How to Update Your Child's Emergency Information in Aspen

This process may be used to update your child's emergency information. It is required at the beginning of each school year. It will pull the current information we have listed for your child, so if you entered the form previously, those values will display. If all values are correct, you will still need to open the form and click the "Next" button, then the "Finish" button to submit it. This indicates that you have reviewed the information listed for your child.

Logging in

1. Navigate to the Wilmington Aspen Family Portal site. You can find a quick link on our website or use the following direct link: https://ma-wilmington.myfollett.com.

2. Enter your login ID and password. If you have misplaced or forgotten your login information, you can email aspenhelp@wpsk12.com for assistance.

Wilmington Public Schools

Login ID

mary.doe

Password

••••••

Trouble logging in?   I forgot my password

Log On

3. Click the Log On button.

Wilmington Public Schools

Login ID

mary.doe

Password

••••••

Trouble logging in?   I forgot my password

Log On

Initiate the form

1. From the main Page, click on the word "here" in the announcement to begin. Note: The Initiate button in the Tasks widget can also be used. You may need to go to Set Preferences, click on the Home tab and check the box for Tasks to see it.

2. A new popup will open. Make sure the workflow says "Student/Contact Emergency Info".

3. Click on the magnifying glass to choose which child you will be submitting the form for.
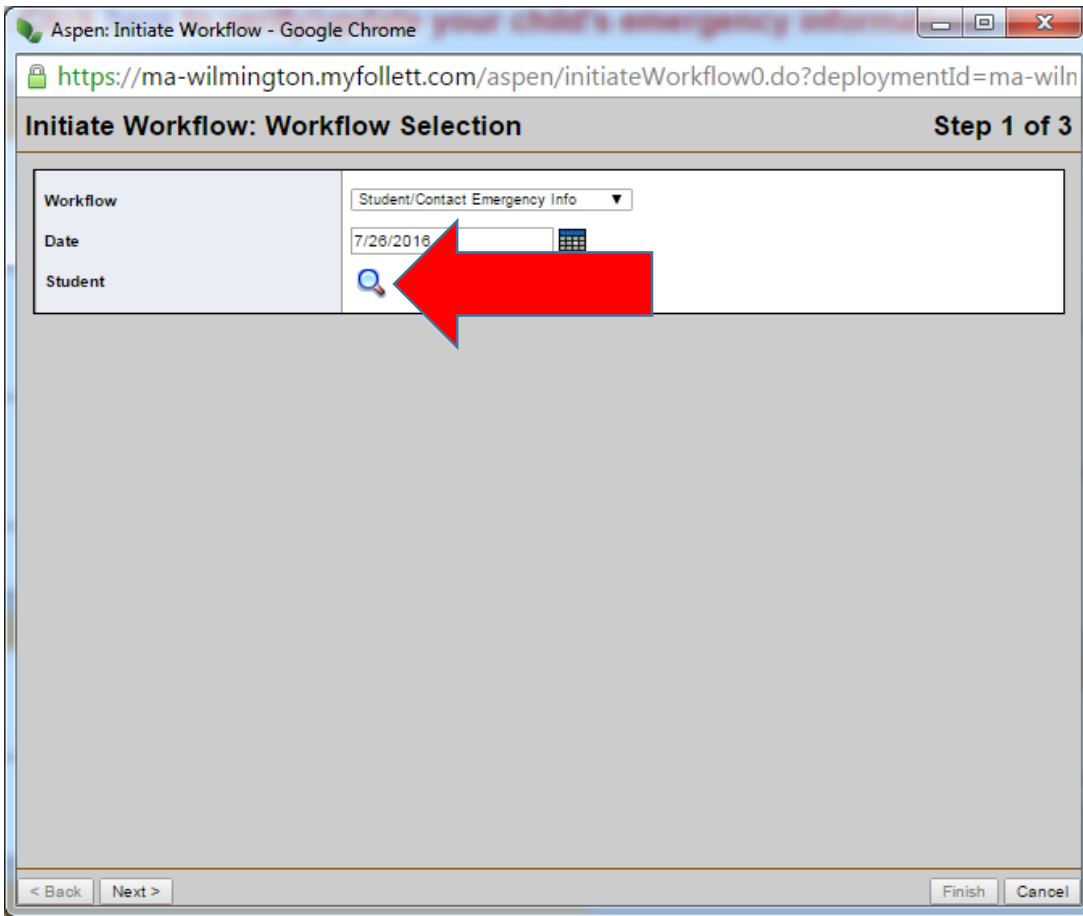
4. *If you only have one child in the district, only his or her name will be displayed and the radial will be selected. If you have more than one child, select the radial button next to one of them. Click on OK to continue.* ***NOTE: This process collects medical information, so it needs to be completed once for each child.***
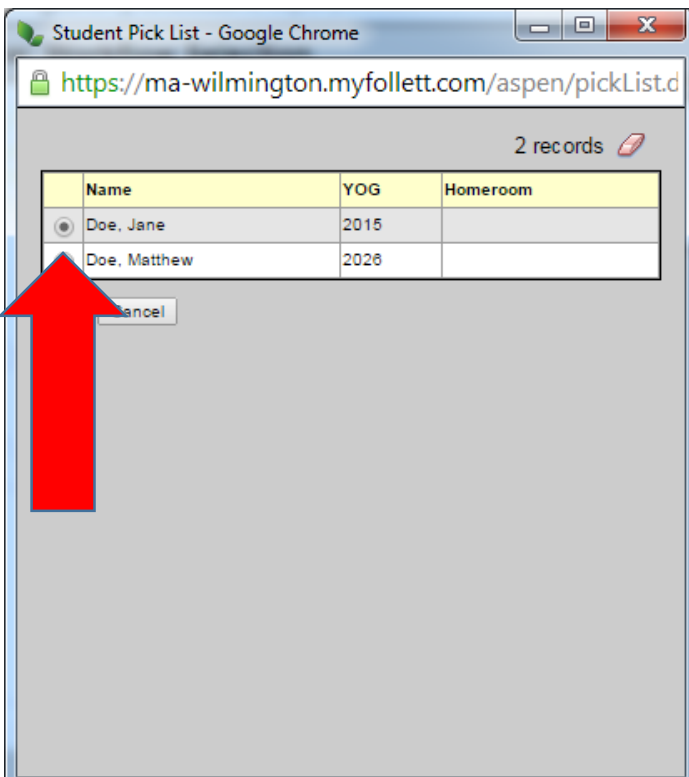
5. Once the child's name is displaying in the main form window, click on Next.
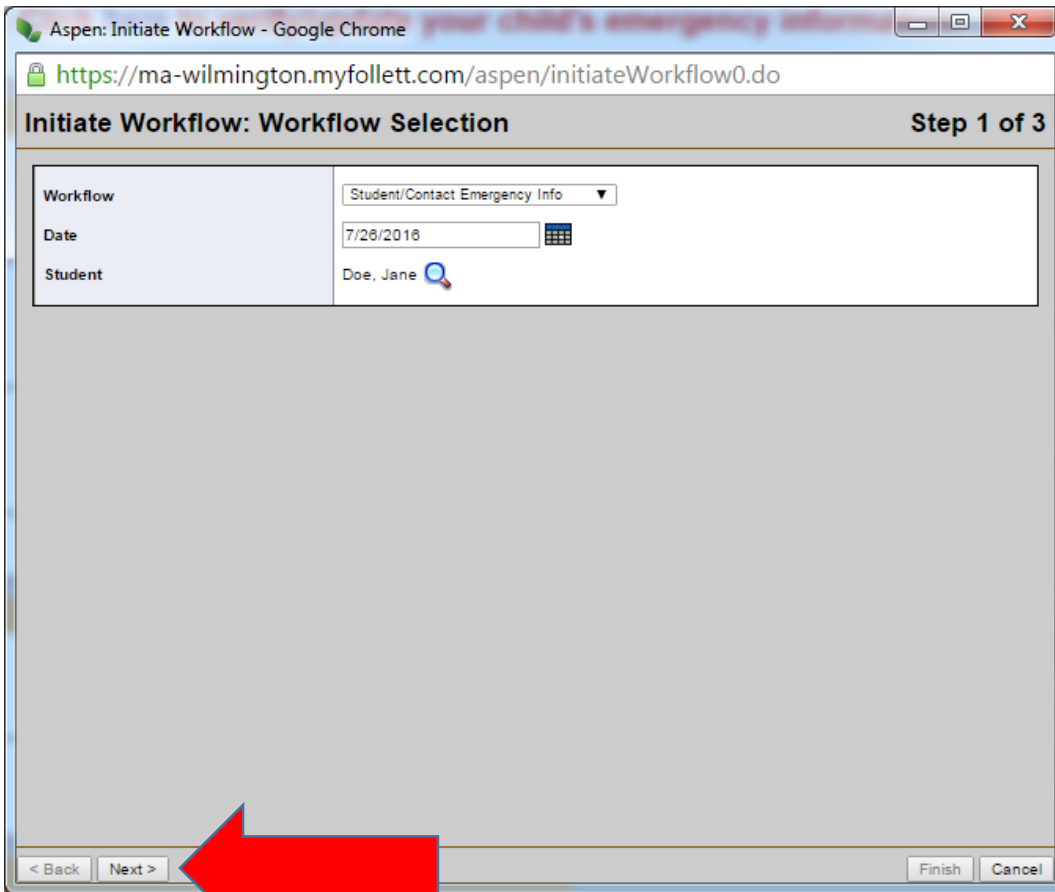
6. To avoid the left to right scroll bar, click on the Maximize button.
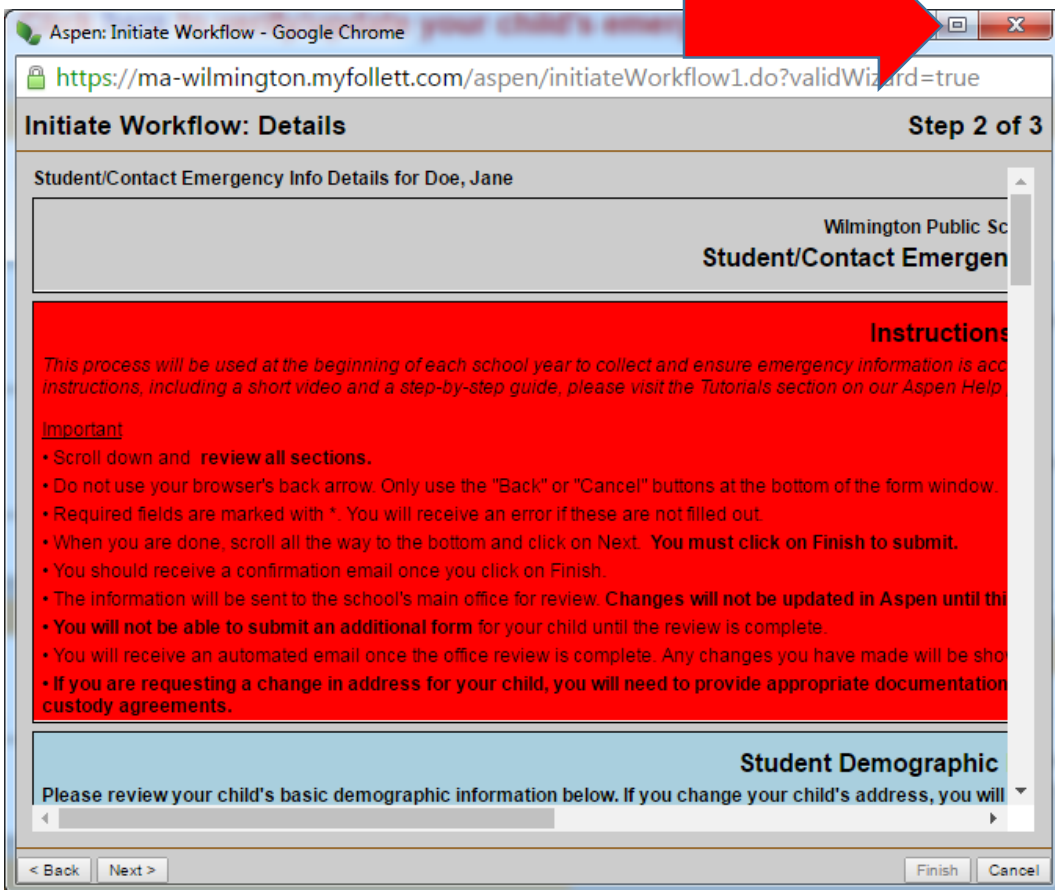
7. The form contains sections for Student Demographic Information, Contacts, Medical Information and Policy Signoffs. Each section will have a different color background.

8. Review the Instructions section. This includes important information about the process and what to expect.

Watch out for Time Outs

If you see the following screen at any point in the process, make sure to click on Continue. If you do not, you will lose any information entered and have to start the task over again.

Student Demographics

1. Review the Student Demographic Information section.

Student Demographic Information

Please review your child's basic demographic information below. If you change your child's address, you will need to submit appropriate documentation to his/her school's Main Office before the changes are approved. For more information about Family Military Status, click here .

Student Details

| Last Name | Doe | First Name | Jane | Middle Name | Marie |

Student's Primary Phone: 978-694-6000
Student's Primary Email: jane.doe@wpsk12.com
Student's Alternate Email:

Household member in Military: ☐

Physical Address

Address: 161 Church
Apt:
City, State Zip: Wilmington, MA 01887

Mailing Address (if different)

Address:
Apt:
City, State Zip:

2. The fields that have white spaces are available to update if needed. Click into the field to add, remove or change the information listed. *NOTE: If there is an update to the child's address, the office will need appropriate proof of residence before approving the change.*

Student Demographic Information

Please review your child's basic demographic information below. If you change your child's address, you will need to submit appropriate documentation to his/her school's Main Office before the changes are approved. For more information about Family Military Status, click here .

Student Details

| Last Name | Doe | First Name | Jane | Middle Name | Marie |

Student's Primary Phone: 978-694-6000
Student's Primary Email: jane.doe@wpsk12.com
Student's Alternate Email:

Household member in Military: ☐

Physical Address

Address: 161 Church
Apt:
City, State Zip: Wilmington, MA 01887

Mailing Address (if different)

Address:
Apt:
City, State Zip:

Contacts

1. Scroll down to the Contacts section.

Contacts

The Emergency Priority number is used in the following way by the district:

Emergency Priority 1	Primary parent/guardian	"Phone01", "Primary Email" and "Alternate Email" are used by our notification system to send general communication from the district/school. The contact set as Emergency Priority 1 is used as the first point of contact to call or email families directly for one-to-one communication. All numbers listed for the Emergency Priority 1 contact are attempted before another contact.
Emergency Priority 2	Second parent/guardian	"Phone01", "Primary Email" and "Alternate Email" are used by our notification system to send general communication from the district/school. Staff may also use this contact should they need to contact someone directly about your child (ex: if primary contact could not be reached using any of the provided phone numbers.
Emergency Priority 3+	Alternate contacts	These contacts would only be used for direct calls and only in the event that the parent/guardians could not be located. These contacts should include additional contacts who are allowed to pick the child up from school. They would need the "Can Pick Up Student" box checked.

Text Messages
To receive text messages from our Auto-Notification system, you will need to:
1. Make sure the number is listed as Phone01 or Phone02 for either the Emergency Priority 1 or the Emergency Priority 2 contact
AND
2. Opt in by sending the word "Yes" or "Y" to the number 67587

The following are the contacts currently listed for your child. TWO active contacts are required. This does not include any who are marked for removal. You will not be able to submit this form unless two are listed.

** To ADD a new contact, click on the Add button at the bottom right.

** To UPDATE or REMOVE a contact, click on the emergency priority number next to the person's name.

	Emer Pri	Updated	Last Name	First Name	Phone 01	Phone 02	Phone 03	Primary Email	Alternate Email	Lives With	Pick up	Receive Email	Receives Grades
☐	1		Doe	Mary	978-▮▮▮	781-▮▮▮		tr▮▮▮▮▮		Y	Y	Y	Y
☐	2		Doe	John	978-555-5555					N	Y	N	N

⊕ Add

2. Review how the Emergency Priority numbers are used by the district. This will help you identify what types of communication are sent to contacts.

Contacts

The Emergency Priority number is used in the following way by the district:

Emergency Priority 1	Primary parent/guardian	"Phone01", "Primary Email" and "Alternate Email" are used by our notification system to send general communication from the district/school. The contact set as Emergency Priority 1 is used as the first point of contact to call or email families directly for one-to-one communication. All numbers listed for the Emergency Priority 1 contact are attempted before another contact.
Emergency Priority 2	Second parent/guardian	"Phone01", "Primary Email" and "Alternate Email" are used by our notification system to send general communication from the district/school. Staff may also use this contact should they need to contact someone directly about your child (ex: if primary contact could not be reached using any of the provided phone numbers.
Emergency Priority 3+	Alternate contacts	These contacts would only be used for direct calls and only in the event that the parent/guardians could not be located. These contacts should include additional contacts who are allowed to pick the child up from school. They would need the "Can Pick Up Student" box checked.

3. If you would like to receive text messages via our automated calling/email system, make sure to follow the instructions for opting in.

Text Messages
To receive text messages from our Auto-Notification system, you will need to:
1. Make sure the number is listed as Phone01 or Phone02 for either the Emergency Priority 1 or the Emergency Priority 2 contact
AND
2. Opt in by sending the word "Yes" or "Y" to the number 67587

4. Review the contacts currently listed for your child.

The following are the contacts currently listed for your child. THREE active contacts are required. This does not include any who are marked for removal. You will not be able to submit this form unless three are listed.

** To ADD a new contact, click on the Add button at the bottom right.

** To UPDATE or REMOVE a contact, click on the emergency priority number next to the person's name.

	Emer Pri	Updated	Last Name	First Name	Phone 01	Phone 02	Phone 03	Primary Email	Alternate Email	Lives With	Pick up	Receive Email	Receives Grades
☐	1		Doe	Mary	978-694-6071	978-694-6071	978-694-6071	trish.volpe@wpsk12.com		Y	Y	Y	Y
☐	2		Doe	John	978-694-6071			trish.volpe@wpsk12.com		Y	Y	Y	Y
☐	3		Doe	John						N	Y	N	N
☐	4		Call	Second Auto				trish.volpe@yahoo.com		N	N	N	N

Add

There are three options for adjusting the contacts for your student. Clicking on the link will show you more in depth instructions for each type of change.

[Update](#)

- Should be used to change information about a contact already listed.
- This includes changing the priority number, phone numbers, etc.
- First and Last names should only be updated if there is a misspelling or legal name change. If the contact is a completely different person, REMOVE the contact you no longer wish to have listed and ADD the new one.

[Remove](#)

- Should be used to remove one of the contacts listed currently.
- You will not see the change right away, but the contact will be removed once the office completes the review of your submitted information.

[Add](#)

- Should be used to add a contact if the person is not already listed.

To UPDATE a contact:

1. Click on the person's Emergency Priority number.

The following are the contacts currently listed for your child. THREE active contacts are required. This does not include any who are marked for removal. You will not be able to submit this form unless three are listed.

** To ADD a new contact, click on the Add button at the bottom right.

** To UPDATE or REMOVE a contact, click on the emergency priority number next to the person's name.

	Emer Pri			Phone 01	Phone 02	Phone 03	Primary Email	Alternate Email	Lives With	Pick up	Receive Email	Receives Grades
☐	1			978-694-6071	978-694-6071	978-694-6071	trish.volpe@wpsk12.com		Y	Y	Y	Y
☐	2				978-694-6071		trish.volpe@wpsk12.com		Y	Y	Y	Y
☐	3	Doe	John						N	Y	N	N
☐	4	Call	Second Auto				trish.volpe@yahoo.com		N	N	N	N

Add

2. DO NOT CHANGE THE FIRST OR LAST NAME EXCEPT IN CASES OF A LEGAL NAME CHANGE. If the contact should be a different priority number, select the new one from the dropdown. If he/she should not be listed at all, use the DELETE option instead.

Generic Form Child Data - Google Chrome

https://ma-wilmington.myfollett.com/aspen/workflowChildDetail.do?prefix=GFC&context=contactVerification.contactPopupNew&readOnly=false&childId=

☐ Request to DELETE this contact

Contact Details

Important: A contact's FIRST or LAST NAME should only be changed if it is spelled incorrectly or when there has been a legal name change. If the person should no longer appear at all, check the "Request to Delete" box above. If he or she should just be a different emergency priority number, that should be adjusted via the Emergency Priority dropdown below.

First Name	Mary		Last Name	Doe
Emergency Priority	1 ▼		Relationship	Mother ▼

1
2
3
4

Lives With Student	☑	Can Receive Email	☑	Can Receive Conduct Mailings	☐	Can Receive Other Mailings	☐
Legal Guardian	☑	Can Pick Up Student	☑	Can Receive Grade Mailings	☑		

Phone Numbers

Phone 1	978-694-6071	Phone 1 Ext		Phone 1 Type	Home ▼
Phone 2	978-694-6071	Phone 2 Ext		Phone 2 Type	Mobile ▼
Phone 3	978-694-6071	Phone 3 Ext	105	Phone 3 Type	Work ▼
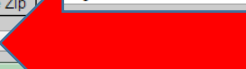
Address and Email (only needed for those receiving mailings)

Address	22 Carter Lane		Primary Email	trish.volpe@wpsk12.com
Apt			Alternate Email	
City, State Zip	Wilmington, MA 01887			

OK   Cancel

3. For all other changes, click into the box on the fields you want to update and make the required changes. Click on OK when you have made all of the desired changes for the contact. *Note: This does NOT submit the change. You need to finish reviewing emergency card and click on Finish to submit any changes.*

To REMOVE a contact completely:

1. Click on the person's Emergency Priority number.

2. Check the box next to "Request to DELETE this contact" then click on OK.

3. The contact will remain listed, but will be removed after the form has been submitted and the office review is complete.

To add a new contact:

1. Click on the Add button under the contact list.

2. The top section with **First Name**, **Last Name**, **Emergency Priority** and **Relationship** (shown with a green rectangle in the screenshot below) should be filled out for all contacts. Non-parent/guardian contacts should keep an emergency priority 3.

3. **Phone 1** and whether the contact **Can Pick Up Student** should also be updated for all contacts.

4. It is best to fill out as much of the other information as possible for parent/guardians. If the contact is not a parent/guardian the other checkboxes and address/email fields can remain blank. Click on OK once the person's information has been entered.

5. The person will now appear in the contact summary list. *Note: the contact changes will be submitted upon completion of the form. Make sure to finish reviewing and click on the Finish button to submit the change.*

The following are the contacts currently listed for your child. THREE active contacts are required. This does not include any who are marked for removal. You will not be able to submit this form unless three are listed.

** To ADD a new contact, click on the Add button at the bottom right.

** To UPDATE or REMOVE a contact, click on the emergency priority number next to the person's name.

	Emer Pri	Updated	Last Name	First Name	Phone 01	Phone 02	Phone 03	Primary Email	Alternate Email	Lives With	Pick up	Receive Email	Receives Grades
☐	1		Doe	Mary	978-694-6071	978-694-6071	978-694-6071	trish.volpe@wpsk12.com		Y	Y	Y	Y
☐	2		Doe	John	978-694-6071			trish.volpe@wpsk12.com		Y	Y	Y	Y
☐	3		Doe	John						N	Y	N	N
☐	4		Call	Second Auto				trish.volpe@yahoo.com		N	N	N	N
☐	3		Neighbor	My						N	Y	N	N

Medical Information

1. Scroll down to the section for Medical Information.

Medical Information

Please review your child's medical information below and update if necessary. Fields marked with an * are required to be filled in. If you do not have a physician, dentist, or insurance provider, please type or select "None". The "Insurance Provider" field requires that you choose one of the options in the dropdown list. If you select "Other", make sure to type your provider name in the space provided.

Doctor Information

Physician Name*	None	Physician Phone Number	XXX-XXXX
Dentist Name*	My Dentist	Dentist Phone Number	978-694-6071

*Insurance**

Insurance Provider*	Other, please specify ∨	If "Other" was selected, please type your provider name. Otherwise, leave blank.	My Insurance Provider
Policy Number	XXX-XXXX		

Health Information

Health Conditions	I am explaining my child's health conditions here.	Allergies (food, insects, medicine, environment)	My child is allergic to bee stings.

Medications

My child is taking medication(s) at home or school.*	No ∨	My child has an EPI-PEN.*	Yes ∨

Medication Name 1	Med 1	Dose/Frequency 1	Dose	Medication Name 2	Med 2	Dose/Frequency 2	Dose
Medication Name 3	Med 3	Dose/Frequency 3	Dose	Medication Name 4	Med 4	Dose/Frequency 4	Dose
Medication Name 5	Med 5	Dose/Frequency 5	Dose	Medication Name 6	Med 6	Dose/Frequency 6	Dose

At the discretion of the school nurse, my child may receive the following over-the-counter medications that have been approved by our school physician. Please uncheck any that you do NOT wish to authorize.

Acetaminophen/Tylenol	☐	Alcohol-based Hand Sanitizer (contains 60% or higher)	☐	Antacids/Tums (Calcium Carbonate)	☑
Bacitracin/Triple Antibiotic Ointment	☑	Bactine (contains Benzalkonium and Lidocaine HCL 2.5%)	☑	Caladryl Lotion	☑
Cough Drops	☑	Diphenhydramine (Benadryl) - use with caution due to side effects	☑	Hydrocortisone Cream 1%	☑
Ibuprofen	☐				

School Health Records/Emergency Transportation

I understand that my child's health information is confidential. However, federal law permits information in the school health record to be shared with school officials on a "need to know" basis and with a very limited number of other persons, including those who could help in an emergency. In case of accident, illness or other emergency, the school will try to locate immediately the parent or person responsible for the child. There may be times when a parent or guardian must dismiss their child via taxi and provide fare for his/her return home. In case of emergency, the school will attempt to contact parent/guardian in the event your child requires emergency transportation.

IMPORTANT HEALTH INSURANCE INFORMATION
The Commonwealth of Massachusetts requires all residents to have health insurance. If you have no health insurance, there are plans available that will provide uninsured children with affordable health care (restrictions may apply). For more information, please visit www.mahealthconnector.org   or contact the school nurse. All communications will be kept confidential.

Massachusetts State Law under chapter 11C requires the Town of Wilmington Ambulance Service to transport patients to the appropriate Health Care Facility within its regular operating area.

If a parent/guardian wishes his/her child go to a hospital beyond the local area, he/she must then arrange for a private ambulance.

2. Physician Name and Dentist Name are required field. If you do not currently have one, enter "None".

Doctor Information

Physician Name*	My Doctor
Dentist Name*	My Dentist

3. Insurance Provider is also required. Choose an option from the dropdown. If you select "Other", enter the provider in the space provided.

*Insurance**

Insurance Provider*	Other, please specify ▼	If "Other" was selected, please type your provider name. Otherwise, leave blank.	My Insurance Provider
Policy Number	XXX-XXXX		

4. Review/enter the rest of the information by clicking into the cells, selecting values from the dropdown menus or checking the boxes where applicable. A Yes or No value is required to indicate whether your child is taking medication at home and if he or she has an EPI-PEN.

Health Information

| Health Conditions | I am explaining my child's health conditions here. | Allergies (food, insects, medicine, environment) | My child is allergic to bee stings. |

Medications

| My child is taking medication(s) at home or school.* | No | My child has an EPI-PEN.* | Yes |

Medication Name 1	Med 1	Dose/Frequency 1	Dose	Medication Name 2	Med 2	Dose/Frequency 2	Dose
Medication Name 3	Med 3	Dose/Frequency 3	Dose	Medication Name 4	Med 4	Dose/Frequency 4	Dose
Medication Name 5	Med 5	Dose/Frequency 5	Dose	Medication Name 6	Med 6	Dose/Frequency 6	Dose

At the discretion of the school nurse, my child may receive the following over-the-counter medications that have been approved by our school physician. Please uncheck any that you do NOT wish to authorize.

Acetaminophen/Tylenol	☐	Alcohol-based Hand Sanitizer (contains 60% or higher)	☐	Antacids/Tums (Calcium Carbonate)	☑
Bacitracin/Triple Antibiotic Ointment	☑	Bactine (contains Benzalkonium and Lidocaine HCL 2.5%)	☑	Caladryl Lotion	☑
Cough Drops	☑	Diphenhydramine (Benadryl) - use with caution due to side effects	☑	Hydrocortisone Cream 1%	☑
Ibuprofen	☐				

5. Review the important health-related notices.

School Health Records/Emergency Transportation

I understand that my child's health information is confidential. However, federal law permits information in the school health record to be shared with school officials on a "need to know" basis and with a very limited number of other persons, including those who could help in an emergency. In case of accident, illness or other emergency, the school will try to locate immediately the parent or person responsible for the child. There may be times when a parent or guardian must dismiss their child via taxi and provide fare for his/her return home. In case of emergency, the school will attempt to contact parent/guardian in the event your child requires emergency transportation.

IMPORTANT HEALTH INSURANCE INFORMATION
The Commonwealth of Massachusetts requires all residents to have health insurance. If you have no health insurance, there are plans available that will provide uninsured children with affordable health care (restrictions may apply). For more information, please visit **www.mahealthconnector.org** or contact the school nurse. All communications will be kept confidential.

Massachusetts State Law under chapter 11C requires the Town of Wilmington Ambulance Service to transport patients to the appropriate Health Care Facility within its regular operating area.

If a parent/guardian wishes his/her child go to a hospital beyond the local area, he/she must then arrange for a private ambulance.

Policy Signoffs

1. Scroll down to the section on Policy Signoffs.

Policy Signoffs

Please review and respond to the statements below. These statements are acknowledgement of Wilmington Public School policies. Completing this form and submitting the data will constitute a digital signature. A "Yes" or "No" value is required for each statement.

Handbook - *Click here for school handbooks*
My child and I have reviewed and familiarized ourselves with the rules and regulations of the Student-Parent Handbook and we understand that we must abide by them as set forth. | Yes |

Acceptable Use Policy (Technology) - *Click here for the Acceptable Use policy*
My child and I agree to the terms and conditions of the Acceptable Use Policy . | Yes |

Use of Video on Buses - *Click here for the Cameras on Buses policy*
I hereby provide my consent for my child to be subject to all behavior and safety requirements for bus transportation promulgated by the Wilmington Public Schools, including but not limited to, photographs or videotapes of my child that may be made in conjunction with maintaining appropriate behavior and safety on the school buses. | Yes |

Privacy Law - *Click here for FERPA* - *Click here for PPRA* - *Click here for MA Law*
I hereby give permission for my child, a student in the Wilmington Public Schools, to have his/her name and photograph released for any newspaper articles or on the Wilmington Public Schools Web Site that reports WPS activities. | Yes |

Social Media - *Click here for WPS Social Media policy*
My child and I agree to the terms and conditions of the Social Media policy. | Yes |

MIIS Fact Sheet - *Click here for the MIIS Fact Sheet*
I have reviewed the MIIS Fact Sheet. | Yes |

Please make sure to review the information about our school lunch program. Details about online payment options as well as the Free and Reduced Lunch application are available on the Food Services page of our school website.

2. A Yes or No value is required for each policy. Read the statement and choose your response in the dropdown menu.

Policy Signoffs

Please review and respond to the statements below. These statements are acknowledgement of Wilmington Public School policies. Completing this form and submitting the data will constitute a digital signature. A "Yes" or "No" value is required for each statement.

Handbook - *Click here for school handbooks*
My child and I have reviewed and familiarized ourselves with the rules and regulations of the Student-Parent Handbook and we understand that we must abide by them as set forth.

[Yes ▾]

Acceptable Use Policy (Technology) - *Click here for the Acceptable Use policy*
My child and I agree to the terms and conditions of the Acceptable Use Policy .

[Yes ▾]

Use of Video on Buses - *Click here for the Cameras on Buses policy*
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[Yes ▾]

Privacy Law - *Click here for FERPA* - *Click here for PPRA* - *Click here for MA Law*
I hereby give permission for my child, a student in the Wilmington Public Schools, to have his/her name and photograph released for any newspaper articles or on the Wilmington Public Schools Web Site that reports WPS activities.

[Yes ▾]

Social Media - *Click here for WPS Social Media policy*
My child and I agree to the terms and conditions of the Social Media policy.

[Yes ▾]

MIIS Fact Sheet - *Click here for the MIIS Fact Sheet*
I have reviewed the MIIS Fact Sheet.

[Yes ▾]
[No]
[Yes]

Please make sure to review the information about our school lunch program. Details about online payment options as well as the Free and Reduced Lunch applica... ...school website.

Submitting the form

1. Make sure you have reviewed/updated all sections. When you are ready, click on the "Next" button at the very bottom of the form window. For some browsers, you may need to scroll to see it.

🔒 https://ma-wilmington.myfollett.com/aspen/initiateWorkflow1.do?validWizard=true

Initiate Workflow: Details   Step 2 of 3

Medication Name 1	Med 1	Dose/Frequency 1	Dose	Medication Name 2	Med 2	Dose/Frequency 2	Dose
Medication Name 3	Med 3	Dose/Frequency 3	Dose	Medication Name 4	Med 4	Dose/Frequency 4	Dose
Medication Name 5	Med 5	Dose/Frequency 5	Dose	Medication Name 6	Med 6	Dose/Frequency 6	Dose

At the discretion of the school nurse, my child may receive the following over-the-counter medications that have been approved by our school physician. Please uncheck any that you do NOT wish to authorize.

Antacids	☑	Bacitracin Ointment	☑	Bactine (contains Benzalkonium and Lidocaine HCL 2.5%)	☑
Diphenhydramine (Benadryl) - use with caution due to side effects	☑	Hydrocortisone Cream/Caladryl Lotion	☑	Ibuprophen	☑
Non-Aspirin (Acetaminophen/Tylenol)	☐				

School Health Records/Emergency Transportation

I understand that my child's health information is confidential. However, federal law permits information in the school health record to be shared with school officials on a "need to know" basis and with a very limited number of other persons, including those who could help in an emergency. In case of accident, illness or other emergency, the school will try to locate immediately the parent or person responsible for the child. There may be times when a parent or guardian must dismiss their child via taxi and provide fare for his/her return home. In case of emergency, the school will attempt to contact parent/guardian in the event your child requires emergency transportation.

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The Commonwealth of Massachusetts requires all residents to have health insurance. If you have no health insurance, there are plans available that will provide uninsured children with affordable health care (restrictions may apply). For more information, please visit www.mahealthconnector.org or contact the school nurse. All communications will be kept confidential.

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If a parent/guardian wishes his/her child go to a hospital beyond the local area, he/she must then arrange for a private ambulance.

Policy Signoffs

Please review and respond to the statements below. These statements are acknowledgement of Wilmington Public School policies. Completing this form and submitting the data will constitute a digital signature. A "Yes" or "No" value is required for each statement. *Click here to review all of our "Back to School" forms, flyers and policies.*

Handbook - *Click here for school handbooks*
My child and I have reviewed and familiarized ourselves with the rules and regulations of the Student-Parent Handbook and we understand that we must abide by them as set forth.

[No ▾]

Acceptable Use Policy (Technology) - *Click here for the Acceptable Use policy*
My child and I agree to the terms and conditions of the Acceptable Use Policy .
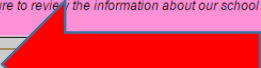
[Yes ▾]

Use of Video on Buses - *Click here for the Cameras on Buses policy*
I hereby provide my consent for my child to be subject to all behavior and safety requirements for bus transportation promulgated by the Wilmington Public Schools, including but not limited to, photographs or videotapes of my child that may be made in conjunction with maintaining appropriate behavior and safety on the school buses.

[Yes ▾]

Privacy Law - *Click here for FERPA* - *Click here for PPRA* - *Click here for MA Law*
I hereby give permission for my child, a student in the Wilmington Public Schools, to have his/her name and photograph released for any newspaper articles or on the Wilmington Public Schools Web Site that reports WPS activities.

[Yes ▾]

Social Media - *Click here for WPS Social Media policy*
My child and I agree to the terms and conditions of the Social Media policy.

[No ▾]

Please make sure to review the information about our school lunch program. Details about online payment options as well as the Free and Reduced Lunch application are available on the Food Services page of our school website.

[< Back] [Next >]   [Finish] [Cancel]

2. If you have an error, the message will reference what needs to be corrected. In this example, an Insurance Provider was not selected and the Social Media policy did not have a response. Go back to that field, enter the requested information and click on Next again.
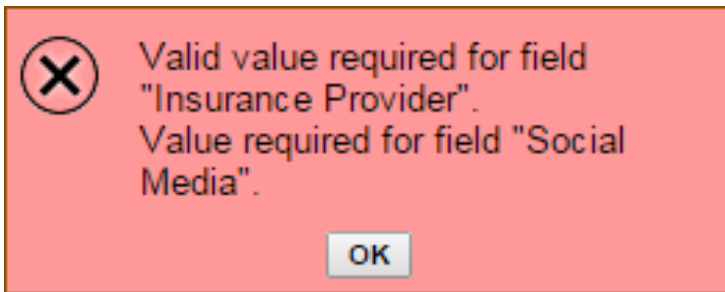

3. Once you are error free, a summary screen will display indicating that you are on step 3 of 3. Click on the "Finish" button to submit.
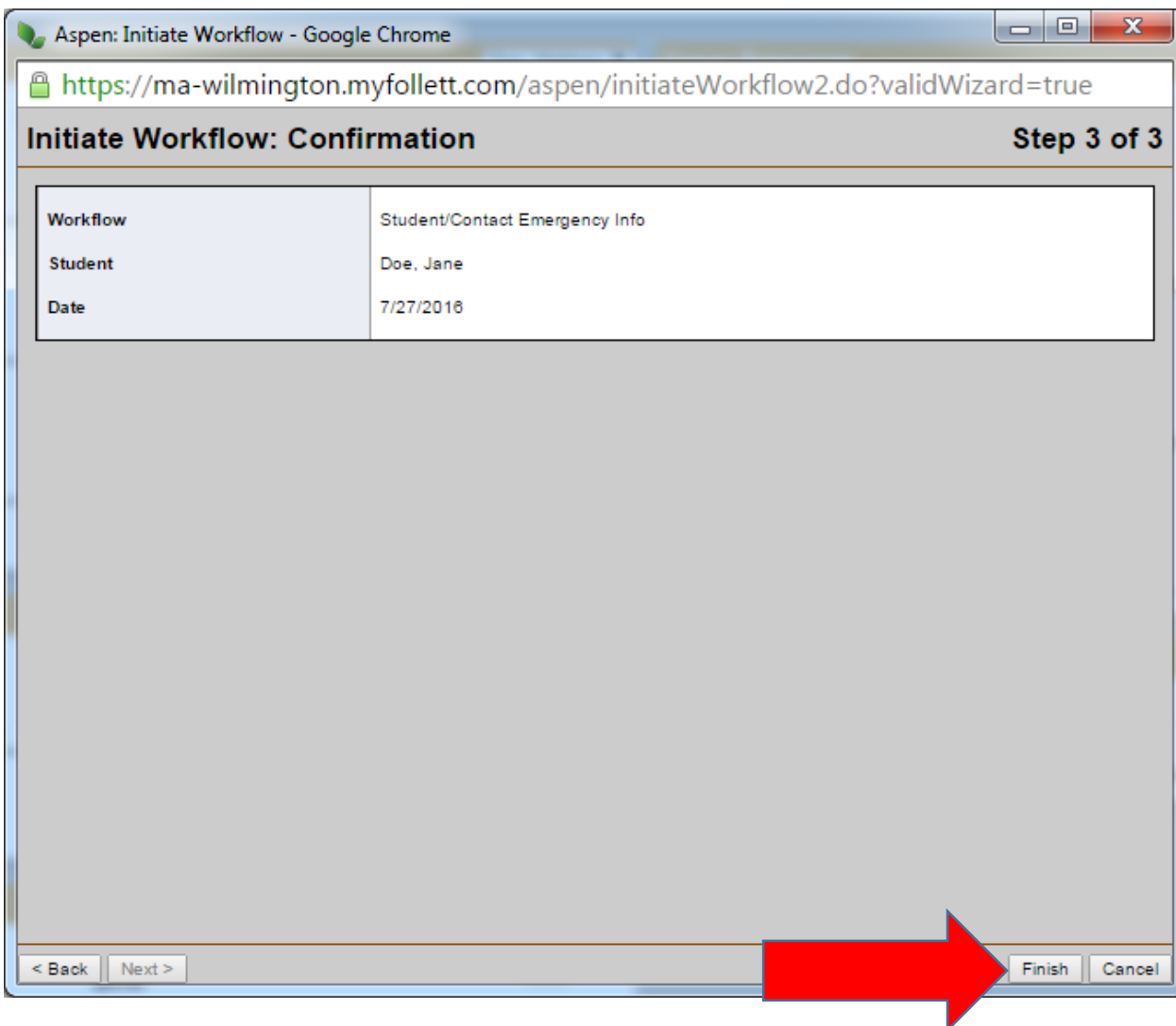

What's next?

- If you start the task again, you will not see the child in your list until the office review is complete.
- If you have another child in the district, you can now repeat the process for him/her.

- On clicking the "Finish" button, the information has been submitted to the Main Office of your child's school. You will receive an email confirming that your information has been received.
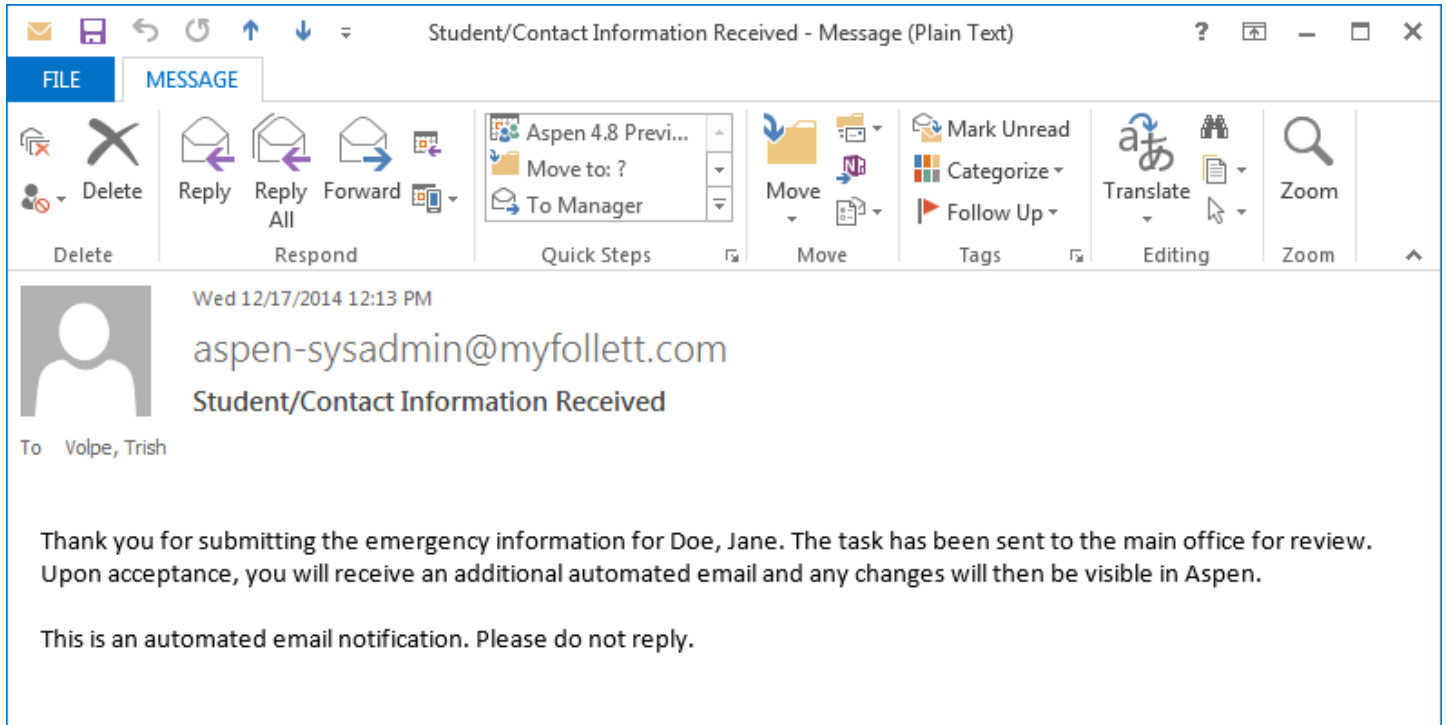
- Once the office has reviewed the information, you will receive an additional email notification that it has been posted.
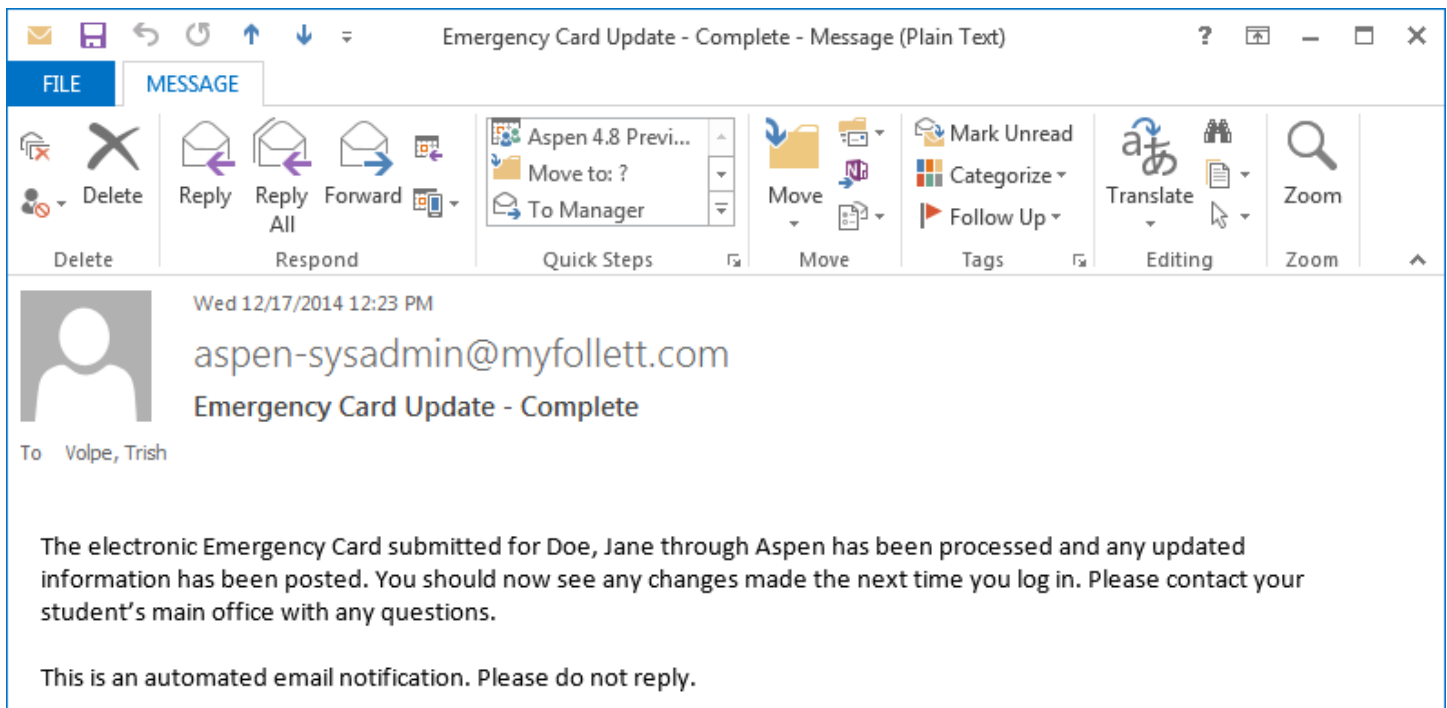
- You can then go to your student's Family to tab, Details side tab to view the changes. Click on the Medical or Policy top tabs to see that information. Contacts are viewable via a separate side tab.