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New Student Registration

Welcome to Round Lake School District 116! If your family is new to the district, or your children are new students in the district, the following registration process allows you to enter all the required information for enrolling your children for success!

To begin, please click on the yellow icon outlined in red below.



The following message and links will appear. Click on the parent portal link to be redirected to the online registration process.

Welcome to Round Lake Area Schools! We are so happy to have you here. If you are a brand new family to RLAS116, you will create an Infinite Campus Parent Portal account. This will allow you to register your student, update your information, see grades, assignments, and more!

If you already have an Infinite Campus Parent Portal from a student already attending RLAS116, please use that account to register your new student!

[ONLINE REGISTRATION INSTRUCTIONS](#) 📄📄📄

[REGISTRO DE ESTUDIANTE NUEVO](#) 📄

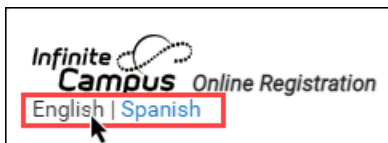
[PARENT PORTAL LINK](#) - This link will take you to the Infinite Campus log-in to create your Parent Portal!

[INFINITE CAMPUS VIDEO](#)



OLR NEW STUDENT REGISTRATION INSTRUCTIONS

1. If you wish to change your preferred language for the registration process, you may click on the English or Spanish options shown below to switch between the two.



2. Enter the following information for the parent/guardian who will be completing the registration process:
 - First Name
 - Last Name
 - Email Address
 - Verify Email Address
3. Answer whether any student being entered has previously attended this district.
4. Enter the characters displayed in the CAPTCHA field.
5. Then, click Begin Registration.

Please complete the information below to BEGIN the registration process.

Registration Year
22-23

Parent/Guardian First Name


Parent/Guardian Last Name

Parent/Guardian Email Address

Verify Email Address

Please check this box if any student being entered has attended a school in this district in the past.

Please type the letters you see displayed in the image below.





OLR NEW STUDENT REGISTRATION INSTRUCTIONS

An email containing a link to the Online Registration portal will then be sent to the provided email address. Please use that link to begin.

NOTE: The email will come from InfiniteCampus NoReply (icnoreply@rlas-116.org) and will be titled *Welcome to Online Registration*.

6. Once you have arrived at the portal, please select your preferred language for the application.
7. Enter your first name & last name for authorization.
8. Then, click Submit.

The screenshot shows the Infinite Campus Online Registration interface. At the top, it says "Infinite Campus Online Registration" with a logo. Below that, there are language options: "English | Spanish". A welcome message reads: "Welcome Jordan Test! Please type in your first and last name in the box below." Below the message is a text input field containing "Jordan Test" and a red asterisk. A blue "Submit" button is positioned below the input field.

9. Review and gather the following information:
 - Household Information – Address, Phone Numbers, Proof of Residency, etc.
 - Parent Information – Work/Cell Phone numbers, email addresses, etc.
 - Student Information – Demographics, Health/Medication Information, etc.
 - Emergency Contact Information – Addresses, and Phone Numbers.

10. When ready, click Begin Registration.

NOTE: Please write down your application number circled in red below for future reference.

The screenshot shows the Infinite Campus Online Registration interface. At the top, it says "Infinite Campus Online Registration" with a logo. Below that, there are language options: "English | Spanish". A welcome message reads: "Welcome to the Infinite Campus Online Registration. Before you begin, please gather the following:" followed by a list of required information: Household information -- address and phone numbers, Parent information -- work and cell phone numbers, email addresses, Student information -- demographic and health/medication information, and Emergency Contact - addresses and phone numbers. Below the list, a note states: "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." At the bottom, there is a message: "If you need assistance, please call 847-270-9018 during business hours or leave a message and a representative will be back in touch with you the next business day." At the bottom left, there is a red-bordered button labeled "Begin Registration". At the top right, the text "Application Number 15664" is circled in red.



Student(s) Primary Household

11. Add a primary phone number.
12. Then, click Next.

▼ **Primary Phone**

Any phone number listed implies consent to be called and or texted using automatic dialing equipment. If you do not want to receive automated calls or texts to phone numbers listed, please contact your child's school office.

Primary Phone
(111) 111 - 1111 *

Next >

13. Enter the house number and first few letters of the street name, and a listing of addresses to select from will appear below. Select your address from the results, and the remaining fields will be filled.

NOTE: If your address does not appear, you will not be able to continue with registration. Contact the Welcome Center as indicated on this screen.

14. Then, click Next.

▼ **Home Address**

*Please verify or add the information below. Please update any information that is incorrect. If your address does not appear in the box, please contact your child's school. If you do not know your child's school, please contact the Welcome Center at 224-842-2065.

Number 1234 * Direction Street Type St. Apartment
City ROUND LAKE * State IL * Zip 60073 * Ext. County LAKE

Clear Address Fields

Click on your address if it appears in box

1234 TEST St., ROUND LAKE, IL 60073 LAKE

You must select an address from the list above.

Your address as entered above
1234 T St.
ROUND LAKE, IL 60073
LAKE

← Previous Next >



OLR NEW STUDENT REGISTRATION INSTRUCTIONS

15. Check the box if the mailing address is the same as the home address.
16. If not, enter the mailing address information as you entered your home address.
17. Then, click Next.

▼ Mailing Address

Please use the address editor below to enter your mailing address if different from your home address. If your address does not appear in the box, contact your child's school. If you do not know your child's school, contact the Welcome Center at 224-842-2065. Please click "Save".

Mailing address is the same as home address

Post Office Box Number * Prefix Street * Tag Direction Apartment

City * State * Zip * Ext. County

Your address as entered above

▼ Payment Options

The Round Lake Area School District #116 recognizes that while the registration fees charged to students are appropriate and authorized, some families are not financially able to pay. In order to provide families an opportunity to pay the fees without causing financial hardship, our District has four (4) options available to help pay for the fees.

Option 1 - Pay in Full

I will pay my child/children's 2022-2023 school registration fees today in full.

Option 2 - Partial Payment

I am able to make a partial payment toward my child/children's 2022-2023 school registration fees today.

Option 3 - Payment Plan

I am unable to pay my child/children's 2022-2023 school registration fees and will contact my child's school to initiate a payment plan.

Option 4 - Pending Fee Waiver

My family currently participates in Medicaid-eligible programs (SNAP/TANF) or I will be seeking a District Fee Waiver Application.

Please select a payment option from the list.

18. Review the different payment options and select the option that best reflects your situation from the drop-down list.



19. If you select Option 4: Pending Fee Waiver, you will be asked to enter your Medicaid Direct Certification number.

- a. If you do not have a Medicaid Direct Certification Number, please use the link to apply for a Fee Waiver application.

*Please turn in the completed application to the Business Office at 884 W Nippersink Rd, Round Lake, IL 60073, or email the form to Diana Aguilar at daguilar@rlas-116.org.

▼ Payment Options

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Option 3 - **Payment Plan**

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Option 4 - **Pending Fee Waiver**

My family currently participates in Medicaid-eligible programs (SNAP/TANF) or I will be seeking a District Fee Waiver Application.

Please select a payment option from the list. Option 4 ▾ *

If available, please enter your Medicaid Direct Certification number:

Fee Waiver Applications will be available on the district's website starting July 1, 2023.

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20.

Then, click Next.



- 21. Review the residency documentation requirements by clicking the link outlined in red.
- 22. Upload your proof of residency documents.
- 23. Then, click Next.

Residency

[Please click here to review the Residency Documentation Requirements.](#)

Please upload a mortgage statement, property tax bill, or lease to prove residence in the district. You can use your phone to take a picture of the document, to upload as proof of residency. Please make sure the entire document is visible in the picture.

Upload Proof of Residency #1

Upload Proof of Residency #2

Upload Proof of Residency #3

Upload Proof of Residency #4

Previous Next

- 24. Identify the number of individuals living the household.
- 25. Then select the annual income option that best represents your yearly income based upon all members within your household.

Home Income Survey

Round Lake Area School District #116 may be eligible for additional state and federal monies and programs such as Title 1 and the continuation of the free breakfast and lunch program for all students. These funding opportunities will benefit your child(ren) and their respective school(s).

The District is required to verify and submit income data from the families of its students. Please indicate on the household income survey listed below which amount best identifies your yearly income based upon all members within your household. This information will be compared to the Illinois National School Lunch Program guidelines.

If you do not complete this survey, the District will be unable to determine eligibility for additional state and federal programs that will benefit your son/daughter and his/her school.

Thank you!

Directions:

1. Identify the number of individuals living in the household. (i.e. one (1) parent & one (1) child = Household Size of two (2); two (2) parents & three (3) children = Household Size of five (5).)

3

2. Once you have identified the household size, select the option that accurately confirms the annual income. (Including all income from Work, Welfare, Child Support, Alimony, Pensions, Retirement, Social Security, Worker's Compensation, Unemployment, etc.)

\$28,549 - \$40,626

Previous

Save/Continue



Parent/Legal Guardian

26. Enter demographic information for the primary guardian.
27. Then, click Next.

Parent/Legal Guardian Name: Walter Test

▼ Demographics

Please enter the primary parent/legal guardian information.

First Name	Walter *
Middle Name	
Last Name	Test *
Suffix	▼
Birth Date	01/01/1980 *
Gender	Male *

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

1234 TEST St.
ROUND LAKE, IL 60073

Next >

28. Enter contact information for the primary guardian.
29. Then, click Save/Continue.

▼ 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	(888) 888 - 8888 *
Work Phone	() - x
Other Phone	() - x
Email	* example@hotmail.com
	<input type="checkbox"/>
Secondary Email	
Please select your preferred language.	Spanish ▼ *

← Previous

Delete Cancel Save/Continue



- 30. Click Add New Parent/Legal Guardian if you wish to add another Parent/Legal Guardian.
- 31. When finished, click Save/Continue.

Parent/Legal Guardian

First Name	Last Name	Gender	Completed	
Walter	Test	M	✓	Edit/Review

Please list all primary Parent/Legal Guardians 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/Legal Guardian](#)

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



Emergency Contact

NOTE: Although emergency contacts are not required, it is recommended to have an additional contact person in addition to the parent/legal guardian(s) in the event you can't be reached. If you wish to continue without the addition of an emergency contact, click Save/Continue.

- 32. Please review and make note of the areas outlined in red below.
- 33. When ready, click Add New Emergency Contact.

Emergency Contact

First Name	Last Name	Gender	Completed
<p>In AN EMERGENCY, if parent/legal 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.</p> <p>Yellow - Indicates that person is missing required information. Select the highlighted row to continue.</p> <p>✓ - Indicates that person is completed.</p> <p>The maximum number of Emergency Contacts is 3</p>			

Add New Emergency Contact

Back **Save/Continue**

- 34. Enter demographic information for the emergency contact - please do not list a parent/guardian as an emergency contact as they will be listed as the primary & secondary contacts.
- 35. Then, click Next.

Contact Name: Charles Test

Demographics

Please complete the following information for each emergency contact for your students. **Please do not list a parent/guardian as an Emergency Contact.**

First Name	Charles *
Middle Name	
Last Name	Test *
Suffix	
Birth Date	05/13/1985
Gender	Male *

Next >



- 36. Enter contact information for the emergency contact.
- 37. Then, click Next.

Contact Information

Enter the contact information for this emergency contact.

At least one Phone Number is required.*

Home Phone	() - -
Cell Phone	(222) 222 - 2222
Work Phone	() - - x
Email	ctest@example.com

◀ Previous Next ▶

- 38. If this person lives at the same address as the household, then click the checkbox.
- 39. If not, enter the emergency contact’s address for verification purposes.
- 40. Then, click Save/Continue.

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.
1234 TEST ST.
ROUND LAKE, IL 60073

Address	555 Example St
City, State Zip	Round Lake, IL 60073

Example
Address - 123 S Main St Apt 4
City, State Zip - Round Lake, IL 60073

◀ Previous

Cancel Save/Continue

- 41. If you wish to add another Emergency Contact (maximum of 3), click Add New Emergency Contact.
- 42. When ready, click Save/Continue.

Emergency Contact

First Name	Last Name	Gender	Completed	
Charles	Test	M	✓	Edit/Review

In AN EMERGENCY, if parent/legal 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.

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

✓ - Indicates that person is completed.

The maximum number of Emergency Contacts is 3

[Add New Emergency Contact](#)

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



Non-Enrolled Household Members

NOTE: Please add household members who are not enrolled as students in the Round Lake Area School District including siblings and other family members who do not attend the district.

43. When ready, click Add New Household Member.

Non-Enrolled Household Members

First Name	Last Name	Gender	Completed
<p>Please add household members who are not enrolled as students in Round Lake Area Schools District 116 including siblings and other family members who do not attend the District.</p>			
<p>Yellow - Indicates that person is missing required information. Select the highlighted row to continue.</p>			
<p>✓ - Indicates that person is completed.</p>			

Add New Household Member

Back Save/Continue

44. Enter demographic information for the household member.

45. Then, click Save/Continue.

Name : Lauren Smith

Demographics

First Name *

Middle Name

Last Name *

Suffix

Birth Date *

Gender *

Cancel Save/Continue



- 46. If you'd like to add another non-enrolled household member, click on Add New Household Member.
- 47. When ready, click Save/Continue.

Non-Enrolled Household Members

First Name	Last Name	Gender	Completed	
Lauren	Smith	F	✓	Edit/Review

Please add household members who are not enrolled as students in Round Lake Area Schools District 116 including siblings and other family members who do not attend the District.

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

✓ - Indicates that person is completed.

[Add New Household Member](#)

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



Student

NOTE: In the next student tabs, you will be asked information regarding the student you are enrolling. You must complete all required information, before continuing on to the next screen. Please include all children who are to be enrolled in the district, rather than create separate applications for each child.

48. Click Add New Student.

Student

Please ensure that all your children that will be attending school are listed. This includes PreK, Kindergarten, Elementary (1-5), Middle School (6-8), and High School students. If you do not see one or more of your students, please contact the Welcome Center at 847-270-9018.

First Name	Last Name	Gender	School	Completed
Please include all students that need to be enrolled.				
Yellow - Indicates that person is missing required information. Select the highlighted row to continue.				
✓ - Indicates that person is completed.				

Add New Student

Back

49. Enter demographic information for the student.

50. Then, click Next.

Student Name: Lauren Test

Demographics

There will be a few steps for each student you enter. The first is general demographic information. Please verify or add the information below; and, update any information that is incorrect. Enter the student's name exactly as it appears on the birth certificate. If your student has two last names, enter both in the box marked "Legal Last Name", without a dash in between.

Legal First Name	Lauren *	Gender	Female *	Enrollment Grade	KG *
Legal Middle Name		Birth Date	05/05/2017 *	Boundary School: Unable to determine boundary school	
Legal Last Name	Test *	Date Entered US School (mm/dd/yyyy)	08/17/2020 *		
Suffix		Do you have internet access in your home?	Yes *		
Nickname					
Mother's Maiden Name	Smith *				
Student Email Address					
Student Cell Number	() - -				
<input type="checkbox"/> Staff may contact student at this number					

Next >



- 51. Enter birth information for the student.
- 52. Upload the student’s birth certificate.
- 53. Then, click Next.

▼ Birth Information

Birth Country *

Birthplace (Please enter as City/State without commas) *

Please upload a Birth Certificate.

If you selected PK (Pre-K) as your student’s enrollment grade on the Demographics pleat, the Pre-K pleat will appear for the collection of additional information. If you did not select PK for your student, please continue on to Step 57.

- 54. Please click the link to the Preschool Screener to begin the preschool screening process. This must be completed prior to completing the remaining pleats. Once the process is complete, you will be notified as to whether your child is eligible for enrollment.
- 55. If you’ve completed the process and were notified that your child is eligible, select Yes from the drop-down list and enter the date you were notified and the additional required information.
 - a. If you selected No, please click the link to complete the process and then return to this application.
- 56. Once finished, click Next.

▼ Pre-K

Please click the following link to the preschool screening page to begin the preschool screening process. Once the preschool screening process is completed, you will be notified as to whether your child is eligible for enrollment.

[Link to Preschool Screener](#)

Did you complete the preschool screening process and were you notified that your child is eligible for enrollment? *

Please enter the date you were notified: *

Please continue with your application by providing the following information.

Registration will only be approved upon the receipt of the following required documents:

- Birth Certificate
- Parent Identification
- Proof of Residency
- Proof of Income

Please enter your annual household income: *

Please list the number of people in your immediate family: *

Please list the number of people living in your household: *

Please check all that apply:

- Is your family receiving TANF?
- Is your family receiving WIC?
- Is your family receiving a Housing Subsidy?

Please select the option from the list that best represents your family structure: *

Is there a custody agreement in place? *

Was your child previously enrolled in an early childhood program? (Please select an option from the list): *

Does your child attend a childcare program? (Please select an option from the list): *

Please check this box if your child has an Individualized Education Plan (IEP).

Please check this box if your child has an Individualized Family Service Plan (IFSP).



OLR NEW STUDENT REGISTRATION INSTRUCTIONS

If you selected KG (Kindergarten) as your student's enrollment grade on the Demographics pleat, the Kindergarten pleat will appear for the collection of additional information. If you did not select KG for your student, please continue on to Step 61 .

57. Select your student's preferred language.

58. Indicate if your student participates in before and/or after school care by checking the box.

59. If you need to request a change to your student's transportation, please use the linked Bus Adjustment Form.

60. If your student attended preschool, please check the box and complete the short survey about their experience. If they did not, then leave the box unchecked and continue to the next pleat.

▼ Kindergarten

All students who attend Kindergarten at Pleviak receive transportation services.

Please select your student's preferred language. *

My child participates in before and/or after school care

If your child participates in before and/or after school care and needs transportation from said location(s), please use the Bus Adjustment Form linked below to request a change to your student's transportation.

**Please turn in completed Bus Adjustment forms to the main office at Pleviak.*

[Bus Adjustment Form](#)

Please fill out the short survey below regarding your child's preschool experience.

My child attended preschool

1. Name of the preschool your child attended. *

2. How many days per week did your child attend preschool? *

3. Did your child attend Whole Day, Half Day preschool or did your child receive at home day care?

Half Day
 Whole Day
 At Home Day Care

◀ Previous Next ▶



- 61. Enter race/ethnicity information for the student.
- 62. Then, click Next.

▼ Race Ethnicity

Every school district is required to report to the Department of Education each year student data by race and ethnicity categories that are set by the federal government. The Department of Education does not report individual student data to the federal government but does report the total number of students in various categories in each school. These reports help us keep track of changes in student enrollments and ensure that all students receive the education programs and services to which they are entitled.

The federal government recently changed the reporting categories for student data. As a result, you have the opportunity to update the student data for your child. With the new reporting categories, you may now identify your child by ethnic group (either Hispanic/Latino or not Hispanic/Latino) and by one or more racial groups (American Indian/Alaska Native, Asian, Black/African-American, Native Hawaiian/Other Pacific Islander, White). Starting with the 2009-2010 school year, all schools began reporting student data to the Department of Education using the new categories.

Is Hispanic/Latino *

*Please check all that apply; at least one is required.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

- 63. Answer the Housing question. If yes, please make a selection from the options that appear.
- 64. Then, click Next.

▼ Housing

Have you experienced an event that has forced you out of your home? The McKinney-Vento Act states that children and youth who lack a "fixed, regular and adequate nighttime residence" will be considered homeless.

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

- 65. Answer the Student Services questions.
- 66. Then, click Next.

▼ Student Services

Does your student have a current Individualized Education Plan (IEP)? *

Does your student have a current 504 plan? *



OLR NEW STUDENT REGISTRATION INSTRUCTIONS

67. Complete the Language Information section.
68. Then, click Next.

Language Information

*Please select language information for your student.

Is a language other than English spoken in your home?	Yes *
Select the other language spoken in your home from the list:	Spanish *
Does your child speak a language other than English?	Yes *
Select the other language spoken by your child from the list:	Spanish *
Type your name to confirm your understanding of the above	Walter Test *
Enter today's date	02/04/2022 *

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69. Complete the Military Connected Families section.
70. Then, click Next.

Military Connected Families

Check the box if student is connected to a CURRENT active duty military parent/legal guardian. Pursuant to Public Act 97-505, school districts must now report the enrollment information concerning parents' or legal guardians' military service data to the Illinois State Board of Education. Your participation will help schools get U.S. Department of Defense assistance for children struggling with their parent's or legal guardian's military deployment. This information will help identify Illinois military families.

Parent/Legal Guardian in Military?

Yes, one or both guardians are members of the military.

No, neither guardians are members of the military.

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71. Enter information about your child's previous school.
72. Answer whether your student is currently suspended or expelled from another school. If yes, please explain.
73. Then, click Next.

Previous School

Please enter information regarding this student's prior school.

Last Year	
School	Wallace Elementary
City	Sierra Vista
State	ARIZONA
Country	United States of America
Phone	(999) 999 -9999

Is your student currently suspended or expelled from another school? Yes *

If Yes, please explain:

◀ Previous Next ▶



OLR NEW STUDENT REGISTRATION INSTRUCTIONS

74. Enter parent/legal guardian relationship information.
75. Then, click Next.

NOTE: Please make note of the highlighted text.

Relationships - Parent/Legal Guardians

Legal documentation is required for a guardian that is not listed on the student's birth certificate.

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

Name	Relationship to Student*	Guardian	Mailing	Portal	Messenger	Secondary Household	Unique Contact Sequence*	Remove
Walter Test	LEGAL GUARDIAN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		1	<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
Unique 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.
Remove - 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

76. Enter emergency contact relationship information.
77. Then, click Next.

NOTE: Please make note of the highlighted text.

Relationships - Emergency Contacts

Name	Relationship to Student*	Contact Sequence begin with 3*	Remove
Charles Test	RELATIVE	3	<input type="checkbox"/>

Description of Contact Preferences

Contact Sequence begin with 3 - 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.
Remove - 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.

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OLR NEW STUDENT REGISTRATION INSTRUCTIONS

78. Enter other household member relationship information.

79. Then, click **Next**.

NOTE: Please make note of the highlighted text.

Relationships - Other Household

Name Lauren Smith	Relationship to Student* RELATIVE	No Relationship <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.

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80. If desired, check the box to allow the building nurse to contact your child's health care provider, and then enter information regarding the student's primary health care provider.

81. Review the health requirements and dental waiver links, and then upload any health-related documents.

82. Then, click Next.

Health Services - Emergency Information

By checking this box, I agree to allow the building nurse to contact my child's health care provider with questions regarding their health conditions and/or medications.

Primary Health Care Provider Name
Primary Health Care Provider Phone

Dr. Gerber
(555) 555 - 5555

Please be prepared to provide documentation directly to the school nurse regarding any and all health conditions/concerns and medications. You will be required to provide immunization documentation prior to the first day of school.

[Please click here to review Health Requirements](#)

[Please click here to review the Dental Waiver](#)

Upload Health Related Documents

Previous Next



OLR NEW STUDENT REGISTRATION INSTRUCTIONS

83. Enter any medical or health conditions by clicking Add Condition, selecting a condition from the drop down, and leaving a comment/instructions if desired. If none, then check the No medical or mental health conditions box.

84. Then, click Next.

Health Services - Medical or Mental Health Conditions

Please indicate below if your child has any health conditions that may affect them at school. The nurse will contact you if further information is required. If your child needs medication related to their health condition, please complete the medication authorization form attached to the Health Services-Medications section.

No medical or mental health conditions

Select condition(s) from the list below

Condition* Allergies	Comments and Instructions Severe Peanut Allergy	Remove Condition
-------------------------	--	------------------

Add Condition

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85. List any medications by entering the name of the medication, selecting where it is taken, the medication type, and any comments/instructions. If none, then check the No medications box.

86. Then, click Next.

NOTES: If your child requires medication to be given during the school day, you must complete the form linked below and have it signed by your health care professional.

Medication must be dropped off by a parent/guardian to the nurse in the original, unopened packaging and/or original pharmacy container with label and the completed medication authorization form.

Health Services - Medications

If your child requires medication to be given during the school day, you must complete the form linked below and have it signed by your health care professional. Medication must be dropped off by a parent/guardian to the nurse in the original, unopened packaging and/or original pharmacy container with label and the completed medication authorization form.

No medications

List medication below

Medication* EpiPen	Where Taken* Both	Medication Type* As needed	Comments and Instructions	Remove Medication
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Add Medication

[Click here to print the Medication Authorization Form](#)

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OLR NEW STUDENT REGISTRATION INSTRUCTIONS

87. If you wish to give permission for your student's information to be shared between the Round Lake Area Public Library and RLAS District 116 for the purpose of obtaining a Round Lake Area Public Library card for your student and allow them to use the library's online resources through the school district's website, check the box.

Round Lake Library Data Sharing

I give permission for my student's information (name, address, birthday, phone, grade, guardian name and email, and Round Lake Area Public Library card number) to be shared between the Round Lake Area Public Library and RLAS District 116 for the purpose of obtaining a Round Lake Area Public Library card for my student and to allow them to use the library's online resources through the school district's website. As guardian of the above-named student, I also agree to comply with all rules and regulations of Round Lake Area Public Library and immediately report any change of address or loss of card. I am aware that if my student currently has a Round Lake Area Public Library card that they will be given a new number going forward, and the pre-existing card number will be replaced.

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OLR NEW STUDENT REGISTRATION INSTRUCTIONS

88. If you wish to consent for your child to receive services at the Round Lake Health and Wellness Center, then select Yes from the drop down. Then, review the highlighted portion and enter the requested information. If not, then select No.

89. Then, click Next.

NOTE: You must view the Notice of Privacy Practices link before moving on.

▼ Round Lake Area Student Health and Wellness Center Consent

I consent for my child to receive services at the Round Lake Health and Wellness Center. Yes ▼ *

Release of Information:
I give permission to the Lake County Health Department and Community Health Center programs to exchange protected medical information between the Student Health and Wellness Center and the appropriate Round Lake School District 116 personnel. This authorization shall remain in effect through the student's enrollment unless revoked. This release does not include releasing privileged information concerning treatment for drug and alcohol use, sexually transmitted infection information or HIV status. An additional release will be required for these services.

Authorization for Release of Information for Payment:
Services will be billed to Medicaid, Medicare or other third-party payer. We do charge a usual and customary fee for services. You are responsible for payment regardless of any insurance company's determination of usual and customary rates. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under the Medicare Program and/or other medical insurance. Your insurance policy is a contract between you and your insurance company. No one will be refused services because of an inability to pay.

I authorize the Lake County Health Department and Community Health Services to release and/or send any medical information necessary for the processing and payment of my medical bills to any insurance company or third-party payer who may be responsible for paying any part of my medical treatment. This includes release to my employer for employment related injuries under worker's compensation claim. We will make every effort to ensure confidentiality in all transactions.

I, the undersigned, also give my consent to the Lake County Health Department and Community Health Center to release all information necessary, including my name, date of birth and Social Security Number (SSN), family income and number of dependents, to the Illinois Department of Human Services (IDHS) and the Illinois Department of Healthcare and Family Services, in order to establish my eligibility for funding for my treatment. I understand that the release of my SSN is voluntary. Failure to provide my SSN may jeopardize funding for my treatment from state agencies and may make me responsible for payment for treatment. If I am required to provide toxicology testing as part of my care, I understand that my SSN may be used to report the results to IDHS.

Acknowledgement of Receipt of Notice of Privacy Practices:
My signature on this form acknowledges that I have received a copy of Lake County Health Department and Community Health Center Round Lake Area Student Health and Wellness Center's Notice of Privacy Practices. I understand that this document provides an explanation of the ways in which my health information may be used or disclosed by the Lake County Health Department and Community Health Center's Student Health and Wellness Center and my rights with respect to my health information. I have been provided with the opportunity to discuss any concerns I may have regarding the privacy of my health information.

I have read the above information and have had the opportunity to have my questions answered. I do hereby give consent and permission to the above [Notice of Privacy Practices](#) *

* I have read and agree to the provided Notice of Privacy Practices.

Type name to confirm your understanding of the above

Walter Test *

Enter today's date
02/02/2022 *

Please select your insurance Type

None
 All-Kids
 Private

Private Insurance - Name of Company
Example Insurance *

Policy ID#
99999999 *

Group#
17 *

Name of Policy Holder
Walter Test *

Policy Holder DOB
01/01/1980 *

Family Size
4 *

Does your child have a primary health care provider?

Name of the Doctor
Dr. Gerber *

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OLR NEW STUDENT REGISTRATION INSTRUCTIONS

90. If you selected 12th grade as your student's enrollment grade on the Demographics pleat, the FAFSA Non-Participation Form pleat will appear. This form is for parents who wish to opt-out of the Financial Aid Application graduation requirement for their student(s). If you did not select 12th grade for your student, please continue on to Step 91.

FAFSA Non-Participation Form

Starting in school year 2020-21, to receive a diploma from a public high school a student must complete the Free Application for Federal Student Aid (FAFSA®)¹ or, if applicable, the Alternative Application for Illinois Financial Aid². Local school district staff must provide support and assistance to students and parents/guardians in the application process. Additional assistance with completing an application is available from the Illinois Student Assistance Commission³.

Alternatively, a parent/guardian must file a waiver if they choose to opt a child out of this graduation requirement by completing this Nonparticipation form; students who are at least 18 years of age or legally emancipated may complete the form themselves. If you wish to opt yourself or your student out of the Financial Aid Application graduation requirement, please complete this form. Otherwise, please continue on to the next pleat.

¹ Illinois School Code (105 ILCS 5/22-85)
² **Most students should file the FAFSA (fafsa.gov)**. For details on who is eligible to file the Alternative Application, see <https://www.isac.org/students/before-college/financial-aid-planning/retention-of-illinois-rise-act/>
³ See <https://www.isac.org/students/> for more resources

School Name:	<input type="text"/>
District Name:	<input type="text"/>
Student Name:	<input type="text"/>
Birth Date:	<input type="text"/>
Parent or Legal Guardian Name:	<input type="text"/>
Home Address:	<input type="text"/>
City, State, Zip:	<input type="text"/>
Phone Number:	(<input type="text"/>) <input type="text"/> - <input type="text"/>
Parent or Legal Guardian Email:	<input type="text"/>

I have read the information on the reverse, I understand what the FAFSA and Alternative Application for Illinois Financial Aid are, and I choose not to submit a completed financial aid application. I certify that I am the parent or legal guardian of the student listed above, or I am the student and I am either at least 18 years of age, or a legally emancipated minor.

Please check here if you agree to the statement in bold above

Parent or Legal Guardian Name:	<input type="text"/>
Date:	<input type="text"/>

Frequently Asked Questions about the Free Application for Federal Student Aid (FAFSA®)

"What is the FAFSA?" The Free Application for Federal Student Aid (FAFSA) is the online application that allows a student to apply simultaneously for federal student aid (including the Pell Grant, work-study opportunities, and federal student loans) and the Illinois Monetary Award Program (MAP) grant. Many colleges and universities use it for their aid programs, too. The Alternative Application for Illinois Financial Aid is a similar application that provides a path for some students who do not qualify for federal aid to apply for state and school-funded assistance. The maximum state MAP grant for the 2020-21 school year is \$5,340. The maximum federal Pell grant for the 2020-21 school year is \$6,345.

"Isn't the application too long and difficult to complete?" Most applicants complete the FAFSA in about 30 minutes. If you have questions, talk to your school counselor. Help is also available for FREE from the Illinois Student Assistance Commission (studentportal.isac.org).

"If I want to learn a trade, can the FAFSA still be of assistance to me?" The FAFSA isn't just for associate's or bachelor's degree programs! Students can receive need-based Pell grants, federal student loans, and other federal student aid for technical, trade, and vocational programs at community colleges and at many other schools and training programs. Students can check with the school they want to attend or use the federal government's online College Navigator tool to find out which institutions participate in the programs: <https://nces.ed.gov/collegenavigator/>

"Does my family make too much money to benefit from the FAFSA?" Financial aid is left on the table every year by students who didn't apply because they erroneously thought they were ineligible. You really don't know until you apply! Income and assets are factors in determining your eligibility, but so are things like the number of students in the family who are in school and the age of the parent(s). For students from families that do make too much to qualify for need based grant aid, the FAFSA can still be helpful, since it's needed for work-study, an AIM HIGH grant from one of our public universities, or a federal student loan (usually at competitive rates and with more borrower protections than private loans, including options for income-based repayment and forgiveness programs for some careers). Your college may offer aid based on your FAFSA info too, and your eligibility may be different depending on your school. Additionally, some scholarship programs use information from the FAFSA as part of the application process. As most financial aid is awarded in date order based on FAFSA filing date, it is a very good idea to complete the FAFSA as early as possible. This "place in line" can be used for opportunities that come up later, and also can be used if family financial circumstances suddenly change.

"What if I don't want a student loan?" Filing the application doesn't commit you to anything. You'll just find out whether you might be eligible for aid!

"How is FAFSA data protected?" I don't want my information sold, and I don't want my school to have it." By law, your personally identifiable Information (PII) in the FAFSA can only be used in furtherance of administering financial aid, including research. Although your high school will know whether you completed the FAFSA, it will not have access to the information that you provide on your FAFSA.

"If I choose to file an application, how will I know that my application is complete?" Once you submit the FAFSA or the Alternative Application for Illinois Financial Aid, you will receive a confirmation of receipt at the email address you provided in the application. This will allow you to demonstrate that you've met the requirement of filing an application even if there are circumstances that will need to be addressed with the college/university's financial aid office later.



OLR NEW STUDENT REGISTRATION INSTRUCTIONS

91. Review the release agreements and required links.
92. When finished, check the boxes and sign on the line below.
93. Then, click Save/Continue.

Release Agreements

I affirm that all information is accurate. I understand that I assume the responsibility of notifying the school in writing of any changes in the information. A person is guilty of Class C misdemeanor if (a), that person knowingly enrolls or attempts to enroll in the school of a district, on a tuition free basis, a pupil known by that person to be a nonresidents of the district, or (b) that person knowingly or willingly presents to any school district any false information regarding the residency of a pupil to attend any school district without payment of a non resident tuition charge.
Additionally: by choosing yes in previous steps, my signature consents to Tuberculosis Screening and services at the Round Lake Health and Wellness Center.


[Click here to review the required registration information*](#)

* I have read and accept the above referenced documents.

[Click here to review the Student Handbook*](#)

* I understand that I assume responsibility for reviewing the Student Handbook at the link provided.

Please sign on the line below*



Clear

← Previous

Cancel Save/Continue

94. Click Add New Student if you have another student to add. Otherwise, click Save/Continue. Again, please include all children who are to be enrolled in the district, rather than create separate applications for each child.

Student

Please ensure that all your children that will be attending school are listed. This includes PreK, Kindergarten, Elementary (1-5), Middle School (6-8), and High School students. If you do not see one or more of your students, please contact the Welcome Center at 847-270-9018.

First Name	Last Name	Gender	School	Completed	
Lauren	Test	F		✓	Edit/Review

Please include all students that need to be enrolled.

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](#)



OLR NEW STUDENT REGISTRATION INSTRUCTIONS

95. You may now review and edit any data you've entered so far by clicking the green pleat names to navigate to that section.

Infinite Campus Online Registration Application Number 8122

* Indicates a required field

✓ Student(s) Primary Household > ✓ Parent/Legal Guardian > ✓ Emergency Contact > ✓ Non-Enrolled Household Members > ✓ Student

Completed

96. Once you've verified that all information is complete and accurate, click Submit on the Completed tab.

NOTE: You will receive an email notification that your application was received after you click Submit.

A link to a summary of this application is available via PDF for your records.

Infinite Campus Online Registration Application Number 15664

* Indicates a required field

✓ Student(s) Primary Household > ✓ Parent/Legal Guardian > ✓ Emergency Contact > ✓ Non-Enrolled Household Members > ✓ 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](#)