

OLR for Parents

New to the District families can access OLR for the first time by using the District or School Website.

Returning families can access OLR through the Parent Portal using the User Name/Password from their school.

Registration

- Click on the Registration Button at the top of the page



- Click on the **New** Student Registration

Infinite Campus Online Registration

English | Español

Please pick your preferred language.

Por favor, elija su idioma preferido.

- Choose Preferred language to complete application

- Choose if starting a New Registration, or returning to an already started Registration

ONLINE REGISTRATION KIOSK

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.

[Start New Registration](#) [Return to Saved Registration](#)

- Fill in Parent Information:

Parent/Guardian First Name	
Parent/Guardian Last Name	
Parent/Guardian Date of Birth (MM/DD/YYYY)	
Registration Year - Choose Current Year 2017-2018 or Next Year 2018-2019	
Email Address	
Did you previously attend this District as a student?	☐

During the online registration process you will be asked to supply the following information in this order:

1. Household information
2. Parent information
3. Non- Parent Emergency contact information
4. Other Household Member Information
5. Student Information: This is where you will supply information for the student being registered for school at this time.

The following records are required to complete a full registration and can be uploaded during this online process or you may bring them to the school at later date: Student Birth Certificate, Immunizations Records, and Proof of Address.

Please click the "I am not a robot" checkbox below and complete the other instructions if prompted.

☐ I'm not a robot

reCAPTCHA
Privacy - Terms

Begin Registration

Begin Registration: HOME INFORMATION

- Enter First/Last name to authorize information to be given
- Enter the Home Phone/Address/PO Box

Infinite Campus Online Registration

English | Español

Welcome, Linda Reed

Type your first and last name below indicating you are authorized to complete this application and the data you are entering/verifying is true and accurate to the best of your knowledge.

* Indicates a required field

▼ Household ▼ Parent ▼ Emergency Contact ▼ Other Household Member ▼ Student ▼

Home Phone: This is the home phone number where the student lives.

Please enter the BEST phone number to contact an adult at your house. If this number should receive text messages, please check the boxes.

Home Phone: (303) 333-3333

Home Address: This is the main location (Primary Household) where the student lives. This is NOT a Post Office Box.

This is NOT a Post Office Box. A PO Box may be entered on the next page.

A new family registration will require proof of residency such as a utility bill or any other official document with your name and address.

For returning families verify the information below. Please update any information that is incorrect and click Next.

Street Number: 7429 Prefix: Street Name: Bryant Tag: St Direction: Apt/Space/Lot/Unit: 1

City: Westminster State: CO Zip: 80031 County: Adams

Click on your address if it appears in box

Your address as entered above

7429 Bryant St
Westminster, CO 80031
Adams

Parent Information: Name/Phone/Supplemental Education Services

HouseholdParentEmergency ContactOther Household Members

Parent Name: Linda Red

Parent/Guardian Information - All legal Parents/Guardians must be entered.

Please enter information for each Parent/Guardian separately. Please review and complete the following:

First NameLinda

Middle Name

Last NameRed

Suffix

Birth Date (for this Parent)01/08/1962

GenderFemale

☒ Uncheck this box if this person does not live at the address listed below.

7429 Bryant St
Westminster, CO 80031

HouseholdParentEmergency ContactOther Household MembersStudentCompleted

Parent Name: Linda Red

Parent/Guardian Information - All legal Parents/Guardians must be entered.

Next

Contact Information: Parent/Guardian

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

Cell Phone(303) 333 - 3333

Work Phone(303) 222 - 2222 x2

Email

☒ No e-mail

Other Phone() - x

Secondary Email

Contact Preferences

Emergency High Priority Attendance Behavior General Private

Contact Preferences

Emergency- used for emergency messages.

High Priority- used for high priority messages.

Attendance- used for attendance messages, such as those sent by the automated attenda

Behavior- used for student behavior messages.

General- used for general school messages.

Private - identifies number as private.

Parent Name: Linda Red

Parent/Guardian Information - All legal Parents/Guardians must be entered.

Contact Information: Parent/Guardian

Eligibility for Supplemental Education Services

If you have moved to this area within the last three years with the intent to work in agriculture, you and your children may be eligible to receive services that include: summer school tuition, books, preparation for college, assistance with the cost of dental and vision services, and information on community resources available to you.
ALL INFORMATION IS CONFIDENTIAL!

For questions or clarification, please contact:

MEP
15701 E. 1st Ave. #217 Aurora, CO 80011
303.340.0864
FAX 303.326.1283

☐ Yes, this individual is a migrant worker

☒ No, this individual is not a migrant worker

How many children under the age of 22 live with you in your household?5

In the past three years, has your family moved to another state, city, school district, and/or county? ☐ Yes ☒ No

If you came with the intent to work in agriculture, please select "Yes". Otherwise, please select "No". ☐ Yes ☒ No

Emergency Contact: Name/Phone

HouseholdParentEmergency ContactOther

Contact Name: Tom Smith

Emergency Contact Information

Enter Non-Parent contact information below.

First NameTom

Middle Name

Last NameSmith

Suffix

Birth Date

GenderMale

Next

HouseholdParentEmergency ContactOther

Contact Name: Tom Smith

Emergency Contact Information

Contact Information:

At least one Phone Number is required.

Enter the contact information for this emergency contact.

Home Phone(303) 999 - 9999

Cell Phone(303) 666 - 6666

Work Phone() - x

Email

PreviousNext

HouseholdParentEmergency ContactOther Household

Contact Name: Tom Smith

Emergency Contact Information

Contact Information:

Verification

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

7429 Bryant St
Westminster, CO 80031

Previous

Other Household Members: Adults and non-school age people that live with the student

Household

Parent

Emergency Contact

Other Household Members

Student

Completed

Name: Joe Faker

Other Household Members

Please include all Adults and non school aged children that live with the student when completing this section. Do not enter the student you are enrolling here, or any Westminster Public Schools students. ALL student information will be added in the next section.

First Name

Middle Name

Last Name

Suffix

Birth Date

Gender

Joe

Faker

Male

Student: Student LEGAL Name/Birthdate/Gender/Grade/1st date entered in school/School Choice

Student Name Sammy Lynn Awesome

Student Information

Please add or verify student information below.

Enter student name **exactly** as it appears on the birth certificate.

Do not include any punctuation in name fields (e.g., _ ~ ^ ' ').

Legal First Name

Legal Middle Name

Legal Last Name

Suffix

Nickname

Student Cell Number

Student Email Address

Sammy

Lynn

Awesome

() -

Gender

Birth Date

Birth Country

Grade Level (Upcoming Enrollment Year)

The date the student first enrolled in any public or non-public US school.

Boundary School: Skyline Vista Elem School

Male

01/01/2010

United States of America

03

08/15/2015

Harris Park Elementary School

Foreign Exchange

Yes, this is a foreign exchange student

No, this is not a foreign exchange student

The Boundary school listed above is listed as your neighborhood school. If you wish to attend this school choose this school from the list below. If this is not the school you wish your child to attend or the system is "Unable to determine" the boundary school. Please pick a school from the list below. All registrations from outside a schools boundary are subject to approval.

Student: Race/Language/Special Services/Title IX a

Student Name Sammy Lynn Awesome

Student Information

Race/Ethnicity

Both Ethnicity and Race must be marked.

Hispanic/Latino Yes

At least one Race MUST be checked below.

American Indian or Alaska Native

Asian

Black or African American

Multiple Race (If this box is selected, please indicate the races from the list above).

White

Language Information

What language did your child speak when they first began to talk?

What language is most often spoken by your student?

What language is most often spoken in the home?

In what language do you prefer to receive communications?

English

English

English

English

Special Services

Does your student have a current IEP?

Does your student have a current 504 plan?

Has your student previously received gifted/talented services?

No

No

Yes

Student Title IXa

This questionnaire is intended to address the McKinney-Vento Homeless Assistance Improvement Act, 42 U.S.C. 11435. All information obtained for this purpose will remain confidential. The answers to this residency information help determine the services a student may be eligible to receive.

Under McKinney-Vento legislation, students living on their own or with friends or relatives who do not have legal guardianship are allowed to enroll in and attend school. Legislation mandates that a school appointed district liaison assist in the enrollment of unaccompanied youth. Please immediately contact the district's Title IX a Liaison to assist with the enrollment process of unaccompanied youth at 720.542.5379 or jskaronea@westminsterpublicschool.org.

Check the box that best describes with whom the student resides:

Legal guardian(s)

Caregiver(s) who are not legal guardian(s) (Examples: friends, relatives, parents of friends, temporary emergency foster care, etc.)

Unaccompanied youth(I live without a legal guardian)

Other

Name of person(s) with whom the student resides:

Linda Red

Where does the student currently live? (Please check only one)

We own or rent our own home or apartment, or our current address is a permanent living situation.

We temporarily live with more than one family or relative in a house, apartment, or mobile home due to loss of housing or economic hardship.

We temporarily live in a motel or hotel due to a loss of housing or economic hardship.

We temporarily live in an emergency/transitional shelter due to a loss of housing or economic hardship.

We temporarily live in a place not designated for ordinary sleeping accommodations (car, park, trailer park or campground without running water/electricity, or substandard housing) due to a loss of housing or economic hardship.

Other

Student: Previous Schools/Parent-Guardian Relationship/Emergency Contact Relationship/Other people in House

Previous Schools

Please enter information regarding this student's prior school.

Enter Last School Attended - If there is no previous school check the box below.

School

Kendrick Lakes

City

Lakewood

State

COLORADO

Country

United States of America

Phone

(303)787 - -8787

☐ No Previous School

☒ I give permission to contact previous school to request school records.

Is your student currently suspended or expelled from another school?

No

Relationships - Parent/Guardians

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

Name

Linda Red

Relationship

Mother

Guardian

☒

Mailing

☒

Portal

☒

Messenger

☒

Secondary Household

☐

Contact Sequence

1

No Relationship

☐

Guardian - This person is legal guardian to the student.

Mailing - This person will receive mailings for the student.

Portal - This person will be able to view student information.

Messenger - This person will receive messages from the District's automated communication system.

Secondary Household - Marking this checkbox will indicate that the student has a secondary household membership with this person

Contact Sequence - For emergency communication, please identify the order in which you want the district to contact parents/guardians and non-parent emergency contacts. (this sequence is shared with the non-parent emergency contacts on the next screen)

No Relationship - Marking this checkbox will indicate that this person does not share a relationship to the student. .

Relationships - Non Parent Emergency Contacts

A minimum of (1) Non Parent Emergency Contacts are required

Name

Tom Smith

Relationship

Emergency Contact

Contact Sequence

2

No Relationship

☐

Contact Sequence - For emergency communication, please identify the order in which you want the district to contact parents/guardians and non-parent emergency contacts (this sequence is shared with the parent/guardian contacts on the previous screen).

No Relationship - Marking this checkbox will indicate that this person does not share a relationship to the student.

Relationships - Other Household

Name

Joe Faker

Relationship

Friend

No Relationship

☐

Description of Contact Preferences

No Relationship - Marking this checkbox will indicate that this person does not share a relationship to the student.

Student: Health

Health Services - Insurance Information

Please provide health insurance information for your student.

Primary Care Provider

Dr Smith

Primary Care Phone

(566)466 - -5555

Insurance/Doctor/Health and Medical Information may be shared with Westminster Public Schools staff on a Need-to-Know basis for the safety and/or educational progress of your student

☒ Yes, this student has Insurance

☐ No, this student does not have Insurance, or the insurance may be "pending"

What type of insurance does this student have?

Private Insurance

I give my permission to share my information with Medicaid/CHIP+ staff, who will use this information to determine if my student may be eligible for Medicaid/CHIP+ and/or to verify current eligibility, or allow Medicaid/CHIP+ staff to contact me with information about the Medicaid/CHIP+ application process.

☒ Yes, I give my permission

☐ No, I do not give my permission

Health Services - Medical Conditions

Student does not have any medical conditions:

Condition

Allergies (Bees/Wasps/Insects)

Comments and Instructions

Remove Condition

Add Condition

Health Services - Medication Information

Please specify what medications your student requires, if none please select the "No medications" checkbox

☐ No medications

Medication

Aspirin

Where Taken

At Home

Medication Type

Daily

Time/Dosage Comments and Instructions

Remove Medication

Add Medication

Over the counter and prescription medication can only be given at school with a completed Medication Permission Form signed forms, Asthma, and Severe Allergy Care Plans are available at the school or can be printed from the District website.

Student: Transportation/Release Agreements

▼ Transportation

Transportation is a privilege for WPS students to be able to travel to and from their school location. Eligibility is per your physical address listed in the school record. By answering the following questions you will know if your student is eligible for a seat on a scheduled route.

Are you interested in using Westminster Public schools Transportation Services this upcoming school year?

☒ Yes

☐ No

Please follow the link below to check your students route information

[Bus route Information](#)

Please review the information regarding the required Z-pass

[Z-pass Information](#)

Did you find the stop and times associated with your address?

☒ Yes, I found my students stop location for our address and school

☐ No, there was no stop information for my students stop location and school

Will your student be using this stop location this coming school year?

☒ Yes, please register my student for the **Required** Zpass

☐ No, I will not be registering my student for transportation services at this time.

If you have any questions Please contact 303.427.1977

▼ Release Agreements

Media

☒ Yes - I consent to the School and/or District's use of my child's photograph, voice and/or name in various media projects.

☐ 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 consent for my child to participate in School and/ or District approved field trips.

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

Technology acceptable use Policy

The Technology Acceptable Use Policy is within the District's Rights and Responsibilities Handbook (see the Web Link to the Rights and Responsibilities Handbook below).

☒ * I acknowledge and understand the Technology acceptable use policy.

Military Contact Consent

Schools must give names, addresses, and telephone numbers to military recruiters

☒ Do not release student contact information to military recruiters.

[Student Rights and Responsibilities Handbook](#)

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▼ Student Attendance Policy

Frequent absences from the regular classroom disrupt the student's education. The Colorade legislature has adopted compulsory attendance laws (COLO.REV.STAT § 22-33-101 et seq.); to ensure regular school attendance for children between six and seventeen years old. These attendance laws place the responsibility of regular attendance on the student and parents. If a student has four unexcused absences from school in any one month or ten unexcused absences during a school year, the student is in violation of the Colorado School Attendance Law and District Policy (JE); therefore, the district may commence disciplinary and/or legal action. If should be noted that the Superintendent and or School Administrator has statutory authority to deem any absences as unexcused.

☒ * I have read and agree to the Student Attendance Policy.

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▼ Student Responsibilities and Rights Code of Conduct

[Click here for Rights and Responsibilities Handbook](#)

Each year we update our Responsibilities and Rights Code of Conduct Handbook. This document is located on our website at Parents are asked to review this handbook with their students prior to entering school. This document may also be reviewed at the administrative offices of any District school or by calling the Westminster Public Schools Educational Services Center at 303-428-3511. Information in the handbook is subject to change as necessary throughout the school year.

☒ * I have reviewed Information on how to access, and will comply with the Responsibilities and Rights Code of Conduct Handbook and I have discussed it with my son or daughter.

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Student: Documents

▼ Document Uploads

If your student is new to the District, you can upload these documents now or bring them in to the school. You will not be able to finalize student enrollment without Proof of Immunization, Birth and Residency

[Some helpful tips on scanning documents: Colorado Department of Education](#)

[CHSAA - Physical Examination and Parent Permit For Athletic Participation](#)

Upload a copy of immunization records.

Upload Immunizations

Upload a recent transcript for this student.

Upload Transcript OR report card

Upload a Birth Certificate.

Upload Birth Certificate

Upload a utility bill to prove residence in the district.

Upload Utility Bill

Upload your students IEP if they are on an Individualized Education Plan

Upload IEP

Upload Student Physical Examination Record

Upload Student Physical