

# Instructions for Accessing Online Registration – NEW to Pelham Schools

**If during the Online Registration process, you need assistance or have a question:**  
Please contact the enrollment official at the local school or email district office at [registrar@pelhamschools.org](mailto:registrar@pelhamschools.org).

**For best performance, access Online Registration using a desktop or laptop computer.**

1. If you are **NEW** to the district or returning from another school district and NONE of your children currently attend Pelham and you are looking to enroll your kindergarten student for the upcoming school year, continue to the next step. **-OR-** If you currently have a child enrolled in Pelham and you are looking to enroll your kindergarten student for the upcoming school year, continue to the next step. ***If you have a child currently enrolled Pelham and are looking to enroll a non-kindergarten student, please contact the enrollment official at [registrar@pelhamschools.org](mailto:registrar@pelhamschools.org).***

Infinite Campus Online Registration


The screenshot shows the 'ONLINE REGISTRATION KIOSK' interface. On the left is a form with fields for: Parent/Guardian First Name, Parent/Guardian Last Name, Date of Birth (MM/DD/YYYY), Registration Year, Email Address, Previously Attended this District, and Application Number. Below these is a CAPTCHA section with the text 'Please type the letters you see displayed in the image below.' and a checkbox labeled 'I'm not a robot'. At the bottom left is a 'Begin Registration' button. On the right, a welcome message reads: 'Welcome to the District's Online Registration Kiosk! Please select whether you are starting a new application or if you are returning to finish an existing application.' Below this message are two buttons: 'Start New Registration' and 'Return to Saved Registration'.

2. Enter the parent/guardian's First Name, Last Name, and the parent/guardian's valid email address. You will have to enter the email address twice. This email address will receive a message with the link to begin the application. ***If you do not provide a valid email address you will not be able to complete the registration/n process.***
3. Indicate whether or not a student you are **currently** registering has attended Pelham in the past. If any student is RETURNING to Pelham from another district, check the box and continue to the next step.

Please complete the information below to BEGIN the registration process.

Parent/Guardian First Name	<input type="text"/>
Parent/Guardian Last Name	<input type="text"/>
Registration Year	<input type="text"/>
Parent/Guardian Email Address	<input type="text"/>
Verify Email Address	<input type="text"/>
Please check this box if any student being entered has attended a school in this district in the past. <input type="checkbox"/>	
Please type the letters you see displayed in the image below.	

☐ I'm not a robot


  
reCAPTCHA  
Privacy - Terms

4. After completing all necessary fields, click “Begin Registration”. You will receive a confirmation page informing you that an email with the link to the application was sent to one you entered. Open your email to view the message. If you do not see it in your inbox check your spam/junk folder.

Thank you for starting the Online Registration process. The email address you entered will receive an email shortly. That email will contain a link that will lead you to the official registration page. Thank you

5. The email message will include a link to the application. Click the link to begin the application.
6. Verify you are the person who is authorized to complete the application and the data you enter in it will be accurate and true to the best of your knowledge. Type your first and last name and then electronically sign on the signature line.

Welcome Penny Example! Please type in your first and last name in the box below.

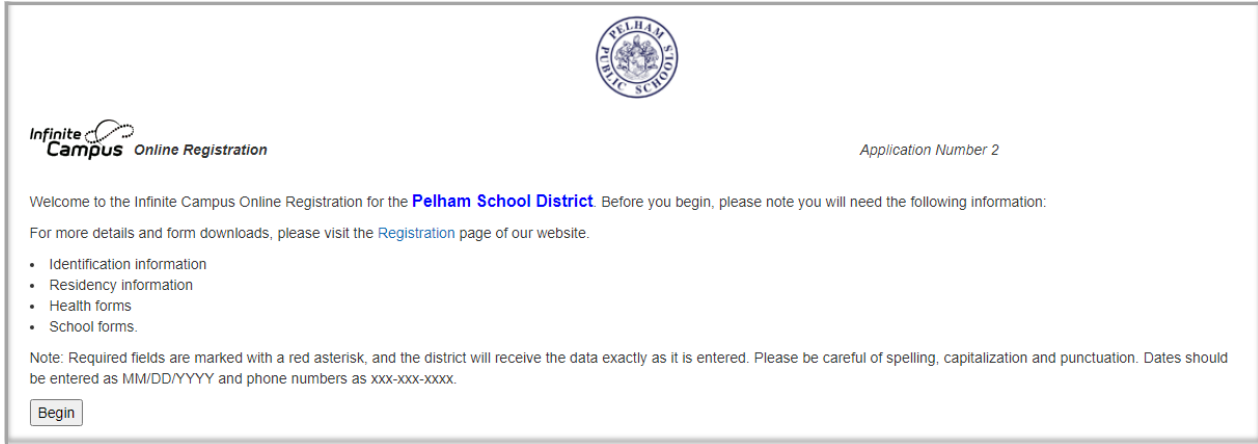
By typing your name into the box below you attest that you are the person authenticated into this application or an authorized user of this account, and the data you are entering/verifying is accurate and true to the best of your knowledge.


Please sign on the line below.

Electronically sign your name here.

Type your First and Last Name here.

7. An instruction page will appear. Read it carefully and follow the instructions.





**Infinite Campus Online Registration**


*Application Number 2*

Welcome to the Infinite Campus Online Registration for the **Pelham School District**. Before you begin, please note you will need the following information:

For more details and form downloads, please visit the [Registration](#) page of our website.

- Identification information
- Residency information
- Health forms
- School forms.

Note: Required fields are marked with a red asterisk, and the district will receive the data exactly as it is entered. Please be careful of spelling, capitalization and punctuation. Dates should be entered as MM/DD/YYYY and phone numbers as xxx-xxx-xxxx.

8. Click “Begin Online Registration/Update” to begin the application. You may need to make the window full screen. Click  in the upper right corner to make it full screen.

9. Make note of the Application Number. You will need this number to:

- a. stop and return to the application at a later date
- b. request assistance regarding the application



**Infinite Campus Online Registration**

*Application Number 2*

**Make note of the Application Number for future reference.**

10. You must complete all of the forms in the order presented. Any field with an \* (red asterisk) is required. You will not be able to move on in the application without completing all required fields. Click “Next” to move to the next pleat.

\* Indicates a required field

▼ Student(s) Primary Household ► Parent/Guardian ► Emergency Contact ► Other Household ► Student ► Completed

▼ Primary Phone

Primary Phone ( ) - - - - -

[For more information click on this link.](#)

Next ►

► Home Address

► Mailing Address

Save/Continue

If you try to click "Next" before filling out required fields, you will see these validation errors. Complete all required fields before clicking "Next"

\* Indicates a required field

▼ Student(s) Primary Household ► Parent/G

\* Not a Minimum allowed \* Not a Minimum allowed \* Not a valid integer \* Minimum 4 characters allowed

Primary Phone ( ) - - - - -

[For more information click on this link.](#)

Next ►

► Home Address

► Mailing Address

Save/Continue

11. On the Residency Verification pleat of the application, you can upload the proof of residency. If you are unable to electronically provide the documents, please contact the enrollment official at the local school or email district office at [registrar@pelhamschools.org](mailto:registrar@pelhamschools.org).

Please upload your Proof of Residency such as your mortgage statement, deed or property tax bill.\*

Upload Proof of Residency

12. Once you have completed a section of the application, it will turn green and have a white checkmark next to it. You may return to the section at any time before submitting the application by clicking on it. Reasons you may want to return to a section:
- Information provided is incorrect and needs to be corrected
  - Documents were not available for upload at the time you completed the section but now you have them to upload

Completed Section Current Section Unavailable Section

✓ Student(s) Primary Household ► ▼ Parent/Guardian ► Emergency Contact

13. The next section is the Parent/Guardian section. Enter your information as the Parent/Guardian first.

The screenshot shows a web form with three tabs at the top: 'Student(s) Primary Household' (green), 'Parent/Guardian' (blue), and 'Emergency Contact' (grey). The 'Parent/Guardian' tab is active. Below the tabs, the text 'Parent/Guardian Name: Parent Example' is displayed. A 'Demographics' section is expanded, showing a list of fields: 'Enter the p', 'First Name', 'Middle Na', 'Last Name', 'Suffix', 'Birth Date', and 'Gender'. A modal dialog box titled 'Add Parent/Guardian Title' is open, containing the text 'Please add any Parent/Guardian including yourself in this area.' and an 'Ok' button.

- a. If you live with the student, click “Next”.
- b. If you do not live with the student, uncheck the “Please check this box if the person lives at the address listed below” checkbox and complete the information for where you live. Click “Next”.

## Lives with Student

✓ Student(s) Primary Household ▶ Parent/Guardian ▶ Emergency Contact

**Parent/Guardian Name: Penny Example**

▼ Demographics

Enter the parent/guardian you wish to enter. Please review and complete the following:

First Name: Penny \*

Middle Name: \*

Last Name: Example \*

Suffix: ▼

Birth Date: 01/01/1981 \*

Gender: Female \*

☒ Please check this box if this person lives at the address listed below.

## Does Not Live with Student

☐ Please check this box if this person lives at the address listed below.

3672 GALTIER Rd.  
Blaine, NY 55449

☐ I will not provide an address for this parent.

Please use the address editor below to enter your address. You will see the formatted postal address below in the viewer. Once your address appears as it should on U.S. Postal Mail, please click "Save". Please do not enter the entire address into the street name field.

**Example:** If you live at 1234 East Sesame Street, 1234 should be entered into the Street Number field, E should be entered into the first N,S,E,W field, Sesame should be entered into the Street Name Only field, and St should be entered in the St,Ave,Bldv,etc. field.

Number: \* Prefix: ▼ Street: \* Tag: ▼ Direction: ▼ Apartment: \*

City: \* State: \* Zip: \* Ext.:

Phone Number: ( ) -

14. Enter Contact Information and Contact Preferences. *At least one phone number is required.* When completed, click "Next".

▼ Contact Information

At least one Phone Number is required.\*

Enter the contact information and how you'd prefer to receive the different types of messages we will send you.

Cell Phone: ( ) - x

Work Phone: ( ) - x

Other Phone: ( ) - x

Email: \*mom@email.com

Has no e-mail: ☐

Secondary Email: \*

Contact Preferences

Emergency High Priority Attendance Behavior General Teacher Private

☒ ☒ ☒ ☒ ☒ ☒ ☐

Description of Contact Preferences

**Emergency** - Marking this checkbox will use this method of contact for emergency messages.

**High Priority** - Marking this checkbox will use this method of contact for messages labeled as High Priority Notification.

**Attendance** - Marking this checkbox will use this method of contact for attendance messages.

**Behavior** - Marking this checkbox will use this method of contact for behavior messages.

**General** - Marking this checkbox will use this method of contact for general school messages, such as those sent by the school or district.

**Teacher** - Marking this checkbox will use this method of contact for teacher-sent messages, including messages regarding failing grades and missing assignments.

**Private** - Mark if number or email should be listed as private.

15. Indicate whether or not you are a Migrant Worker. This information is used for State Reporting. When finished, click "Next".

**▼ Migrant Worker**

Has this person, within the past 36 months, relocated with the intent to obtain seasonal or temporary employment in agriculture, fishing, and dairy or food processing work?

☐ Yes, this individual is a migrant worker  
☒ No, this individual is not a migrant worker  
[For more information click on this link.](#)

[← Previous](#)

[Delete](#) [Cancel](#) [Save/Continue](#)

16. Indicate whether the selected parent is a member of the military. When finished, click “Save/Continue”.

17. If you need to add another Parent/Guardian click the “Add New Parent/Guardian” button and repeat steps 14-16. Once finished with adding Parent/Guardians, click “Save and Continue”.

✓ Student(s) Primary Household ▶ **▼ Parent/Guardian** ▶ Emergency Contact ▶ Other Household ▶ Student ▶ Completed

**Parent/Guardian**

First Name	Last Name	Gender	Completed	
Michele	Custom	F	✓	<a href="#">Edit/Review</a>
Marvin	Custom	M	✓	<a href="#">Edit/Review</a>

Please list all primary Parent/Guardian's in this area.

**Yellow** - Indicates that person is missing required information. Select the highlighted row to continue.

✓ - Indicates that person is completed.

[Add New Parent/Guardian](#)

[Back](#) [Save/Continue](#)

If a parent is missing required information, the parent will be highlighted in yellow. Click the “Edit/Review” button to go into the parent/guardian’s information to add what is required.

Parent/Guardian

First Name	Last Name	Gender	Completed	
Michele	Custom	F	✓	<a href="#">Edit/Review</a>
Marvin	Custom			<a href="#">Edit/Review</a>

Please list all primary Parent/Guardian's in this area.

**Yellow** - Indicates that person is missing required information. Select the highlighted row to continue.

✓ - Indicates that person is completed.

! 'One or more parent/guardian(s) are missing required information. This information must be entered before moving forward.'

18. Click “Add New Emergency Contact” to add the person who is to be contacted in the event a parent/guardian cannot be reached. *Parent/Guardians should not be entered in this section.* Repeat for any additional Emergency Contacts. Click “Save/Continue”.

**Emergency Contact Information**

Please enter Emergency Contacts. Do not enter Parent/Guardian(s) here if already entered in Parent/Guardian section.

Ok

✓ Student(s) Primary Household > ✓ Parent/Guardian > ▼ Emergency Contact > Other Household > Student

Emergency Contact

First Name	Last Name	Gender	Completed
In AN EMERGENCY, if parent/guardian cannot be contacted, please call one of the following Emergency Contacts listed. Proper identification will be required before a student is released to emergency contacts.			
<b>Yellow</b> - Indicates that person is missing required information. Select the highlighted row to continue.			
✓ - Indicates that person is completed.			

[Add New Emergency Contact](#)

[Back](#)

Name and Contact Information are required (at least one phone number).

The Verification pleat is where you indicate where the Emergency Contact lives.

- If the person lives in the household with the student, check the “Please check this box if this person lives at the address listed below” checkbox.



- b. If the person does not live in the household, enter their address in the address fields.

**Verification**

Please enter the address for this emergency contact. This information will only be used to verify the contact doesn't already appear in our system.

☒ Please check this box if this person lives at the address listed below.  
3672 GALTIER Rd.  
Blaine, NY 55449

OR

Address Line 1: 123 Main St  
Address Line 2: Blaine NY 12345

Example  
Address Line 1 - 123 S Main St Apt 4  
Address Line 2 - Schenectady, NY 12345

**Lives with Student** (points to the checked box)

**Does Not Live with Student** (points to the address fields)

19. If children live with the student and are not yet of age to attend school (Ages 0-3 years), please enter their information in the Other Household section. Otherwise, click "Save/Continue". ***This is NOT where you enter the Student's information.***

✓ Student(s) Primary Household → ✓ Parent/Guardian → ✓ Emergency Contact → **Other Household** → Student

**Other Household**

First Name	Last Name	Gender	Completed
Please list all other children of the Primary Household not currently enrolled in school.			
<b>Yellow</b> - Indicates that person is missing required information. Select the highlighted row to continue.			
✓ - Indicates that person is completed.			

**Add New Household Member (Child not currently enrolled)**

**Back** **Save/Continue**

**Younger child who lives with the Student but not old enough to enroll.** (points to the "Add New Household Member" button)

**No younger child lives with the student** (points to the "Save/Continue" button)

*Example Other Household*

✓ Student(s) Primary Household ✓ Parent/Guardian ✓ Emergency Contact ▼ Other Household

**Name: : Little Brother Example**

▼ Demographics

First Name  \*

Middle Name

Last Name  \*

Suffix

Birth Date

Gender  \*

20. Click “Add New Student” to enter the information for the student(s) to be enrolled. You will add students one at a time, completing one student before adding any additional students.

✓ Student(s) Primary Household ✓ Parent/Guardian ✓ Emergency Contact ✓ Other Household ▼ Student Completed

Student

First Name	Last Name	Gender	School	Completed
Please include all new and returning student who are not active in city schools				
Yellow - Indicates that person is missing required information. Select the highlighted row to continue.				
✓ - Indicates that person is completed.				

- Complete the Demographics pleat. Be sure to fill in all required fields. When the Demographics pleat has been completed, click “Next”.

Continue completing the application. Complete all sections with necessary information and when available, upload necessary documents. When documents are uploaded they will appear similar to the image below.

Please upload a copy of immunization records.

OLR immunizations sample.jpg (60 KB)

- Complete the Race/Ethnicity pleat. If the student is Hispanic/Latino, please answer “Yes” to the question. All students must provide a race, regardless of whether they are Hispanic/Latino or not. When the Race/Ethnicity pleat has been completed, click “Next”.

**▼ Race Ethnicity**

Is Hispanic/Latino No ▼ \*

\*Please check all that apply. If not Hispanic, at least one is required.

☐ American Indian or Alaska Native

☒ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

◀ Previous Next ▶

22. Complete the Housing Information pleat. When the Housing pleat has been completed, click “Next”.

**▼ Housing**

☒ Yes, this student is homeless

☐ No, this student is not homeless

\*If yes, please select the option that best represents the student's current housing situation.

☐ Shared Housing

☒ Motel, hotel, trailer park, or camp ground due to lack of alternative accommodation

☐ In emergency or transitional shelter

☐ Awaiting foster care placement

☐ Primary nighttime residence is not ordinarily used as a regular sleeping accommodation

☐ Living in car, park, public space, abandoned building, substandard housing, bus or train station

◀ Previous Next ▶

23. Complete the Student Services pleat. When finished click “Next”.

**▼ Student Services**

Is your child a student with disabilities? Yes ▼

Does your student have a current IEP? ▼ \*

Does your student have a current 504 plan? ▼ \*

◀ Previous Next ▶

24. Complete the Home Language Questionnaire pleat. This information is for Federal and State Reporting.

**▼ Home Language Questionnaire**

In order to provide your child with the best possible education, we need to determine how well they understand, speak, read, and writes in English. Your assistance in answering these questions is greatly appreciated.

Please enter language information for your student below.

Student Language	English ▼
Parent/Guardian Language	English ▼
What was the first language spoken by the student?	English ▼
What is the language most often spoken at home?	English ▼
What is the language most often spoken by the student with friends?	English ▼
Has your child ever received English as a Second Language (ESL/ELL) services?	No ▼

◀ Previous   Next ▶

25. Complete the Tribal Enrollment pleat. When finished click “Next”. This information is for Federal and State Reporting.

**▼ Tribal Enrollment**

☐ Yes, this student has an active enrollment in a United States tribe.

☐ No, this student does not have an active enrollment in a United States tribe.

◀ Previous   Next ▶

26. Define the Relationships the Parents/Guardians have to the student.

- Indicate which parents have guardian rights, who should receive mail, have access to the student’s information via the parent portal, and who should receive messenger messages.
- If a Parent does not live with the student in the Primary household but the student lives with the parent in a secondary household, click the “Secondary Household” button.
- Select the “Contact Sequence”. Whoever should be contacted first should have “1” as the “Contact Sequence”. Sequence numbers must be unique for each person.
- DO NOT SELECT “No Relationship” if the parent/guardian listed has a relationship to the student. This will delete all of the relationship fields for that parent.
- Once finished, click “Next”.

▼ Relationships - Parent/Guardians

At least one person must be marked as 'Guardian'. \*

Name	Relationship*	Guardian	Mailing	Portal	Messenger	Secondary Household	Contact Sequence*	OR	No Relationship
Penny Example	Mother	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		1		<input type="checkbox"/>
Ebenezer Example	Father	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2		<input type="checkbox"/>

Description of Contact Preferences

**Guardian** - Marking this checkbox will flag this person as legal guardian to the student.

**Mailing** - Marking this checkbox will flag this person to receive mailings for the student.

**Portal** - Marking this checkbox will flag this person as a portal account, and this person will be able to view student information within the portal for this student.

**Messenger** - Marking this checkbox will flag this person to receive messages from the District's messenger system.

**Secondary Household** - Marking this checkbox will indicate that the student has a secondary household membership with this person. If the person chose to not provide an address then the student cannot be in a secondary household with that person.

**Contact Sequence** - Adding a sequence number on contacts will prompt district staff to contact these persons in the order that you specify. Parent/Guardians should start with a sequence of 1 and Emergency Contacts should also start at a sequence of 1.

**No Relationship** - Marking this checkbox will indicate that this person does not share a relationship to the student. By checking this checkbox you are indicating that this person no longer has a relationship to the student. The relationship will be ended if one exists.

◀ Previous   Next ▶

27. Define the relationship the Emergency Contact has to the student as well as the contact sequence. Click “Next”.

▼ Relationships - Emergency Contacts

A minimum of (1) Emergency Contacts are required \*

Name	Relationship*	Contact Sequence*	OR	No Relationship
Mabel Example	Grandparent	3		<input type="checkbox"/>

Description of Contact Preferences

**Contact Sequence** - Adding a sequence number on contacts will prompt district staff to contact these persons in the order that you specify. Parent/Guardians should start with a sequence of 1 and Emergency Contacts should also start at a sequence of 1.

**No Relationship** - Marking this checkbox will indicate that this person does not share a relationship to the student. By checking this checkbox you are indicating that this person no longer has a relationship to the student. The relationship will be ended if one exists.

◀ Previous   Next ▶

28. If applicable, define the relationship the Other Household members have with the student.

▼ Relationships - Other Household

Name	Relationship*	OR	No Relationship
Little Example	Sibling		<input type="checkbox"/>

Description of Contact Preferences

**No Relationship** - Marking this checkbox will indicate that this person does not share a relationship to the student. By checking this checkbox you are indicating that this person no longer has a relationship to the student. The relationship will be ended if one exists.

29. Enter Healthcare Provider pleat. Click “Next”.

▼ Healthcare Provider

Please provide the contact information for your child's primary care physician, dentist, specialist and/or orthodontist. If you do not have this information at this time, you may provide it to the school secretary at a later date.

Healthcare Provider Doctor Name

Healthcare Provider Phone Number  (  )  -

◀ Previous   Next ▶

30. When you get through to the Medical Information pleat, answer all of the questions to the best of your ability. Keep in mind, providing as much information about your child will be a tremendous help to our Health Staff in understanding and caring for your child during the school year.

31. Indicate whether the student takes medications or if not, click “No”. If your child takes medications, you will be required to upload a copy of the Medication Form.

32. Complete the Release Agreements pleat.
- Sign your name in the space provided.
  - When finished click “Save/Continue”.

▼ Release Agreements

**Media**

☒ Yes - I give permission for my child to participate in any public or school media publication.

☐ No - I do not consent to the School and/or District's use of my child's photograph, voice and/or name in various media projects.

**Field Trip**

☒ Yes - I give permission for my child to attend school-related field trips.

☐ No - I do not consent for my child to participate in School and/ or District approved field trips.

**Technology**

☒ I agree to the Technology acceptable use policy.

Please sign on the line below

*Penny Example*

Clear

← Previous

33. The student will be listed in the Student section of the application. Repeat steps 21-32 for any other students you wish to enroll. When finished click “Save/Continue”.

✓ Student(s) Primary Household ✓ Parent/Guardian ✓ Emergency Contact ✓ Other Household ▼ Student Completed

Student

First Name	Last Name	Gender	School	Completed
Student	Example	M		✓

[Edit/Review](#)

Please include all new and returning student who are not active in city schools

Yellow - Indicates that person is missing required information. Select the highlighted row to continue.

✓ - Indicates that person is completed.

Add New Student

Back Save/Continue

Enroll another student

Continue to next section (no additional students)

34. **Before clicking Submit**, click the 'Application Summary PDF' to generate a copy of the application. Print or save this copy for your records. **Once the application is submitted you will not have access to make any modifications!**
- a. Review the information for accuracy. If any part of the application is incorrect, click into the section where the information is inaccurate and correct it. You will not have access to correct the information after you click Submit!

✓ Student(s) Primary Household ✓ Parent/Guardian ✓ Emergency Contact ✓ Other Household ✓ Student ▼ Completed

You must submit your application by clicking the following button.

**Submit**

PLEASE NOTE: Prior to submitting your application you may verify all of the data you have entered by going back to the area in question or click on the PDF link below. Your information is not submitted until you click the submit button above. You will receive an email notification that you application was received after clicking submit application.

**Back**

[Application Summary PDF](#)

**REVIEW THIS DOCUMENT FOR ACCURACY BEFORE CLICKING SUBMIT**

Click here to review all of the information provided in the application.

### Online Registration Summary

Page 1 / 2  
Example, Eleanor | 1099

**Modified By:**  
**Modified Date:**  
**Application End Year: 2021**

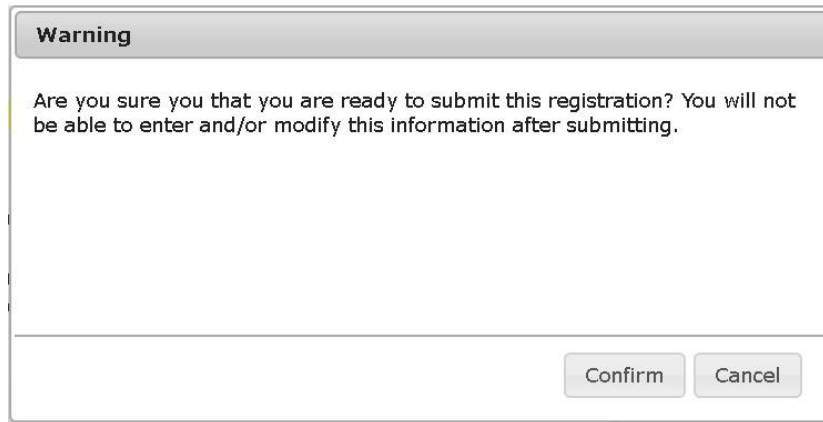
**Application Number: # 1099**  
**Application Created By: Penny Example**

Household		Emergency Contact	
<b>Home Phone</b>	<b>Example , Mabel</b>	<b>Birthdate:</b>	<b>Gender: F</b>
Home Phone: (555)555-5555			<b>Household: Yes</b>
<b>Home Address</b>	<b>Contact Information</b>		
3672 GALTIER Rd. Blaine, NY 55449	Home: (555)554-5544		
Household has no separate Mailing Address	Work:		
	Email:		
<b>Parent/Guardian</b>	<b>Verification Information</b>		
<b>Example , Penny</b>	Address Line 1: Same as student		
<b>Birthdate: 01/01/1981</b>	Address Line 2: Same as student		
<b>Gender: F</b>			
<b>Household: Yes</b>			
<b>Contact Information</b>	<b>Other Household</b>		
Cell: (555)555-5555	<b>Example , Esther</b>		
Work:	<b>Birthdate: 01/01/2019</b>		
Other:	<b>Gender: F</b>		
Email: mmbaker@customonline.com	<b>Household: Yes</b>		
Secondary Email:	No further data for this household member		
	<b>Student</b>		
	<b>Example , Eleanor</b>		
	<b>Gender: F</b>		
	<b>DOB: 01/01/2014</b>		
	<b>Student Number:</b>		
	<b>Demographics</b>		
	Student Cell Number:		
	Student Email:		
	Foreign Exchange: No		
	Enrollment Grade: 02		
	Test field 1 starting literal: No		
	Test field 2 starting literal:		
	<b>Race Ethnicity</b>		
	Asian		
	Is Hispanic/Latino: No		
	<b>Language Information</b>		
	Language most often spoken at home: English		
	Student language: Spanish		
	Parent/Guardian language: Spanish		
	First language spoken by student: Spanish		

35. Click Submit to submit the application. A warning pop up will appear informing you that you will not have access to the application once you click submit. Click "Confirm" to submit or "Cancel" to go back into the application. **Once the application is submitted you will not have access to make any modifications!**

✓ Student(s) Primary Household ✓ Parent/Guardian ✓ Emergency Contact ✓ Other Household ✓ Student ▼ Completed





36. **WAIT FOR THE CONFIRMATION SCREEN!** If you do not wait for the confirmation screen before closing the browser window your application may not submit and will not be processed. You must see the screen below before you close the browser window.



37. You will receive an email indicating the application has been submitted. If you do not receive this email, check your junk/spam folder. *If it is not in the junk/spam folder, please contact the enrollment official at the local school or email district office at [registrar@pelhamschools.org](mailto:registrar@pelhamschools.org)*

**The school will be in touch if any additional information or documentation is required.**

#### **Need Assistance? Have a Question?**

Please contact the enrollment official *at the local school or email district office at [registrar@pelhamschools.org](mailto:registrar@pelhamschools.org)* Have your Application (Confirmation) Number ready.

#### **Saving and Returning to an Application:**

1. If you cannot complete the application all at one time, click "Save/Continue". This will save where you are currently in the application.

2. To access the application again, click the link the original email.
3. When you return to the application, it will highlight where you left off for you to go back in to complete the missing required information. Click the appropriate area and click “Edit/Review”

The screenshot displays the Infinite Campus Online Registration interface. At the top, the application number is 1099. A progress bar shows the following steps: Student(s) Primary Household, Parent/Guardian, Emergency Contact, Other Household, Student, and Completed. The 'Student' step is currently active and highlighted in blue.

The main form area is titled 'Student Name: Eleanor Example'. It contains several sections: Demographics, Race Ethnicity, Language Information, Housing, Transportation Information, Previous Schools, Student Services, Relationships - Parent/Guardians, Relationships - Emergency Contacts, Relationships - Other Household, Health Services - Emergency Information, Health Services - Medical or Mental Health Conditions, Health Services - Medications, and Release Agreements. The 'Save/Continue' button is highlighted in red.

A warning dialog box is displayed in the center, stating: 'Warning: You must view all forms for this person before saving.' The 'Confirm' button is highlighted in red.

Below the warning dialog, the 'Student' section is visible. It contains a table with the following columns: First Name, Last Name, Gender, School, and Completed. The table has one row with the following data: Eleanor, Example, F, [blank], and [blank]. The 'Edit/Review' button is highlighted in red.

Below the table, there is a legend: 'Yellow - Indicates that person is missing required information. Select the highlighted row to continue.' and 'Green - Indicates that person is completed.' The 'Add New Student' button is also visible.