

Template Applications – Enrollment

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Template Applications – Enrollment

Introduction

This application consists of three pages to manage a student enrollment request. The first page collects information about the student. The second page captures medical data; the final page is for office use in the acceptance process.

Student Enrollment

Name of School:

STUDENT INFORMATION

Last Name: First Name: Middle Name:

Name of the parent(s) the student resides with (include step-parents or guardians)
Parent 1: Parent 2:

Address: ZIP:

Contact Phone Numbers:
Parent 1: Parent 2: Alternative:

Student's Date of Birth: Student's Place of Birth: (Town, City, State) US Citizen?

Student's Gender:
 Male Female

Proposed Start Details:
Semester: Year:

Former School Name: Former School Address:

Was the student expelled from their former school? Yes No

By checking this box, I certify that the above information is correct to the best of my knowledge.

Name: Date:

(Parent, Step-Parent or Guardian)

Email:

Medical Details / Consent

School: Springfield High
Student: Chang, Roberta Louise
Address: 3 North Johnson Street Pearl, MS 40610

MEDICAL INFORMATION

Please indicate if your child has experienced any problems with any of the following

<input type="checkbox"/> Asthma	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Headaches	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Nausea
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Fear of Heights	<input type="checkbox"/> Hearing	<input type="checkbox"/> Kidney Problems	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Foot Problems	<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Liver Problems	<input type="checkbox"/> Other
<input type="checkbox"/> Trouble breathing through nose, other than during a cold	<input type="checkbox"/> Nervous breakdown or periods of marked depression			
<input type="checkbox"/> Frequent upset stomach, heartburn, indigestion or peptic ulcer				

Has your child had surgery in the last two Yes No

Does your child have any allergies? Yes No

Please specify the date of your child's last tetanus shot or booster (if known). Month: Year:

Has your child had a checkup at the dentist within the last two years? Yes No

List any medications your child is currently taking:

Use the following space to add any additional information relating to any questions above, or any other medical information we should be made aware of

In the event of illness or an accident, we will attempt to contact the child's parent or guardian. If we are unable to do this, we will contact the child's doctor.

Doctor's Name: Telephone:

Address:

Office Use

School: Springfield High
Student: Chang, Roberta Louise
Address: 3 North Johnson Street Pearl, MS 40610

Decision on student
 Accepted Declined Pending

Start Date:

Class #:

Student ID:

Sent for records from previous school:

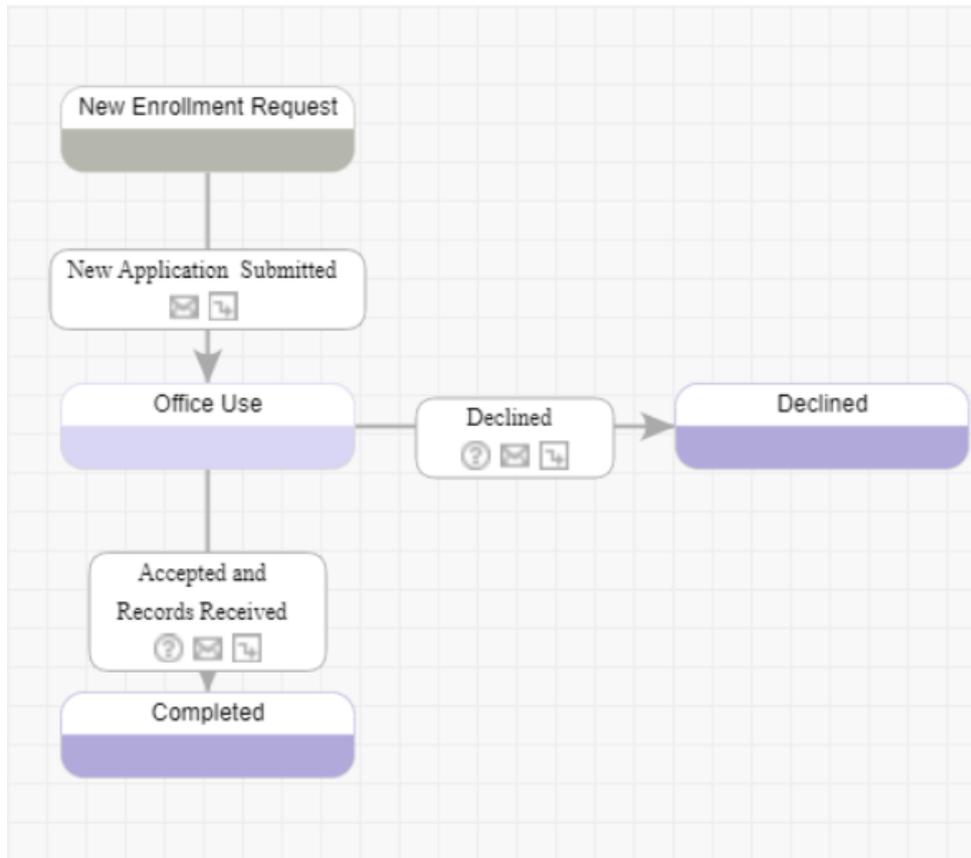
Date records were received:

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Workflow Logic

All requests will require approval by an office administrator who may approve, decline, or make it a pending request.

The request is incomplete until approved and previous school records have been requested and received.



Notable Behaviors

The school name, student name, and student address are captured on the first page of the request. Once that information is collected, it is copied into text fields on the other two pages. Data copied into text fields, rather than text input fields, is shown on the other pages but not replicated in the data set and, therefore, in the database for each instance.

The Set Property command will do this. It is triggered when school, student, or address fields change.

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Installation Instructions

This application is designed in demonstration mode. Notifications go to the email address entered into the 'Email' field. This will not be suitable for the final application.

A minor modification will be required after the application has been imported into your system.

In the workflow properties, it will be necessary to re-set the office role to link to the specific person or people who occupy it.

The same person or group will typically occupy the office role. Hence, it's not necessary to identify them in the application. Still, this role can be linked directly to your system's user, position, group, or email address. This change will need to be done before publishing the application.

Select the office role and decide which option to use from the list below.

The screenshot shows the 'Edit Roles' dialog box. The 'Name' field is set to 'Office'. The 'Default Person' section has several options: 'None', 'User', 'User-Group', 'Position', 'Email taken from a field' (which is selected), and 'Fixed email address'. Each option has a corresponding 'Select' button. Red circles with numbers 1 through 4 are placed over the 'User', 'User-Group', 'Position', and 'Fixed email address' options respectively. The 'Ok' and 'Cancel' buttons are at the bottom right.

1. If your office people are individuals and have a license in your account (Full, basic, or limited), you can link directly using the User option. Select the 'User' option, click the corresponding Select button, and choose from the user list.
2. You may link directly to that group if you have set up a User-Group for this role.
3. Suppose you have set up a position within your system for this role and have selected the appropriately licensed user to occupy that position. In that case, you can link to that position. Select the 'Position' option, click the corresponding Select button, and choose from the list of positions.
4. If neither of the above is possible, you can link to the user's email address. Select the 'Fixed email address' option and enter the email address in the corresponding box. In this scenario, the user doesn't require a license (Full, basic, or limited) in your system.

Click OK when done.

Mobile Version

This application is not enhanced for mobile use.