Go to FerndaleSchools.org and click on the **MISTAR** link at the top of the screen.
Select the **MISTAR Parent Connect** link

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**Dear MISTAR Users,**

Returning Ferndale Schools parents and students will share the same pin and password.

**Your pin and password are valid throughout your Ferndale Schools Enrollment**

Parents and students please keep your pin and password in a safe place. MISTAR pin and password will only be available electronically. A valid email address must be on file with the school district in order to obtain a pin and password electronically.

The district’s student information system, MISTAR, has a feature which allows parents/guardians (and students) to view your student’s information through the internet. You can view grades, attendance, cafeteria use, biographical and contact information.
Input your 8 digit pin and password and log in.
*If you don't know your pin and password for MISTAR Parentconnect click on "Forget Your Password?".
*Enter your parent email address that is on file with the school then your Parentconnect login information will be sent to you.
*Your Parentconnect login will remain the same throughout your student's Ferndale Schools enrollment.
On this screen select **Re-Enrollment**.
Here you will scroll down to **Contact Information**. You can either confirm your contact information is correct or make any updates to your contact information.

**Back-to-School Registration Instructions**

1. Click "Edit My Contact Information" to verify contact information
2. Click "Register Now" for each student to complete online registration
3. You are complete when each section header indicates "Registration Complete"

**Food Service Application**

1. Click to enter an online **Free & Reduced Lunch Application** to be considered for Free and Reduced lunch
2. Click to print a **Free & Reduced Lunch Paper Application** to be considered for Free and Reduced lunch

<table>
<thead>
<tr>
<th>Contact Information</th>
<th>Registration Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Edit My Contact Information</td>
</tr>
<tr>
<td>Email Address:</td>
<td>Cellular Number</td>
</tr>
<tr>
<td>Employer:</td>
<td>Cellular Number</td>
</tr>
<tr>
<td>Occupation:</td>
<td>Work Number</td>
</tr>
<tr>
<td>Education Level:</td>
<td></td>
</tr>
<tr>
<td>Primary Language:</td>
<td></td>
</tr>
<tr>
<td>Telephone Numbers:</td>
<td></td>
</tr>
</tbody>
</table>
On this screen you will be able to update your email and phone information. *Please make sure to keep this record current and accurate* Once you make any changes make sure to press the **submit** button to save. To exit without making changes press the **return** button.

---

### Information Update for

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Suffix</th>
</tr>
</thead>
</table>

**Email Address:**

**Employer:**

**Occupation:**

**Education Level:** <Unset>

<table>
<thead>
<tr>
<th>Primary Language:</th>
<th>Extension</th>
<th>Type</th>
<th>Unlisted Sequence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Telephone Numbers:**

<table>
<thead>
<tr>
<th>Number</th>
<th>Extension</th>
<th>Type</th>
<th>Unlisted Sequence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: Highlighted fields are required. All changes will be flagged as Pending until approved and accepted by appropriate school personnel.*
Once you have reviewed your contact information you will continue to scroll down to the **Student Information** section. Once here you will need to review all the information and if there are any updates you will select the **Register Now** button.
On this screen you will be able to update information as needed including emergency contact information. *Please make sure to keep this record current and accurate* Once you make any changes make sure to press the submit button to save. To exit without making changes press the return button.
Please make sure emergency contact information is up to date!!!
On this screen you will click on the highlighted links which will open the individual forms in a new browser window. Both of these will have to be printed and returned to your child’s school.

Health Information

For Prescription or over the counter medication to be administered during the school day, a signed statement is required to be on file in the school office. Office personnel will dispense medication, which must be in its original container and clearly labeled with the student’s name, the medication name, and the times to be dispensed.

If your child will require medication to be dispensed during school hours:

- Click here to access the **Permission for Prescribed Medicine Form**
- Print this form out, take it to your family physician and have him complete the form
- Visit your child's school office to submit the completed form and medication

A Medical Release Form is required to be on file in the school office in case of an accident or serious illness. Parent/Guardian must return this form to the school office every year.

- Click here to access the **Medical Release Form**
- Print this form out, complete and sign the form
- Visit your child’s school office to submit the completed form

Additional Information Acknowledgement

Initial here
Please fill out and return to your child’s school.

AUTHORIZATION TO ADMINISTER MEDICATION

It is the policy of Ferndale Public Schools to have written authorization for a student taking prescribed medication during the school day. This information will be handled in a confidential manner.

Child's Name - Print ___________________________ Child's Birthdate ___________________________
Address ______________________________________ Phone ___________________________

THIS SECTION MUST BE COMPLETED BY THE STUDENT'S PHYSICIAN OR AUTHORIZED PRESCRIBER

Name of Medication __________________________________________________________
Reason for Medication ________________________________________________________
Start Date ___________ Date Form Received _____________________________
End Date ___________ Form of Medication/Treatment:
☐ Tablet/Capsule ☐ Nebulizer ☐ Other conditions that may require treatment or hospitalization
☐ Inhaler
☐ Injection

Instructions (Schedule and Date to be given at school) ________________________________
Restrictions and/or Important side effects (Please describe) ____________________________
This student is both capable and responsible for self-administering this medication:
☐ Yes, if supervised ☐ Yes, unsupervised (only inhalers may be carried by students) ☐ No

Please indicate if you have provided additional information:
☐ On the back of this form ☐ As an attachment

Special Storage Requirements ____________________________________________
Physician's Name (Please Print) ___________________________ Office Phone ___________________________
Address ___________________________________________________________

Physician's Signature ________________________________________________
Please fill out and return to your child’s school.

MEDICAL TREATMENT RELEASE FORM

Student Name (Please Print)

In case of an accident or serious illness, if the school is unable to contact me, I hereby authorize the school to take my child to the nearest available hospital emergency clinic, physician, neighbor or relative specified by me on this card. We authorize the attending physician and hospital personnel to take action and give treatment they deem advisable for our child’s comfort and well being.

Local Physician’s Name (Please Print) [ ] Business Phone

Check only health problems that apply to this student:

[ ] Allergies requiring treatment
[ ] Asthma
[ ] Bee Sting Allergy
[ ] Peanut Allergy
[ ] Diabetes
[ ] Epilepsy
[ ] Heart Problems
[ ] Hemophilia

Current medications or treatments

Signature of Parent/Guardian

Date

Parent/Guardian must return this form to the school office every year. Please call to report any changes.
Initial on this screen and hit **submit**.

Submit here

**Finalize Back To School Registration**

My initials below confirm the acknowledgements and permissions provided throughout this online registration submission for my student are true and correct to the best of my knowledge and that the school may commence the 2016-17 school year with understanding these responses provide in this online submission.

Back to School Registration Completion Acknowledgement:

When all acknowledgements are completed, click the **Submit** button at the top left of this screen.

*By checking the waiver box below, I hereby choose the option to receive electronic student report cards and progress reports and waive the option to receive hardcopy student report cards or progress reports for my student. I acknowledge that, by checking this waiver box, I accept that the electronic student report cards and progress reports will meet the district’s reporting requirements as specified by the State Education Code. I understand that I have the option to again choose to receive hardcopy student report cards and progress reports by unchecking the waiver box.*

☑ **Report Card Hardcopy Waiver**
After hitting submit you will be taken back to the main screen. Here you will need to check the box and press Confirm and Return.
Once you are returned to the main page you will have the option to fill out the online version of the **Free and Reduced Lunch Application** or you can print the application out and return the completed form to your child’s school.