ERLANGER/ELSMERE SCHOOL DISTRICT ON-LINE REGISTRATION – NEW FAMILIES

Please follow these directions to register a student if the family is new to Erlanger/Elsmere Schools

On the Erlanger/Elsmere Schools website:

https://www.erlanger.kyschools.us/



Complete the			
information	Infinite 📿		
requested	Campus Online Registration		
	Please complete the information below	w to begin the registrat	on process.
	Parent/Guardian First Name	Donna	x
	Parent/Guardian Last Name	Schulte	×
	Date of Birth (MM/DD/YYYY)	05/10/1980	×
	Registration Year	2021-2022 OLR 🛩 *	
Be sure to select the	Email Address	abc123@gmail.com	
2021-20200	Previously Attended this District	0	
Registration Voar	Please type the letters you see displa	yed in the image below	
Registration rear	586045		
Click on Begin	Begin Registration		
Registration			



You will be guided through the Online Registration - Google Chrome П × _ kyede3.infinitecampus.org/campus/olr2/coreOLR/portal/shell.xsl?applicationMode=new&x=olr2.coreOLR.O... process and will need to supply Infinite Campus Online Registration the information listed on this page. **U**! Application Number 1186 on Gu Welcome to the Erlanger Elsmere Infinite Campus Online Registration. Before you begin, please gather the following: on Bi · Household information -- address and phone numbers · Parent information -- work and cell phone numbers, email addresses Please select "Begin" when you iti do · Student information -- demographic and health/medication information are ready to start. · Emergency Contact - addresses and phone numbers. at p 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. If you need assistance, please call your childs school during business hours or leave a message and a representative will be back in touch with you the next business day Arnett (859) 727-1488 Bartlett (859) 342-2460 Howell (859) 727-1108 · Lindeman (859) 727-1188 Lloyd (859) 727-1555 . Miles (859) 727-2231 Tichenor (859) 727-2255 Please Click here if you want to watch a brief demonstration of the online registration process. Please click "Begin" to start the online registration process. Begin You will begin completing C Online Registration - Google Chrome information on your household. kyede3.infinitecampus.org/campus/olr2/coreOLR/portal/shell.xsl?x=olr2.Olr2Outline&mode=onlineregistrat... Application Number 1186

Click "Next" when finished with this page.

If you miss a required answer, it will turn red and direct you back to answer it.



Complete the information	Student(s) Primary Household @Parent/Guardian @Emergency Contact @Other Household @Student @Complisted
on your home address.	> Primary Phone
	Home Address "Please verify or add the information below. Please update any information that is incorrect. 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.R.W. field, Seame should be entered into the street Number field, and St should be entered into the first N.S.R.W. field, Seame should be entered into the entered into the first N.S.R.W. field, Seame should be entered into the street Number field, Stave,Bidd, etc. field.
You will be asked to upload	Street Number N.S.E.W Street Name Only St, Ave, Blvd, etc. N.S.E.W Apartment
something for "Proof of	City State Zip Ext. County Erlanger ■ Kr v • 41018 ■ Kenton
Residency". This will be a $igslash$	Clear Address Fields Click on your address if it appears in box
lease, utility bill, etc. If you $igslash$	Your address as entered above ≠≠≠ Commonwealth Ave
are unable to upload any \sim	Erlanger, KY 41018 Kenton
documents, you can send a	Please upload a utility bill to prove residence in the district.
copy to the school.	ophone denicy on a resolution
	« Previous Next »
Click "Next" when finished.	Student Release Documents

The highlighted	Infinite (
documents are	Campus Online Registration	Application Number 1173
required pieces of	* Indicates a required field	
information that A	Student(s) Primary Household Parent/Guardian CEmergency Contact Other Household	Student Completed
explain many of	Primary Phone Home Address	
the policies in our	▼ Student Release Documents	
District. Later in	It is required that you open and review each of the documents below for your household. There will be questions you must answer later in the Student Release section. This will prevent you from having to open these documents multiple times for multiple students.	
the process, you	EES District Code of Acceptable Behavior Medication Policy FERPA Document	
will be asked to	Student Directory Acceptable Use Policy	
sign that you have	LP Document Photo Release Doucument	
read them and	4 Previous	
agree to the	Save/Continue	
information. This	†	
is your chance to		
select each one so it w	il open and read each document.	

Click on "Save/Continue" when finished.

You will begin working on	Unline Registration - Google Chrome -					
Devent /Cuerdian information	kyede3.infinitecampus.org/campus/olr2/coreOLR/portal/shell.xsl?x=olr2.Olr2Outline&mode=or					
Parent/Guardian Information.	▼ Demographics					
You need to add any Parents/Guardians, including yourself.	Add Parent/Guardian Title					
Select "OK" when ready to begin.						
	Next > > Contact Information > Migrant Worker > Impact Aid Cancel Save/Continue					

You are now working on the Parent/Guardian information. Your	Infinite Official Computer Sector Computer Sector S				Application Number 1173	
information should	Student(s) Primary Household	▼ Parent/Guardian	Semergency Contact	Other Household	Student Completed	
appear. Please complete	Parent/Guardian Name: Donna	Schulte				
the necessary fields.	Demographics Enter the parent/guardian you wish First Name Middle Name	to enter. Please review and comple	te the following:			
Click on "Next" when	Bidde Harme Last Name Suffix Birth Date Gender	Schulte 05/10/1980 Female V	*			
finished.	Please Next >	: check this box if this person lives a ### Commo ### Commo Erlanger, KY	nt the address listed below. Inwealth Ave 41018			
	Contact Information					

Futuring a second and a	e3.infinitecampus.org/campus/o	olr2/coreOLK/portal/shell.xsl?x=olr2.Olr2Outline&mod	e=onlineregistration&application	nMode=ne	ew&login=	&kiosk=&b	c=olr2.co	reULK.UI	r2Main-app	pTypeCheck&x=oIr2.coreO
Entering your contact	▼ Contact Information									
information is very	Enter the contact informa	Enter the contact information and how you'd prefer to receive the different types of messages we will send you.								
important. This will	At least one Phone Numb	Emergency High Priority Attendance Behavior General Teacher Private								
enable the school to	Cell Phone	123 455 7890	Voice							
reach you in the event of	Cell Phone	123 430 7050	(SMS)Text							
reach you in the event of	Work Phone Other Phone	() ×								
an emergency or with	Email	* abc123@gmail.com					2			
important information	or Has no e-mail									
about what is going on	Secondary Email									
in the classroom school	Description of Contact P Emergency - Marking t	Preferences this checkbox will use this method of contact for emergency m	essages							
and (an District	High Priority - Marking Attendance - Marking t	g this checkbox will use this method of contact for messages la this checkbox will use this method of contact for attendance n	beled as High Priority Notification. essages.							
and/or District.	General - Marking this	s checkbox will use this method of contact for behavior messa checkbox will use this method of contact for general school m	ges. essages, such as those sent by the sc	chool or distr	ict.					
	Teacher - Marking this Private - Mark if numbe	checkbox will use this method of contact for teacher-sent me er or email should be listed as private	sages, including messages regarding	failing grad	es and missi	ng assignme	ents.			
	+ Higrant Worker									
	> Impact Aid									
Click on "Next" when	Cancel Save/Con	ntinue								
finished										
	* Indicates a required fi	īeld								
	Student(s) Prima	ary Household		Contact	6	Other	House	hold		Student
Answer the required			Granerseney (90000				
question	Parent/Guardian Name: Donna Schulte									
question.	> Demographics									
	Migrant Worker									
								e 11		
Click on "Novt" when	and dairy of food pr	thin the past 36 months, relocated with the introcessing work?	ent to obtain seasonal or ten	nporary e	mployme	ent in agri	culture	, fishing,	,	
	○ Yes, this individ	dual is a migrant worker								
finished.	 No, this individ 	ual is not a migrant worker								
	Previous Ne:	xt 🕨								
	▶ Impact Aid									
	Cancel Save	e/Continue								

Complete the	kyede3.infinitecampus.org/campus/olr2/coreOLR/portal/shell.xsl?x=olr2.Olr2Outline&mode=onlineregistration&applicationMode=new&login=&kiosk=&x=olr2.coreOLR.Olr2Main-appTypeChe
required field.	* Impact Ald
	Federal Impact Aid (FIA) Section 8003 Grant Information. Parent/Guardian in Military
	 Yes, this individual is a member of the military
Soloot	8 No, this individual is not a member of the military
Select	
"Save/Continue"	« Previous
when finished.	Cancel Save/Continue

Select "Add New Parent/Guardian"	Infinite Campus Online Reg	istration				Application Num	1ber 1173
to add additional people.	* Indicates a required field	ousehold	l/Guardian	Emergency Contact	Other Household	Student	Completed
	Parent/Guardian.	Last Name Schulte	Gender F	Completed	Edit/Review		
Select "Save/Continue" when finished adding Parents.	Please list all primary Parent Yellow - Indicates that person is ✓ - Indicates that person is Add New Parent/Guardian Back Save/Continu	VGuardian's in this area. son is missing required inform s completed.	ation. Select the highl	ighted row to continue.			

Campus Online Registration

You will now begin adding Emergency Contact information. This will contain information on those who can be contacted for an emergency if you are not able to be reached. This person could also be permitted to pick up your children from school.

To begin, select "Add New Emergency Contact". Л

* Indicates a required field				
Student(s) Primary House	hold 🔷 🗸 Parent/Guard	dian Femergency Co	ontact	⊗ st
Emergency Contact				
First Name	Last Name	Gender	Completed	
In AN EMERGENCY, if parent/guar required before a student is release	dian cannot be contacted, pleas sed to emergency contacts.	e call one of the following Emerge	ency Contacts listed. Proper identification	on will be
Yellow - Indicates that person is	missing required information. S	elect the highlighted row to conti	nue.	
 Indicates that person is comp 	pleted.			
The maximum number of Emerge	ncy Contacts is 3			
Add New Emergency Contact				
Back				

Applic

Add information for one	" indicates a required field						
contact.	Student(s) Primary Ho	ousehold A Parent/Guardian Temergency Contact O Other Hous					
	Contact Name: John Smith						
Salact "Novt"	 Demographics 						
Select "Next".	Please complete the fo First Name Middle Name Last Name Suffix Birth Date Gender	Ilowing information for each emergency contact for your students.					
	Next >						
	Contact Information						
	Verification						
	Cancel Save/Contin	ne					
	🗸 Student(s) Primary	Household					
Continue with information on	Contact Name: John	Smith					
the emergency contact	▹ Demographics						
individual	Contact Information						
	▼ Verification						
	Please enter the address for this emergency contact. This information will only be used to verify the contact doesn't already appear in o system.						
		 Please check this box if this person lives at the address listed below. 123 Commonwealth Ave Erlanger, KY 41018 					
Select "Save/Continue" when	or						
finished.	Address Line 1	789 Mineola Pike					
	Address Line 2	Erlanger, KY 41018					
	Address Line 1 - 123 S Address Line 2 - Schen	Main St Apt 4 ectady, NY 12345					
	Previous						
	Cancel Save/Co	ntinue					







You can review who you have	* Indicates a require	d field				
added. Anything in yellow	✓ Student(s) Pri	mary Household	Parent/Guardian	Emergency Conta	ct 🔹 🔻 Other Household	Stude
indicates information is						
missing. You can click on	Other House	ehold				
Edit/Review to make	First Name	Last Name	Gender	Completed		
corrections.	John	Doe	М	1	Edit/Review	
When finished, select	Please list any othe	er child in the household who wil	I not be enrolling in schoo	ol this year. An example wo	uld be a 2 year old.	
"Save/Continue" 🔨	Yellow - Indicates	that person is missing required	information. Select the h	ighlighted row to continue.		
	 Indicates that 	person is completed.				
	Add New Househ	old Member (Children in houl	sehold who will not be	enroling)		
	Back Save	e/Continue				
You will begin adding		ation			Applica	ation Numl
information regarding	diastes a required field					
the student you are	dicates a required field					
registering.	Student(s) Primary Hous	ehold 🚽 🗸 Parent/Gua	rdian 🔰 🗸 Emerş	gency Contact	Other Household	dent
_ ⁵	Student					
Select "Add New	First Name	Last Name	Gender	School	Completed	
Student"	Please include all students that need to be enrolled.					
	Yellow - Indicates that person is	s missing required information.	Select the highlighted ro	ow to continue.		
	 Indicates that person is con 	npleted.				
	Add New Student					
	Back					
_						
Complete the required						
information on your child.	*Indicates a required field		meanoae onmeregionador	naappinaatorintoole menatogin	winner an entretterrenting abbilt	
	Student(s) Primary House	hold VParent/Guardian	Emergency Contact	🗸 Other Household	Student Completed	
Upload a picture of legal	Student Name: Susan Sch	ulte				
birth certificate (Not the	There will be a few steps for each	h student you enter. The first is general den	nographic information. Please veri	fy or add the information below. Pleas	e update any information that is incorrect. Please	enter
hospital certificate). If	Legal First Name Susan	Gender Female	Enrollment G	irade		ween.
unable to upload, please	Legal Middle Name Legal Last Name Schulte	Foreign Exchange*	n exchange Social Securi Excellence Securi	ty Number Optional: To participate in cholarship (KEES) program in high sci	Arnett Elementary School Kentucky Educational nool, students social	~
send a copy to the	Suffix Nickname Student Cell	No, this is not a for student Birth	reign exchange security card	must be on file.		
incoming school.	Number	reliable proof of Date				
Choose the grade the	Please upload a Birth	Certificate.				
student will be entering:	Upload Birth Certi	ificate				
00= Kindergarten						
99= Preschool	Next >					
	► Race Ethnicity					
Select "Next" when	 Housing Student Services 					
finished.						

Completed the required fields.	▼ Race Ethnicity
Select "Next" when finished.	Is Hispanic/Latino Please check all that apply. If not Hispanic, at least one is required. American Indian or Alaska Native Asian Black or African American Black or Other Pacific Islander White Previous Next >
	> Housing
	▶ Student Services
	Language Information
	Previous School
	▹ School Safety and Discipline
	Relationships - Parent/Guardians

mplate the						
complete the	▼ Housing					
required fields.	The following questions address the McKinney-Vento Act 42 U.S.C. 11435. Answers to these questions will help determine services the student may be eligible to receive.					
	Is the student's current address a temporary living arrangement?					
	Is this temporary living arrangement due to loss of housing or economic hardship?					
	If the answer to both of these questions is Yes, please indicate where the student is living:					
Select "Next" when						
finished	4 Previous Next +					
inisieu.	Student Services					
	Language Information					
	Previous School					
	School Safety and Discipline					

	· · · · · · · · · · · · · · · · · · ·	
	→ Race Ethnicity	
Complete the	> Housing	
required fields	Student Services	
required fields.		
	Dees your student have a current 100 V	
	Has your student previously received inited/talented services?	
Select "Next"	+ Previous Next >	
when finished. —	> Language Information	
	> Previous School	
	School Safety and Discipline	
	+ Relationships - Parent/Guardians	
	Relationships - Emergency Contacts	
	> Legal Documentation	
	Relationships - Other Household	
	> Health Services - Emergency Information	
	Health Services - Medical or Mental Health Conditions	
	Health Services - Medications	
	Release Agreements	
	Cancel Save/Confinue	

Complete the	▼ Language Information						
required fields.	Please enter language information for your student below.						
	1. What language is most frequently spoken at home?						
	2. What language did your child learn when he/she first began to speak?						
	3. What language does your child most frequently speak at home?						
	4. In what language do you most frequently speak to your child?						
	Did you select a language different from English on any of the above four questions?						
Select "Next" when							
finished.	{ Previce Next }						
	Previous School						
	> School Safety and Discipline						
	> Dalationshins - Darant / Cuardians						

Complete the required	VotedSatinfintecampus configuration VotedSatinfintecampus configuration Anotematication Anotematicatio Anotematication Anotematication Anotematication An					
fields. If registering a child	ds. If registering a child					
that has been in another school district, this information is helpful.	Please expload a recent transcript for this student.					
Select "Next" when finished.	Upload Transcript or report card					

Corner



You will now link the	▼ Relationships - Parent/Guardians
information you have	At least one person must be marked as 'Guardian'."
already entered to	Name Relationship [*] Guardian Mailing Portal Messenger Secondary Household Contact Sequence [*] <mark>or</mark> No Relationship
the child you are	Donna Schulte Mother, natural/adoptive V V V V V
registering. Be sure	<u>Description of Contact Device Ences</u> Guardien - Marking this checkbox will flag this person as legal guardian to the student.
to select "guardian"	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 the person will be able to view student information within the portal for this student.
to select guardian .	Presenge - Making this cleated with may an person of the measures in the Data its integration as second any household - Marking this checkboy with market the student has a secondary household membership with this person Contact Sequence - Adding a sequence further further that the student has a second any household membership with this person
Be sure to select a	No Relationship - Maring 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.
"contact sequence"	
so we know who is	
the first to be called	
in the event of a sick	Relationships - Emergency Contacts
child or emergency	Legal Documentation
ennu or entergency.	
Select "Next" when finished.	
	ede3.infinitecampus.org/campus/olr2/coreOLR/portal/shellxsl?x=olr2.Olr2Outline&mode=onlineregistration&applicationMode=new&login=&kiosk=&x=olr2.coreOLR.Olr2Main-appTypeCheck&x=olr2.coreOL
You will do the same with	Relationships - Emergency Contacts Emergency Contacts (Peonle Authorized to Bric Student Un From School)
Emergency Contacts,	A minimum of (1) Emergency Contacts are required*
linking them to the child	Name Relationship* Contact Sequence* or No Relationship
you are registering.	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. 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 order. The relationship to be existed in the existence of t
	Emernancy Constants (Recole Authorized to Birly Student Lin From School)
Salact "Novt" when	
Select Next when	
finished.	(reps Next)
	Legal Documentation Relationships - Other Household
	Health Services - Emergency Information
	Health Services - Medical or Mental Health Conditions Health Services - Medications
	Online Registration - Google Chrome Knock 3 Infinite Computer And Computer
If there are any legal	Note that the second seco
documents, including custody	Student Services Language Information
paperwork that you need to	> Previous School
submit, you may select "yes"	School Safety and Discipline Relationships - Parent/Guardians
and unload them here If you	Relationships - Emergency Contacts
are unable to unload please	Do you have any form of legal documentation stating that any person(s) may NOT pick up your onto them where?
and a constants the incension	(If "yes" is checked, please provide a copy of legal documentation with this enrollment form.
serid a copy to the incoming	Upload Legal Documentation
school.	4 Previous Next >
	Battionships - Other Household
	Health Services - Emergency Information
Select "Nevt" when finished	Health Services - Medical or Mental Health Conditions Health Services - Medications
Sciect Next When mished.	Release Agreements
	Cancel Save/Continue

 kyede3.infinitecampus.org/campus/olr2/coreOLR/portal/shell.xsi?x=olr2.Olr2Outline&mode=onlineregistration&applicationMode=new&login=&kiosk=&x=olr2.coreOLR.Olr2Main-appTypeC
 Previous School You will need to link the individuals > School Safety and Discipline that you added that live in another > Relationships - Parent/Guardians household. These will probably be Relationships - Emergency Contacts > Legal Docum ntation some of your emergency contacts. Relationships - Other Household Name John Doe Relationship* Friend * or I No Relationship Description of Contact Preferences No Relationship - Marking this checkbox will indicate that this person does not share a relation relationship to the student. The relationship will be ended if one exists. hip to the student. By checking this checkbox you are indicating that this person no longer has a Select "Next" when finished. ~ Previous Next + Health Services - Emergency Information + Health Services - Medical or Mental Health Conditions Health Services - Medications Release Agreer Cancel Save/Continue

Vou will be asked medical	C Online Registration - Google Chrome - C					
TOU WIII DE ASKEU IIIEUICAI kyede3.infnite.campus.org/campus/orl/coroOLR/portal/shell.ss?r=olr2.Olr2Outline&mode=onlineregistration&applicationMode=new&login=&kiosk=&corol2.coreOLR.Olr.						
information	 Relationships - Other Household 					
	* Health Services - Emergency Information					
Please complete the fields. If you	Primary Care Provider	Dr. Smith				
	Dental Care Provider	(123) 456 -7/890 Dr. Tooth				
are interested in using one of the	Dental Provider Phone	(123) 456 - 7890				
Licelth Deint elimine legeted in eur	If yes, What kind?	Humana				
Health Point clinics located in our	** Please be prepared to provide documentation directly to the school documentation at your registration appointment.	I nurse regarding any and all health conditions/concerns and medications. You will be required to provide immunization				
schools, you will need to complete	Health Point will again partner with The Erlanger Elsmere School Distr and fill out the Health Point Enrollment Packet. You can call (859) 342 (859)342-2410.	ict to provide health services. If you would like to use the health services that Health Point provides please clink on the link below -2411 if you have any questions. You can upload the document using the upload link below or you can fax the document to				
the two attached forms	Health Point Application Link ESS/Health Point Consent					
the two attached forms.	Health Point Document Upload					
You may complete them and upload						
an agend into the inconsing school	Previous Next >					
or send into the incoming school.	Health Services - Medical or Mental Health Conditions					
You will only need to do this to	Health Services - Medications					
utilize the services at the clinics within	Four schools.					
Select "Next" when finished.						

Diasco complete the required field	G Online Registration - Google Chrome -	٥
Please complete the required field.	kyede3.infinitecampus.org/campus/olr2/coreOLR/portal/shell.xsi?x=olr2.Olr2Outline&mode=onlineregistration&applicationMode=new&login=&kiosk=&x=olr2.coreOLR.Olr2Main-appTypeCheck&x=olr2. h Race Ethnicity	.core
	Mousting	
	Student Services	
	Language Information	
	Previous School	
	School Safety and Discipline	
	Relationships - Parent/Guardians	
	Relationships - Emergency Contacts	
Salact "Novt" when finished	> Legal Documentation	
Select Next When mished.	Relationships - Other Household	
	Health Services - Emergency Information	
	★ Health Services - Medical or Mental Health Conditions	
	No medical or mental health conditions	
	Health Services - Medications	
	> Release Agreements	

Please complete the required field.

Does this student take medications?

An up-to-date immunization record on a Kentucky form is required. You can upload it at this link.

If you are unable to upload, please sendit in to the incoming school.

kyede3	.infinitecampus.org/campus/olr2/coreOLR/portal/shell.xsl?x=olr2.Olr2Outline&mode=onlineregistration&applicationMode=new&login=&kiosk=&x=olr2.coreOLR.Olr2Main-appTyp
	School Safety and Discipline
	> Relationships - Parent/Guardians
	P Relationships - Emergency Contacts
	> Legal Documentation
	> Relationships - Other Household
	Health Services - Emergency Information
< l>	Health Services - Medical or Mental Health Conditions
\mathbf{i}	Health Services - Medications
_	No medications

Select "Next" when finished. -

	Online Registration - Google Chrome	hall wParalt? 01/27 disclored and conferenciation in a finite field and a south has a black. Burch? confit in D	– Ø X
This is the page that you need to	Release Agreements	аналан такин такин такина силан силан силана на дараана на каритану интерстити сила сила сила сила сила на кариту На спорти сила сила сила на силан силана сила сила сила сила сила сила сила сил	*
acknowledge all of those documents that	The following questions must be check prior to enz 2 * I acknowledge receipt of and accept the EES	rollment. District Code of Acceptable Student Behavior and Discipline	
you road parlier. You will pood to add	I acknowledge receipt of and accept the district I acknowledge receiving information regarding I acknowledge receiving information regarding	nict medication policy. ng my rights under the Federal Educational Rights and Privacy Act	
you read earlier. You will need to add	I acknowledge receiving the Annual Student The following yes or no questions will not keep a s	Directory Information Notification and the Protection of Pupil Rights Amendment. Audent from being enrolled regardless of the answer chosen.	
checkmarks and answer questions.	 I acknowledge receipt of and accept the distric Une Contract" on the final page of the AUP, the c 	ct Acceptable Use Policy, and agree for my child to have access to the Internet. In lieu of signing and returning the "Student yes 🕶 =	
	 Please answer "yes" or "no" to agree to the Ch (Grades 6-12 only) I acknowledge receiving the hereby acknowledge that I have read and unders 	Yes ♥ e Individual Learning Plan Web Release form rum-method and in liqu of returning the Signature sheet on that form, I tood the LIP form, and authorize the District to enable a Festure of the LIP which recommendations includent to invite Kind NA ♥	
	 4. (Grades 9-12 only) (Federal law requires that the Please select "no" if you do not give permission for 	schools release directory information to military recruiters unless a parent explicitly forbids the release of such information.) NA 🗸 *	
Fisish har (at a tan) and a second state of a	 Please answer "yes" or "no" to agree to the Ph """ I, as legal parent/guardian, hereby state that information with school staff; paraprofessionals; c 	toto Release document Yes 💙 " the information contained on this online enrollment form is accurate to the best of my knowledge. I authorize the school district to share pertinent r oad/vicuteets; and emergency personnel and to seek medical assistance for my child in an emergency.	medical
Finish by "signing" your name with the	As parent/guardian of this student, we both agree policies in this online enrollment registration for	ee to abide by all of the m.	
cursor/mouse.	-em		
Select "Save/Continue" when finished.	Clear Date of Signature		G *
	4 Previous		
	Cancel Save/Continue		
			10:34 AM
	Search for anything	0 11 😋 🖬 📓 🧕 🧾 📫	2/1/2021
	2 Search for anything		2/1/2021 *
	uired field		Application Number 1175
You will be asked to confirm that you have	Search for anything Unime Registration uired field Primary Household Y F	Parent/Guardian	Application Multiplet 117
You will be asked to confirm that you have read all of the documents earlier.	 Search for anyming Unime Registration uired field Primary Household Y F ie: Susan Schulte 	Parent/Guardian	Application Multiplet 111
You will be asked to confirm that you have read all of the documents earlier.	 Search for anyming Unine Registration uired field Primary Household F Ie: Susan Schulte Is 	Parent/Guardian	Application Number 117
You will be asked to confirm that you have read all of the documents earlier.	 Search for anyming Unime Registration uired field Primary Household F Ie: Susan Schulte s y 	Parent/Guardian Femergency Contact Other Household Warning You must view all forms for this person before saving.	
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If the child you just finished	Student(s) Primary Household						
missing information. You may	_Student						
select Edit/Review_tocomplete	First Name	Last Name	Gender	School	Completed	Record Type	
what is missing.	Susan	Schulte	F	Arnett Elementary School		New	Edit/Review
If you have another child(ren) to register, select "Add New Student".	Please include all Yellow - Indicat ✓ - Indicates th	students that nee es that person is n at person is compl	d to be enrolle nissing require eted.	<u>d.</u> d information. Select the highlighted	I row to continue.		
When finished, select "Save/Continue".	Back Sa	ave/Continue					

