

We are pleased that you have chosen to enroll in Universal School for the current school year. Instructions on how to create your family Gradelink Account and enroll your child(ren) in the school are listed below. If you have any questions, please contact admissions@myuniversalschool.org

### Step 1:

- 1. Click on the following link https://secure.gradelink.com/2013/enrollment
- 2. Enter your email address and create a password. (Note: write down your email and password on a note so that you can easily access GradeLink)

# **Universal School**

Complete Enrollment Create Account	Password Reset	
Welcome to th	he online enrollment site for Universa	I School
If this is your first time I	here, you will need to register using y	our email address
Email Address	admissions@myuniversalschool.org	
Password		
Confirm Password		
	Register	
Is this a Public Computer? Yes No		
Terms of Service         Privacy         Contact         Home           © 2015 Gradelink Corp. All rights reserved. Terms. conditions. features, availability, priving, support and service options subject to change to the service options.         Contact options         Contact options <thcontact options<="" th="">         Contact options         <thc< th=""><th>without notice.</th><th>(C)</th></thc<></thcontact>	without notice.	(C)

### Step 2:

- 1. Sign in to your email and check for a confirmation email from Registration. If you did not receive an email, please refresh the page or make sure you have entered the correct email address on Gradelink
- 2. Click on the blue box that says "Click here to confirm your account"



#### Step 3:

- 1. Once you have clicked the blue box you will be directed back to GradeLink
- 2. Enter the password you have previously created and click "Continue"

# **Universal School**

Confirm Account	
Discount	
Please ente	er your password to establish your account
Password	
	Continue
Is this a Public Computer? Yes No	
Terms of Service Privacy Contact Home	
© 2015 Gradelink Corp. All rights reserved. Terms, conditions, features, availability, pricing, support and service options subject to change	without notice.

Step 4:

- 1. Once you have confirmed your registration, you will be directed to the "Complete Enrollment" tab
- 2. Enter your email address and password
- 3. Click "Login"

# **Universal School**

Complete Enrollment	Password Reset		
lf yo	ur account has been cr	reated, you can login here to start nev	v student applications
		i continue a previously started applic	auon
	School	Universal School	
	Email Address	admissions@myuniversalschool.org	
	Password		Show Pass
		Login	
Is this a Public Computer?	Yes No		
Terms of Service Privacy Co © 2015 Gradelink Corp. All rights reserved. Terms, conditions, features, availability, pricing, sup	pontact Home	without notice.	G

## Step 5:

- 1. Click on continue to get to the Student tab (on the left-hand side)
- 2. Enter all necessary information
  - a. If your child does not have a cellphone or email, select "none"
  - b. If your child does not have a nickname, leave it blank
  - c. Select your child's ethnicity or check off "decline response"
  - d. Enter your child's mailing address
- 3. Click on Continue

arent 1	First / Given Name	Mistella Last / Escultur		
arent 1		Middle Last / Family N	Name Suffix	
	Universal	Admissions	~	
arent 2	Birth Date Sex	Entering Grade/Program	Primary Tel/Cell	
abaala	9/1/2021 Femal	le 🗸 Kindergarten 🗸	(123) 456-7890	
choois	Student Cell Phone E	Email or 🗹 none	Student Nickname	
amily				
ontacts	Who recommended us	s?		
ledical	N/A			
ttachments	Ethnicity: (Select a	all that apply - one is required) ino 🗹 Filipino 🗹 Middle Easte	Decline responses	s
ubmit	American India	n or Alaska Native 🗹 Black or .	African American	
	Native Hawaiia	n or Other Pacific Islander	Asian 🗹 White	
	Mailing / Home Add	iress		
	Address 1957 Gen	esee Street		
	City Buffalo	State / New Y	ork	



- 1. Enter all necessary information
  - a. If Mother/Guardian does not have a cellphone or work phone or email, select "**none**"
  - b. If Mother/Guardian 1 is unemployed, write "N/A" and select "none" for the employer
  - c. Select education level and check off the communication
- 2. Click "Continue"

udent 1 Add	d Student				
Start	Parent 1 - M	lother	/ Guardian	1	
Student	Check h	ere if Mother / G	uardian not applicable	(e.g. single parent)	
Parent 1	First Name	Middle	Last Name	Suffix	
Parant 2	ABC	D	EF	~	
Parent 2	Primary Tel/Cell *	Cell or 🗌 none	Work or 🗹 none		
Schools	(123) 456-7890	(987) 654-3210			
Family	Email or 🗌 none		Occupation		
Contacts	abcdef@gmail.com	ı	N/A		
	Employer or 🗹 non	e	Employer Address		
Medical					
Attachments	Educational Level	Mother / Guardia	an Communication		
Submit	4. Some colleς 💙	Receives Bills, Student lives w	Receives Mail, ith this parent	•	
	⊢ Mailing / Home Ad	dress (if differer	nt from student home)-		
	Address				
	City		State / Province		
	* Primary Phone field is required	1	Country /		
	Please reenter if same as stud	lent or cell.	Back	Continue	

3. Repeat steps for Father/Parent 2 and click "Continue"

udent 1 Add	Student				
Start	Parent 2 - F	ather /	Guardian		_
Student	Check	here if Father / (	Guardian not applicable (	(e.g. single parent)	
Parent 1	First Name	Middle	Last Name	Suffix	
Parent 2	XYZ	Т	UVW	~	
	Primary Tel/Cell *	Cell or 🗌 none	Work or none Exte	ension	
Schools	(123) 456-7890	(101) 202-3030	(716) 555-5555 x 555		
Family	Email or 🗌 none		Occupation		
Contacts	father@gmail.com	n	Teacher		
Modical	Employer or 🗹 no	ne	Employer Address		
Medical			1957 Genesee St. Buffa	alo NY 1	
Attachments	Educational Level	Father / Guardia	an Communication		
Submit	7. Masters De	Receives Bills, Student lives w	Receives Mail, vith this parent		
	⊢ Mailing / Home A	ddress (if differe	nt from student home) —		
	Address				
			State /		U
	City		Province		
	* Primary Phone field is requir	ed.	Country /		
	Please reenter if same as stu	ident or cell.	Back	Continue	J



- 1. Enter all necessary information
  - a. Answer the first two questions
  - b. If you do not know the name of the Principal or Teacher from your child's previous school, enter "N/A"
  - c. List any schools your child has attended before and the contact information
  - d. Answer the last 7 questions. If you answer yes to any of the questions, please explain/describe them in detail. Click on "Continue"

Student 1 A	dd Student							
Start	Prior Schools							
Student	Is this the first time the applicant has attended any school							
Parent 1	Have you requested that a current transcript be sent to our							
Parent 2	school? Yes O No							
Schools	Principal(s) at last school Teacher contact(s) at last school							
	Please write N/A if you don't know Please write N/A if you don't know							
Family	Name of Prior School Address (City, State) Phone Grade(s)/Year(s)							
Contacts	P.S. 01 101 School Road (But (000) 000-0000 1,2,3,4							
Medical								
Attachments								
Submit	Has the applicant ever been suspended? O Yes O No							
	Has the applicant ever been expelled? O Yes No							
	Has the applicant had any encounters with law enforcement or juvenile authorities? O Yes O No							
	Has the applicant received testing/counseling by a psychologist. psychiatrist. or family counselor?							

ident 1 Ad	ld Student	
Start	Prior Schools	
Student		0
Parent 1	Has the applicant ever been expelled?	○ Yes
Parent 2	Has the applicant had any encounters with law enforcement or juvenile authorities?	O Yes   No
amily	Has the applicant received testing/counseling by a psychologist, psychiatrist, or family counselor?	O Yes 💿 No
Contacts	Has the applicant ever been diagnosed or in a program for a learning disability?	○ Yes ● No
Attachments	Has the applicant ever been in a bilingual, ESL or LEP program? If so, please explain or describe:	● Yes O No
Submit	ESL in previous school for 2 years	
	Has the applicant ever been in IEP (Individualized Education Plan) with or without ARD (Admission, Review, and Dismissal)?	O Yes  No
		Back Continue

# Step 8:

- 1. Select all the people that reside with the student and answer the following question by selecting "Yes" or "No"
- 2. If the student has any siblings in grades K-12 that are not enrolled in Universal School, please list their first and last name, date of birth, grade, and the school they currently attend
- 3. Click "Continue"

tudent 1 Ad	d Student				
Start	Family	Informat	ion		
Student	- Student lives	with (check all that a	pply)		
Parent 1	🗹 Father 🗹 N	Aother 🗌 Stepfather	Stepmother	Guardia	n1 🗌 Guardian2
Parent 2	<ul> <li>Other Siblin</li> <li>Are parents div</li> </ul>	ngs orced? 〇 Yes 🧿 No	•		
Schools	-Siblings who	are not enrolling here	e for this year: —		
Family	First Name a	and Last (if not same	) Birth Date	Grade	School
Contacts	Sibling	One	9/11/2014	2 🗸	Different School
edical				~	
ttachmonto				~	
				~	
ıbmit				~	
				~	
				~	
				~	
		Please spe	ecify incoming grad	de levels fo	r Session (2021-2022)
					, , ,
				Back	Continue

### <mark>Step 9:</mark>

- 1. List anyone who is authorized to pick up your child from school in case of an emergency
  - a. Fill in their first and last name, relationship to the student, phone number, address, and check off their authorization.
- 2. If you have any family members whose child also attends Universal School and you authorize your child to be released to them, please select "Yes."
- 3. Click "Continue"

dent 1 Add	Student				
art	Author	ized C	ontact	S	
tudent	If a need arise	s for my child	to be picked up I to call any of t	from school and	d I cannot be reached,
arent 1	First Name	Last Name	Relationship	Phone(s)	Authorizations
arent 2	Older	Cibling	Ciotor	(000) 808 7070	Emergency contact
chools			Sister	(909) 808-7070	OK to pick up
amily	Full Address:	UUU HUUSE St.	Dullalo, NY 140		
ontacte	Aunt Name	Aunt Name	Aunt	(999) 999-9999	Emergency contact,
	Full Address:	888 Apartment	t St. Buffalo, NY		
dical					Check all X Unchec
chments	Full Address:				Emergency contact
omit					✓ OK to pick up
	Full Address:				
	Or may we rel	ease your chil	d to any school	family member?	
	-		-	-	
				Ba	

#### Step 10:

- 1. Fill in your child's doctor's first and last name. If you do not know the doctor's name type in "N/A" or write the name of the doctor's office
- 2. Type in the address and phone number of the doctor's office
- 3. If you do not have your child's dentist's information type in "N/A"
- 4. Enter your child's insurance company
- 5. Insurance policy # may be left blank
- 6. Enter the preferred hospital your child may be taken to if needed
- 7. Select "Yes" or "No" to authorize the school to give your child Tylenol if needed
  - a. If yes, select the preferred strength of the Tylenol
- 8. Select "Yes" or "No" to notify the school of any allergies
  - a. If yes, list all the allergies your child has
- 9. Select "Yes" or "No" to notify the school of any daily medications your child takes
  - a. If yes, list all the medications your child takes
- 10. Click "Continue"

in case of emergency when parents or authorized person hereby grant permission to the school personnel to secul from the doctor below, or if that doctor is unavailable, fro         rent 1       from the doctor below, or if that doctor is unavailable, fro         Medical Contacts       Contact First Name       Last Name         Dools       Doctor:       Doctor's Name       000 D         nily       (038) :       000 D         ntacts       Dentist:       N/A       N/A	s cannot be contacted, i re care for my child m a local medical center. Address and Phone octor's Office, Buffalo, N 583-4739
arent 2     Medical Contacts       Chools     Doctor:       Doctor:     Doctor's Name       Dontacts     000 D       edical     N/A	Address and Phone octor's Office, Buffalo, N 583-4739
Parent 2     Interfact Contacts       Schools     Contact     First Name     Last Name       Doctor:     Doctor's Name     Doctor's Name     000 D       Family     (038)     (038)       Contacts     Medical     N/A     N/A	Address and Phone octor's Office, Buffalo, N 583-4739
Schools     Doctor:     Doctor's Name     Doctor's Name     000 D       Family     (038)       Contacts     Dentist:     N/A     N/A       Medical     V/A	octor's Office, Buffalo, N 583-4739
Family     (038)       Contacts     Dentist:     N/A     N/A       Medical	583-4739
Contacts Dentist: N/A N/A N/A Medical	
Medical	
Attachments Insurance Company: Independent Health	or 🗆 none
Submit Insurance Policy #:	
Hospital Preference: ECMC	or 🗆 none
My child may be given Tylenol:YesIf yes, indicate preferred strength:ChildrerDoes child have any allergies:YesDoes your child regularly take medications?Yes	No I's ○ Junior ○ Adult No No

# Step 11:

1. If you do not wish to attach any files or documents, select "Continue"

Student 1	Add Student		
Start	<b>File</b>	Attachments	
Student			
Parent 1			
Parent 2			
Schools			
Family			
Contacts			
Medical	Enrol	ment Files	
Attachmer	nts	No Graphics or Files Found	
Submit	Upload	File Total: 0.0 MBs	
		· · · · · · · · · · · · · · · · · · ·	
		Back Continue	

### Step 12:

- 1. Enter your initials in the white box
- 2. "Select Submit"

Student 1 Add Student	
Start	Submit
Student	oubilit
Parent 1	If all pages have been completed then please enter your initials and proceed to send this enrollment form using
Parent 2	the Submit button below.
Schools	Feel free to double check the prior pages and to make
Family	any corrections before pressing Submit from this page.
Contacts	Initial here when you are ready to submit your
Attachments	enrollment: US
Submit	
	Back

You have now completed the GradeLink new enrollment application. Thank you for your time and cooperation.