

APPROVED TRANSPORTATION FORM

Note: Up to 20 Contacts may be entered

1. Verify Emergency Contact information. Mother and/or Father information should pre-populate in this field
2. Verify Emergency Contact information. Mother and/or Father information should pre-populate in this field
3. Add additional Emergency Contact information. If not applicable, leave blank
4. Add additional Emergency Contact information. If not applicable, leave blank
5. Click "Save"
6. To access the next form, in the top left corner click

Return to main form

click

Approved Transportation Form.

Please list the names of the individuals approved as Transportation Contacts for this student:

Transportation Contact 1			
First: Janis	1	Last: Doe	Relationship: Mother
Home Phone: 304-242-4242	Cell Phone: 304-555-1222	Work Phone:	
Email: janisdoo@abc.com	Note:		

Transportation Contact 2			
First: Jonathan	2	Last: Doe	Relationship: Father
Home Phone: 304-242-4242	Cell Phone: 304-555-6543	Work Phone:	
Email: jonathandoe@yahoo	Note:		

Transportation Contact 3			
First:	3	Last:	Relationship:
Home Phone:	Cell Phone:	Work Phone:	
Email:	Note:		

Transportation Contact 4			
First:	4	Last:	Relationship:
Home Phone:	Cell Phone:	Work Phone:	
Email:	Note:		

Save 5

GRANDPARENT FORM

Optional

1. Enter person's Name, Birthdate, and Gender
2. If Student's Grandparent, select "Yes"
3. Enter person's contact information
4. Click "Save"
5. To access the next form, in the top left corner

Return to main form

click

Grandparent Form

Demographic Details:

Salutation	First	Middle	Last
Birthdate (mm/dd/yyyy)			
Gender		1	

Grandparent: ☐ Yes ☒ No 2

Contact Information:

Home Phone (xxx-xxx-xxxx)	Cell Phone (xxx-xxx-xxxx)
3	
Email 1	Email 2
Street	City
State	Zip

Save 4

For assistance, please visit us online at tinyurl.com/smpshelp or send an email to jbarack@smpswv.org

To watch a ParentsWeb overview video, visit <https://vimeo.com/126932181>
Password: ParentsWeb

CUSTODIAL PARENT FORM

1. Verify Custodial Parent's Salutation, Name, Birthdate, Marital Status, and Gender
2. Verify Phone Numbers (leave blank if not applicable), Email address, and Home Address
3. Select Denomination & Church. If Church is not listed in the drop-down menu, please enter the information in the space provided
4. Enter Employment Information
5. Select Preference for Gradebook Progress Report auto email delivery: "Never", "Daily", or "Weekly"
6. Select online Parent Directory blocking Preferences: "Yes" "No"
7. Select Parent Alert notification Preferences: "Yes" or "No"
8. Click "Save"
9. To access the next form, in the top left corner click

Return to main form

Custodial Parent Form

Demographic Details

Salutation: First: Middle: Last:

Birthdate (mm/dd/yyyy): Married: Male: 1

Contact Information:

Home Phone (xxx-xxx-xxxx): 2 Cell Phone (xxx-xxx-xxxx):

Email 1: Email 2:

Street: City: State: Zip:

Religious Affiliation:

Catholic: 3 Denomination:

Church:

Church (if unlisted):

Employment Information:

Company: Occupation: Work Phone:

4

Street: City: State: Zip:

Parent Preferences:

Auto Email Gradebook Progress Report: 5

6

Directory: Block Name: Yes * No
 Directory: Block Address: Yes * No
 Directory: Block Email: Yes * No
 Directory: Block Phone (Home): Yes * No
 Directory: Block Cell: Yes * No

7

Parent Alert: Home Phone: Yes * No
 Parent Alert: Cell Phone: Yes * No
 Parent Alert: Work Phone: Yes * No
 Parent Alert: No Text: Yes * No

8

Save

EMERGENCY CONTACT FORM

Note: Up to 20 Contacts may be entered

1. Verify Emergency Contact information. Mother and/or Father information should pre-populate in this field
2. Verify Emergency Contact information. Mother and/or Father information should pre-populate in this field
3. Add additional Emergency Contact information. If not applicable, leave blank
4. Add additional Emergency Contact information. If not applicable, leave blank
5. Click "Save"
6. To access the next form, in the top left corner click

Return to main form

Emergency Contact Form

Please list the names of the individuals approved as Emergency Contacts for this student:

Emergency Contact 1

First: Last: Relationship:

Home Phone: 304-242-4242 Cell Phone: 304-555-1222 Work Phone:

Email: 1 Note:

Emergency Contact 2

First: Last: Relationship:

Home Phone: 304-242-4242 Cell Phone: 304-555-6543 Work Phone:

Email: 2 Note:

Emergency Contact 3

First: Last: Relationship:

Home Phone: Cell Phone: Work Phone:

Email: 3 Note:

Emergency Contact 4

First: Last: Relationship:

Home Phone: Cell Phone: Work Phone:

Email: 4 Note:

5

Save

STUDENT DEMOGRAPHIC FORM

1. Verify student's Name, Birthdate, Gender, & Ethnicity
2. Enter Home Phone. Leave blank if the student does not have a home phone (i.e. parents use cell phones only).
3. Leave Cell Phone blank
4. Do not change Email address
5. Verify Home Address
6. Select Denomination & Church. If Church is not listed in the drop-down menu, please enter the information in the space provided
7. Click "Save"
8. To access the next form, in the top left corner

click

[Return to main form](#)

Demographic Details:

John First	Jacob Middle	Doe Last	Jr. Suffix
Johnny Nickname	01/01/2000 Birthdate (mm/dd/yyyy)	Male Gender	Non-Hispanic Ethnicity

Contact Information:

2 Home Phone (xxx-xxx-xxxx)	3 Cell Phone (xxx-xxx-xxxx)	jdoe17@smpswv.org 4 Email
123 Any Street Street	5 Wheeling City	WV 26003 State Zip

Religious Affiliation:

Catholic Denomination
6
St. Michael Parish Church
Church (if unlisted)

Save 7

STUDENT MEDICAL FORM

1. Verify student's Name
2. Enter student's Doctor, Dentist & Hospital information
3. Select "Yes" for Permission to Treat in order to grant SMPS to seek medical assistance for the student
4. Do not enter Insurance Company, Policy Number, or Group Number
5. Enter Medication(s) (i.e. Insulin, Concerta), Dosage (i.e. 30 mg), and Notes (i.e. twice daily), if applicable. Leave blank if student does not take any medication
6. Enter any Medical Condition(s) (i.e. diabetes, ADHD, anxiety, depression) and Notes, if applicable. Leave blank if student does not have any medical conditions
7. Enter Allergies (i.e. peanut, bee sting, latex) and Notes (i.e. anaphylaxis), if applicable. Leave blank if student does not have any allergies
8. Click "Save"
9. To access the next form, in the top left corner

click

[Return to main form](#)

Student Medical Form

Demographic Details:

John First	Jacob Middle	Doe Last	Jr. Suffix
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Physician and Insurance:

Doctor Doctor Phone Dentist 2 Dentist Phone Preferred Hospital	Ins. Company Policy Number Group Number 4
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Permission to treat 3 Yes No

Medications:

Medication 1	5 Dosage	Note	Yes No Able to self-administer?
Medication 2	Dosage	Note	Yes No Able to self-administer?

Medical Conditions:

Condition 1	Condition 1 Note
Condition 2	Condition 2 Note
Condition 3 6	Condition 3 Note
Condition 4	Condition 4 Note
Condition 5	Condition 5 Note

Allergies:

Allergy 1	Allergy 1 Note
Allergy 2	Allergy 2 Note
Allergy 3	Allergy 3 Note
Allergy 4	Allergy 4 Note
Allergy 5	Allergy 5 Note

Save 8

Note: In order to log in to ParentsWeb, you must first create an account. See instructions below.

1. Go to <https://smp-wv.client.renweb.com/pw/>
2. Enter your Username
3. Enter your Password
4. Click the dot to the left of "Parent"
5. Click "Login"

District Code:
SMP-WW

Username:



Password:

Forgot Username / Password?

Parent Student Staff

Login [Create New ParentsWeb Account](#)

Get the RenWeb Home App

[Learn More](#) about the RenWeb Home app for accessing ParentsWeb information via the convenience of an app!

Create ParentsWeb Account

Note: The email address entered must match the email address associated with your ParentsWeb account. If you encounter any errors, please email our tech support staff at jbarack@smpswv.org.

1. Go to <https://smp-wv.client.renweb.com/pw/>
2. Click "Create New ParentsWeb Account"
3. Enter your email address
4. Click "Create Account". You will receive an email containing a link to establish a Username and Password.

District Code:
SMP-WV

Username:



Password:

[Forgot Username / Password?](#)

Parent Student Staff

Login [Create New ParentsWeb Account](#)

Get the RenWeb Home App

[Learn More](#) about the RenWeb Home app for accessing
ParentsWeb information via the convenience of an app!

ACCESS FORMS

1. On the left sidebar, under "School Information, click "Web Forms".
2. In middle of screen, click "Family Demographic Form"
3. Complete each form listed for each child. Specific instructions for individual forms are found below.

[Home](#)
[About Us](#)
[Contact Us](#)
[Log out](#)

School Information

- [School Home](#)
- [Calendar](#)
- [Directory](#)
- [Classes](#)
- [Resource Documents](#)
- [Web Forms](#)

Web Forms	
Document / Form	
Family Demographic Form	
Excellent Excludes	
John Doe	Student Demographic Form
Jane Doe	Student Demographic Form
Shade of Medical	Student Demographic Form
John Doe	Student Demographic Form
Jane Doe	Student Demographic Form
Custodial Parents	
Parent1 Doe	Custodial Parent Form
Parent2 Doe	Custodial Parent Form
Emergency Contacts	
John Doe	Emergency Contacts
Jane Doe	Emergency Contacts
Insurance/Union	
John Doe	Insurance/Union Form
Jane Doe	Insurance/Union Form
Grandparents	
Add Person	A.M. Grandparents