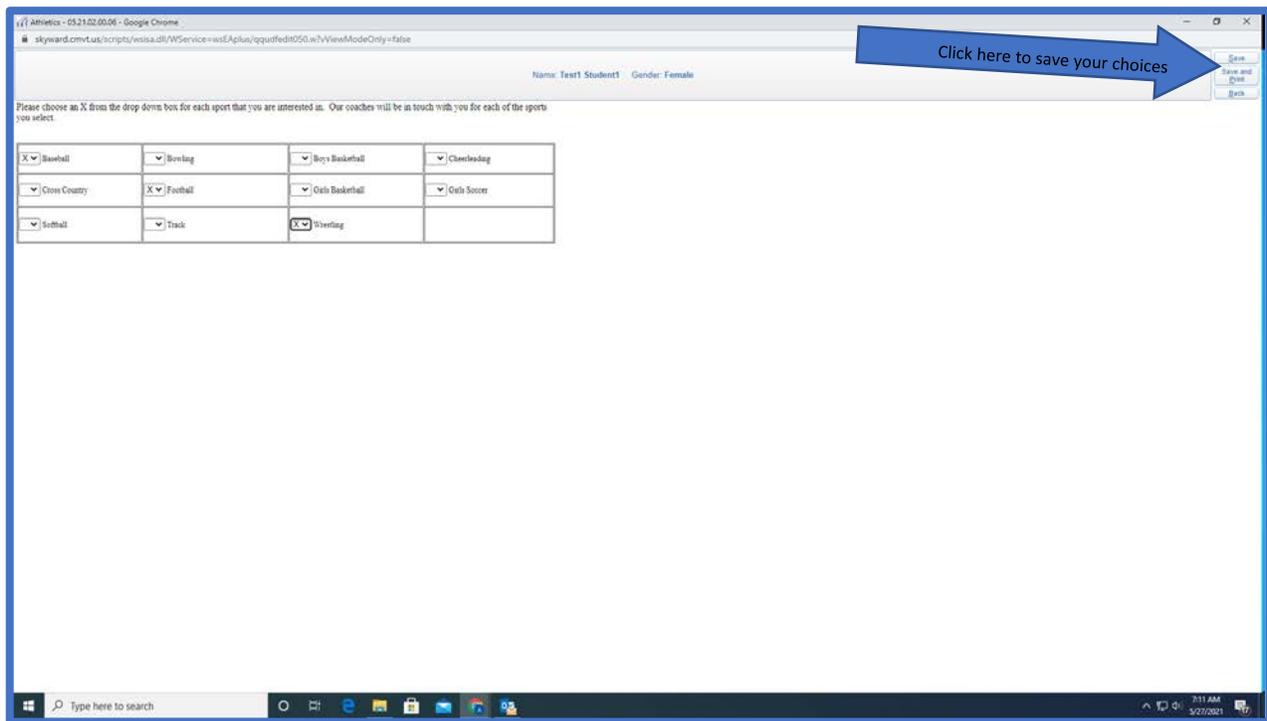
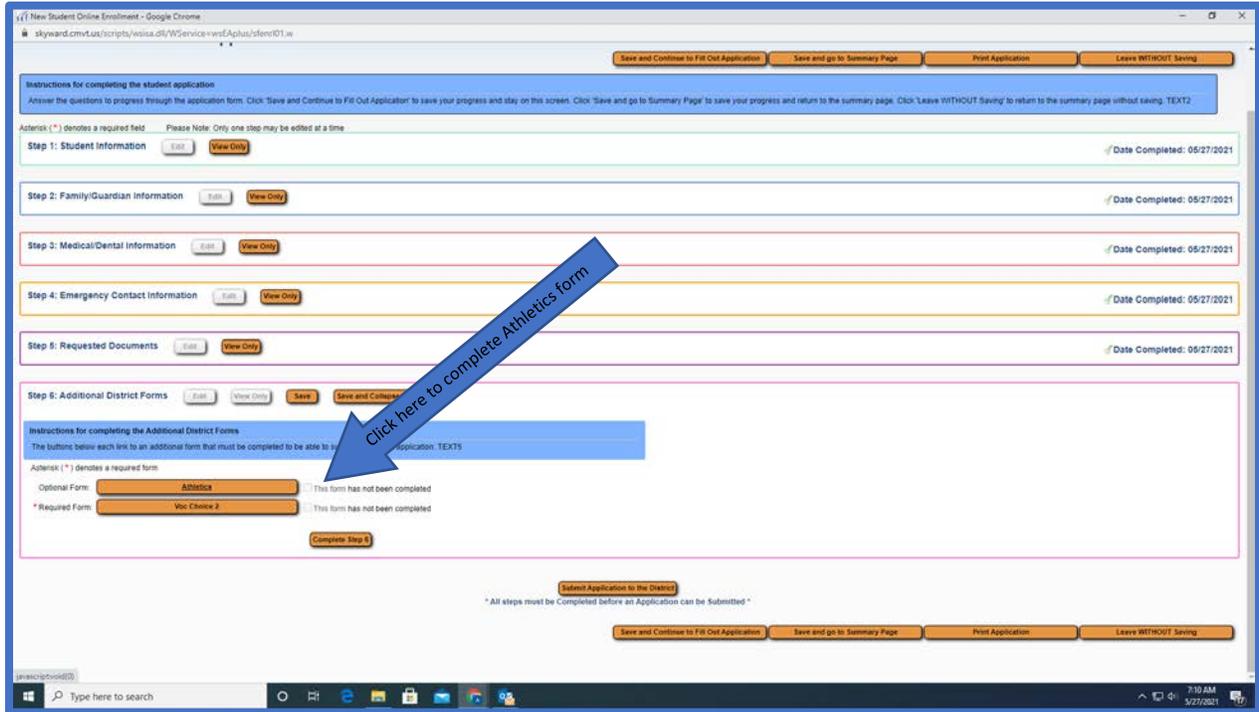
9. Please complete the Emergency Contact Information - Step 4. This person should be someone other than the Parent/Guardian. You may enter more Emergency contacts, but one is required. Click the yellow box when complete to move to **Step 5**.



10. Please attach a document or picture of your child's immunization records, if available. This can be a PDF, Document or a picture format. When the document is attached, please **Complete Step 5 and move to Step 6**. If immunization records are not available, you will be asked to provide a paper copy at the beginning of the year.



11. Please complete the 2 forms. The first form is called Athletics form. Please click on the yellow box called Athletics. A form will appear. Simply Check the boxes by which sports you are interested in playing. This does not sign you up for the sport, it just lets us know which sports you are interested in. When you are done with the form, please **Click save** in the upper right-hand corner.



12. Please complete the VOC Choice form. This is choosing the top 6 vocational programs that you are interested in. Please make your top choice number 1, continuing down to your number 6 choice. When complete, please click save in the upper right corner.

Voc Choice 2 - 0521020006 - Google Chrome
skyward.cmv.tus/scripts/voisa.dll/WService=wsEPlus/sfenr01.w?FromCust=Y&RegStuid=8&sessionid=213011102[10650552&vencas=y&taUhhokaZadgicd]

Name: Test Student1 Gender: Female

Please choose at least 4 and up to 6 vocational choices with 1 being the vocation you are most interested in and 6 being the least.

Vocational Choice 1:

Vocational Choice 2:

Vocational Choice 3:

Vocational Choice 4:

Vocational Choice 5:

Vocational Choice 6:

Buttons: Save, Save and Print, Back

Taskbar: Type here to search, 7:11 AM 5/27/2021

13. When both forms have been saved, please click complete Step 6.

New Student Online Enrollment - Google Chrome
skyward.cmv.tus/scripts/voisa.dll/WService=wsEPlus/sfenr01.w?FromCust=Y&RegStuid=8&sessionid=213011102[10650552&vencas=y&taUhhokaZadgicd]

SKYWARD Online Enrollment Access

New Student Enrollment: Application Form

Buttons: 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. TEXT2

Alerts: (*) denotes a required field. Please Note: Only one step may be edited at a time.

Step 1: Student Information [Edit] [View Only] / Date Completed: 05/27/2021

Step 2: Family/Guardian Information [Edit] [View Only] / Date Completed: 05/27/2021

Step 3: Medical/Dental Information [Edit] [View Only] / Date Completed: 05/27/2021

Step 4: Emergency Contact Information [Edit] [View Only] / Date Completed: 05/27/2021

Step 5: Requested Documents [Edit] [View Only] / Date Completed: 05/27/2021

Step 6: Additional District Forms [Edit] [View Only] [Save] [Save and Collapse Step]

Instructions for completing the Additional District Forms
The outbox below each link to an additional form that must be completed to be able to submit the student application. TEXT5

Alerts: (*) denotes a required form.

Optional Form: Algebra I This form has been completed

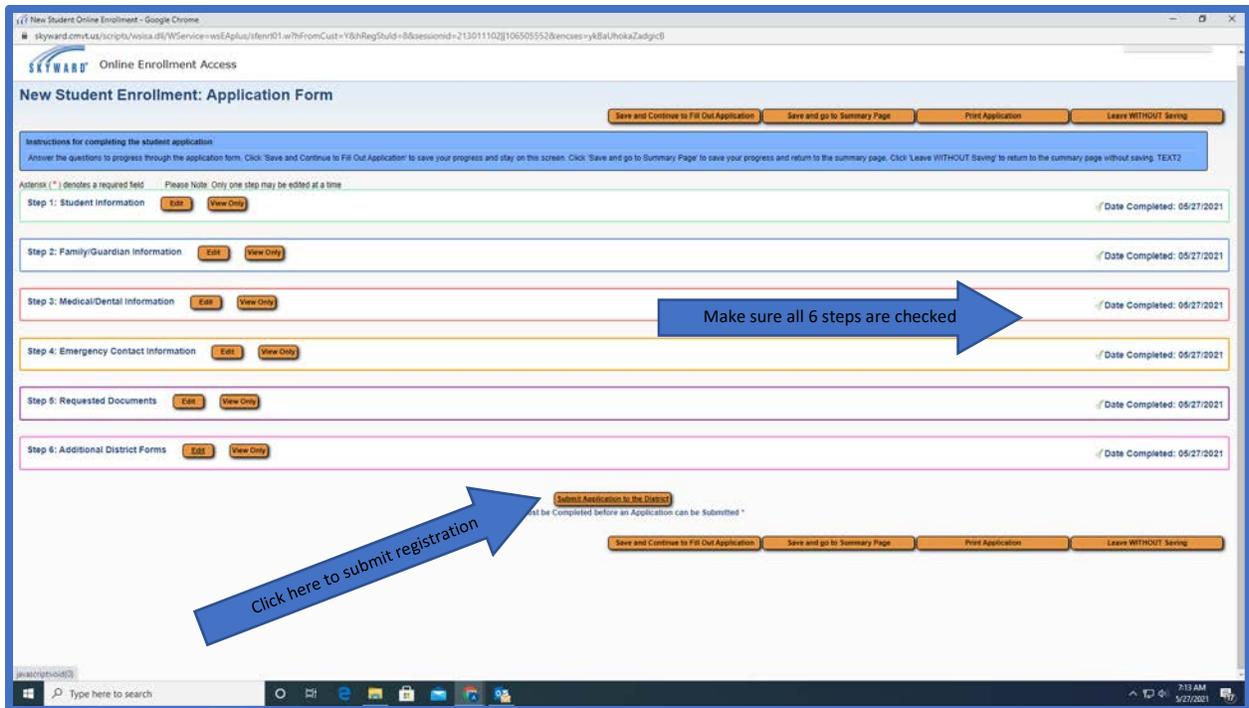
Required Form: Voc Choice 2 This form has been completed

Buttons: Complete Step 6, Submit Application to the District

* All Steps must be Completed before an Application can be Submitted *

Taskbar: Type here to search, 7:12 AM 5/27/2021

14. When all steps are completed, you should see 6 check marks on the right-hand side. If they are all completed, please click **Submit Application** to the District.



15. Click submit application in the box that appears. In the next box, please click OK. Congratulations, you have now registered your child at CMAVTS. You may view the application or simply close the browser.

If you have any questions or have issues, please do not hesitate to reach out to us. Email us at registration@cmvt.us or call 570-784-8040.