



- Home
- Sibling Enrollment
- Attendance
- Student Info**
- Busing
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- Login History

**STEP #1  
CLICK HERE**

You have unread messages

Upcoming Events

Wellness Screening Mon Oct 5, 2020

1. In the last 24 hours, have you experienced any of the following symptoms in a way not normal to you?

- Fever or chills
  - Cough
  - Shortness of breath or difficulty breathing
  - Fatigue
  - Muscle or body aches
  - Headache
  - New loss of taste or smell
  - Sore throat
  - Congestion or runny nose
  - Nausea or vomiting
  - Diarrhea
- Yes  No
- Yes  No
- Yes  No

2. In the last 14 days, have you been in close contact with a suspected or confirmed case of COVID-19 or tested positive yourself? ?

- Yes  No
- Yes  No
- Yes  No

Save

- Fri Oct 9, 2020
- Term 1 Ends**
- APA- Draper 2
- Mon Oct 19, 2020
- Term 2/Semester 1 Starts**
- APA- Draper 2



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Student Information

**STEP #2  
CLICK HERE**

Request Changes for

School:

Home:

Call:

**View**  **Family**

Gender:

Age (Birthday):

Language:

Graduation Year:

Other ID:

State Student Number:

**APA- Draper 2**

Grade: 03 Status: Active (Full-time)

Homeroom: 3D

School:

Home:

Call:

**View**  **Family**

Gender:

Age (Birthday):

Language:

Graduation Year:

Other ID:

State Student Number:

**APA- Draper 2**

Grade: 05 Status: Active (Full-time)

Homeroom: 5A



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### Student Information

Request Changes for

**APA- Draper 2**

Grade: 03      Status: Active (Full-time)

Homeroom: 3D

**Erica's Family** ✕

Family with

**FAMILY # IS HERE**

Address       Mailing Address

Primary Phone:

Home Language:

Family ID:

Receive a Paper Copy of Report Card

Guardian	Second Phone	Third Phone	Home Email	Employer	Custodial?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Gender:       Age (Birthday):

Language:       Graduation Year:

Other ID:       State Student Number: