

## REGISTER FOR TESTING

Prior to testing, please register online by following the steps below. **If you're a student under the age of 18, your parent or guardian must complete the registration process and consent to testing.**

**Step 1: Pre-register online here:** [BCHD COVID-19 Testing Registration Link](#). You will need your Student or Staff Identification Number to register.

**Step 2: Check your email for a link to complete your registration.** After completing the pre-registration, you will receive an email to complete the registration process.

**Step 3: Schedule your appointment.** After completing the registration process, you will be prompted to schedule an appointment for the COVID-19 test. **Your appointment confirmation will note your school district and school, but this is NOT the location of the testing site.**

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## DETAILED INSTRUCTIONS FOR REGISTERING:

**Step 1: Pre-register online here:** [BCHD COVID-19 Testing Registration Link](#). You will need your Student or Staff Identification Number to register.

Click "Begin" and follow the prompts to complete the pre-registration process. The pre-registration will ask you for the following information:

- a. Student ID: This is your student or staff identification number.
- b. Site: This refers to the school district you belong to.
- c. Date of Birth, First & Last Name
- d. E-mail Address: If student is under the age of 18, this must be their parent or guardian's email.



### Get tested for COVID-19

To register for testing or to schedule an appointment, please click on the "begin" button below. Within 48 hours of the sample arriving at the lab, you should receive a text and/or email with information on how to access your COVID test result.

To register for testing you will need:

- Student or employee ID number
- Insurance information (if applicable)

If you are already registered and would like to schedule an appointment you will need:

- Your preferred date, time and testing location

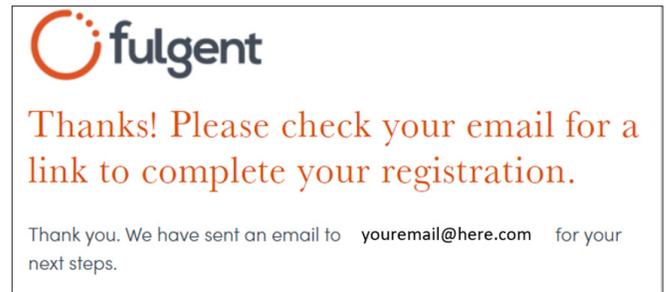
For additional testing resources, please visit the <https://www.cdc.gov/coronavirus/2019-ncov/index.html> and/or <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>.

**BEGIN**

**Step 2. Check your email for a link to complete your registration.** After completing the pre-registration, you will receive an email to complete the registration process. *The link will expire in 3 days so please complete the process ASAP.*

The second step of the registration process will ask you for the following information:

- a. Personal Information
  - Resident Type: Select if you are a Student or Staff.
  - Location: Select which school you belong to.
  - First & Last Name
  - Medical Record: Leave Blank
  - Student ID: This is your student or staff identification number.
  - Date of Birth
- b. Your Address: Zip Code, Street, City, State
- c. Preferred mode of communication: Select SMS (text message), Email, or Both.
- d. Demographics: Sex, Gender Identity, Sexual Orientation, Race, Ethnicity (Response is not required-you can select "prefer not to state")
- e. Consent to Testing: Review the consent for COVID-19 diagnostic testing.
- f. Health Insurance: Enter your Health Insurance information if applicable.
- g. If you do not have health insurance, select "No" and you will be prompted to provide your Driver's License or Social Security number.
- h. Vaccine Information: You can choose to add your vaccine information.



**What is your full name?**

Please enter your full name in the space below.

Resident Type  
Student

Location  
Please select one of the options.

First name  
First name

Last name  
Last name

Medical Record Number (\*Optional)  
#

Student ID (\*Optional)  
Optional

Date of Birth (MM/DD/YYYY)  
M M / D D / Y Y Y Y

**Step 3: Confirm your information & schedule your appointment.** Once you confirm your information, you will be prompted to schedule the COVID-19 test.

Select "yes" and follow the prompts to schedule your appointment.

**Testing Location:** Select the school you belong to. **THIS IS NOT THE TESTING LOCATION.** Testing will take place at Beach Cities Health District.

**Confirm Your Information**

Please review and confirm that the information below is correct by clicking the "Save Modifications" button

Would you like to schedule a COVID-19 test now?



**Testing location**

Please pick a testing location you would like to attend

**MADISON ELEMENTARY SCHOOL**  
514 N Prospect Ave  
Redondo Beach, CA 90277

**ADAMS MIDDLE SCHOOL**  
514 N Prospect Ave  
Redondo Beach, CA 90277

**BERYL HEIGHTS ELEMENTARY SCHOOL**  
514 N Prospect Ave

## Appointment Confirmation

The appointment confirmation will note your school district and school, but this is **NOT** the actual location of the testing site.

Testing will be at **Beach Cities Health District  
514 N. Prospect Ave, Redondo Beach.**

The testing site is located in the former Child Development Center.



Your appointment is confirmed.  
Don't forget to download your  
appointment details.

↓ DOWNLOAD

🖨️ PRINT

Confirmation #

**FSS-APT00000002**

Please remember to bring your ID and your confirmation number to your appointment.

Your appointment details are listed below:

**Redondo Beach School District - Madison**

**Elementary School**

514 N Prospect Ave  
Redondo Beach, CA 90277

**Date:** November 11, 2021

**Time:** 2:00 PM - 2:15 PM