

# Instructions for Accessing Online Registration – NEW to Pelham Schools

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

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

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

Infinite Campus Online 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

Please complete the information below to t

Parent/Guardian First Name

Parent/Guardian Last Name

Date of Birth (MM/DD/YYYY)

Registration Year

Email Address

Previously Attended this District.

Application Number

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

I'm not a robot

reCAPTCHA  
Privacy - Terms

Begin Registration

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

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

I'm not a robot



reCAPTCHA  
Privacy - Terms

**Begin Registration**

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

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

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

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

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

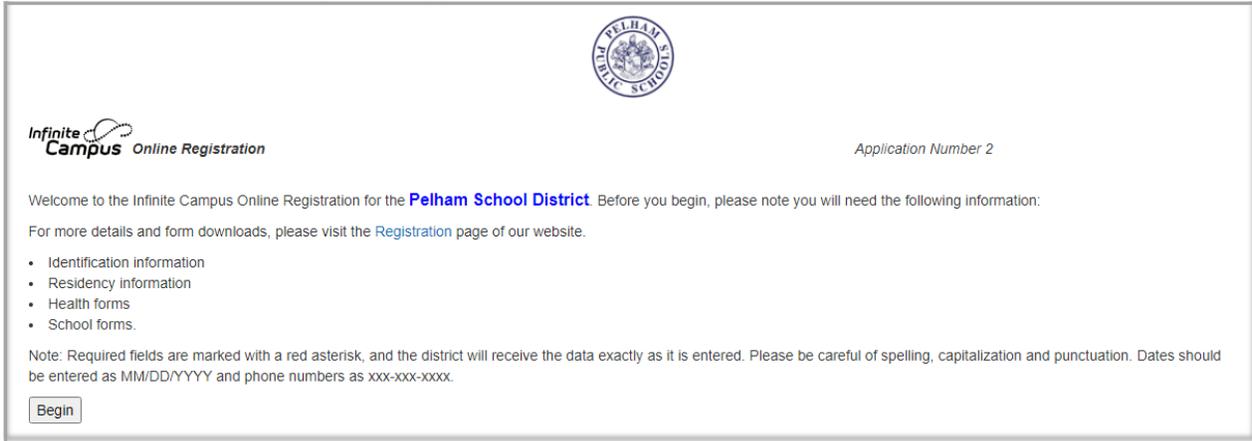
Please sign on the line below.

\_\_\_\_\_

Type your First and Last Name here.

Electronically sign your name here.

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



**Infinite Campus Online Registration**

Application Number 2

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

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

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

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

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

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

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

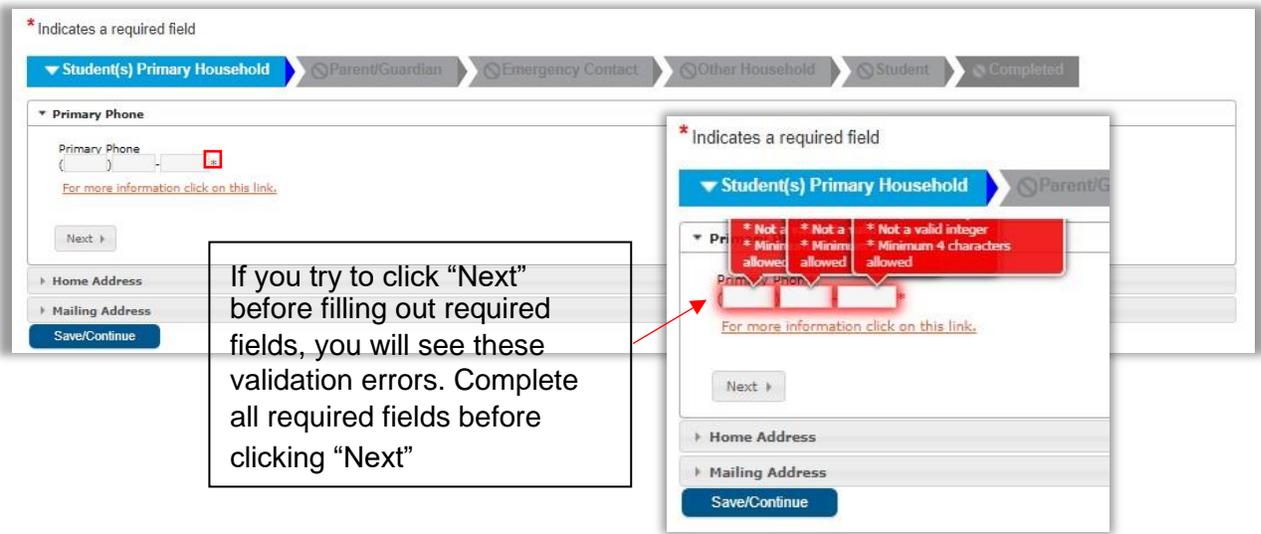


**Infinite Campus Online Registration**

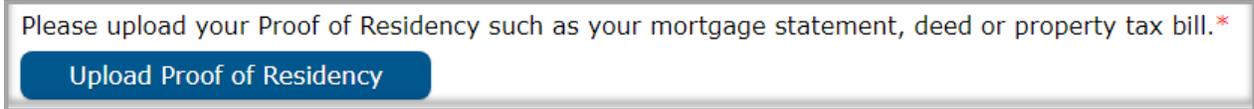
Application Number 2

Make note of the Application Number for future reference.

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



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



12. Once you have completed a section of the application, it will turn green and have a white checkmark next to it. You may return to the section at any time before submitting the application by clicking on it. Reasons you may want to return to a section:

- a. Information provided is incorrect and needs to be corrected
- b. Documents were not available for upload at the time you completed the section but now you have them to upload



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

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

**Parent/Guardian Name: Parent Example**

▼ Demographics

Enter the p

First Name

Middle Na

Last Name

Suffix

Birth Date

Gender

**Add Parent/Guardian Title**

Please add any Parent/Guardian including yourself in this area.

Ok

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

Lives with Student

Student(s) Primary Household Parent/Guardian Emergency Contact

Parent/Guardian Name: Penny Example

Demographics

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

First Name: Penny \*  
 Middle Name:   
 Last Name: Example \*  
 Suffix:   
 Birth Date: 01/01/1981 \*  
 Gender: Female \*

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

Next >

Does Not Live with Student

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

3672 GALTIER Rd.  
Blaine, NY 55449

I will not provide an address for this parent.

Please use the address editor below to enter your address. You will see the formatted postal address below in the viewer. Once your address appears as it should on U.S. Postal Mail, please click "Save". Please do not enter the entire address into the street name field.  
**Example:** If you live at 1234 East Sesame Street, 1234 should be entered into the Street Number field, E should be entered into the first N,S,E,W field, Sesame should be entered into the Street Name Only field, and St should be entered in the St,Ave,Bldv,etc. field.

Number: \* Prefix: \* Street: \* Tag: \* Direction: \* Apartment: \*  
 City: \* State: \* Zip: \* Ext.:

Clear Address Fields

Click on your address if it appears in box:

Phone Number: ( ) -

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

Contact Information

At least one Phone Number is required.\*

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

Cell Phone: ( ) - x  
 Work Phone: ( ) - x  
 Other Phone: ( ) - x  
 Email: \*mom@email.com  
 Has no e-mail:   
 Secondary Email:

Contact Preferences  
 Emergency High Priority Attendance Behavior General Teacher Private

Description of Contact Preferences  
**Emergency** - Marking this checkbox will use this method of contact for emergency messages.  
**High Priority** - Marking this checkbox will use this method of contact for messages labeled as High Priority Notification.  
**Attendance** - Marking this checkbox will use this method of contact for attendance messages.  
**Behavior** - Marking this checkbox will use this method of contact for behavior messages.  
**General** - Marking this checkbox will use this method of contact for general school messages, such as those sent by the school or district.  
**Teacher** - Marking this checkbox will use this method of contact for teacher-sent messages, including messages regarding falling grades and missing assignments.  
**Private** - Mark if number or email should be listed as private.

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

▼ **Migrant Worker**

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

Yes, this individual is a migrant worker  
 No, this individual is not a migrant worker

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

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Delete Cancel Save/Continue

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

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

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

Parent/Guardian

First Name	Last Name	Gender	Completed	
Michele	Custom	F	✓	Edit/Review
Marvin	Custom	M	✓	Edit/Review

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

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

✓ - Indicates that person is completed.

Add New Parent/Guardian

Back Save/Continue

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

Parent/Guardian

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

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

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

✓ - Indicates that person is completed.

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

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

**Emergency Contact Information**

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

[Ok](#)

[✓ Student\(s\) Primary Household](#)
[✓ Parent/Guardian](#)
[▼ Emergency Contact](#)
[Other Household](#)
[Student](#)

Emergency Contact

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

[Add New Emergency Contact](#)

[Back](#)

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

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

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

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

**Verification**

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

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

OR

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

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

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

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

**Other Household**

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

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

Back Save/Continue

Example Other Household

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

**Name: : Little Brother Example**

▼ Demographics

First Name: Little \*  
 Middle Name: Brother  
 Last Name: Example \*  
 Suffix: ▼  
 Birth Date: 01/01/2019  
 Gender: Male \*

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

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

Student

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

Add New Student  
Back

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

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

Please upload a copy of immunization records.

OLR immunizations sample.jpg (60 KB) Remove File

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

**▼ Race Ethnicity**

Is Hispanic/Latino  \*

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

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

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

**▼ Housing**

Yes, this student is homeless

No, this student is not homeless

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

Shared Housing

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

In emergency or transitional shelter

Awaiting foster care placement

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

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

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

**▼ Student Services**

Is your child a student with disabilities?

Does your student have a current IEP?  \*

Does your student have a current 504 plan?  \*

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

**Home Language Questionnaire**

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

Please enter language information for your student below.

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

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

**Tribal Enrollment**

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

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

◀ Previous   Next ▶

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

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

▼ Relationships - Parent/Guardians

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

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

Description of Contact Preferences  
**Guardian** - Marking this checkbox will flag this person as legal guardian to the student.  
**Mailing** - Marking this checkbox will flag this person to receive mailings for the student.  
**Portal** - Marking this checkbox will flag this person as a portal account, and this person will be able to view student information within the portal for this student.  
**Messenger** - Marking this checkbox will flag this person to receive messages from the District's messenger system.  
**Secondary Household** - Marking this checkbox will indicate that the student has a secondary household membership with this person. If the person chose to not provide an address then the student cannot be in a secondary household with that person.  
**Contact Sequence** - Adding a sequence number on contacts will prompt district staff to contact these persons in the order that you specify. Parent/Guardians should start with a sequence of 1 and Emergency Contacts should also start at a sequence of 1.  
**No Relationship** - Marking this checkbox will indicate that this person does not share a relationship to the student. By checking this checkbox you are indicating that this person no longer has a relationship to the student. The relationship will be ended if one exists.

◀ Previous   Next ▶

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

▼ Relationships - Emergency Contacts

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

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

Description of Contact Preferences  
**Contact Sequence** - Adding a sequence number on contacts will prompt district staff to contact these persons in the order that you specify. Parent/Guardians should start with a sequence of 1 and Emergency Contacts should also start at a sequence of 1.  
**No Relationship** - Marking this checkbox will indicate that this person does not share a relationship to the student. By checking this checkbox you are indicating that this person no longer has a relationship to the student. The relationship will be ended if one exists.

◀ Previous   Next ▶

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

▼ Relationships - Other Household

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

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

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

▼ Healthcare Provider

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

Healthcare Provider Doctor Name

Healthcare Provider Phone Number  ( ) -

◀ Previous   Next ▶

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

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

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

▼ Release Agreements

**Media**

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

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

**Field Trip**

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

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

**Technology**

I agree to the Technology acceptable use policy.

Please sign on the line below

*Penny Eximido*

Clear

← Previous

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

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

Student

First Name	Last Name	Gender	School	Completed
Student	Example	M		✓

Edit/Review

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

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

Green checkmark - Indicates that person is completed.

Add New Student

Back Save/Continue

Enroll another student

Continue to next section (no additional students)

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

You must submit your application by clicking the following button.

**Submit**

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

Back

[Application Summary PDF](#)

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

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

### Online Registration Summary

Page 1 / 2  
Example, Eleanor | 1099

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

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**Household**

**Home Phone**  
Home  
Phone: (555)555-5555

	High						
	Emergency	Priority	Attendance	Behavior	General	Teacher	Private
Home Phone: Voice	X	X	X	X	X	X	X
Text							

**Home Address**  
3672 GALTIER Rd.  
Blaine, NY 55449  
Household has no separate Mailing Address

**Parent/Guardian**

Example, Penny  
Birthdate: 01/01/1981  
Gender: F  
Household: Yes

**Contact Information**  
Cell: (555)555-5555  
Work:  
Other:  
Email: mmbaker@customonline.com  
Secondary  
Email:

	High						Food			
	Emergency	Priority	Attendance	Behavior	General	Service	Teacher	Private		
Cell: Voice	X	X	X	X	X	X	X	X	X	X
Text										
Email:	X	X	X	X	X	X	X	X	X	X

**Impact Aid**  
Parent/Guardian in Military: No

**Parent/Guardian**

Example, Ebenezer  
Birthdate: 01/01/1981  
489 SUBURBAN Ave.  
Blaine, NY 55449  
Phone: (555)544-5555

**Contact Information**

**Emergency Contact**

Example, Mabel  
Birthdate:  
Gender: F  
Household: Yes

**Contact Information**  
Home:  
Mobile: (555)554-5544  
Work:  
Email:

**Verification Information**  
Address Line 1: Same as student  
Address Line 2: Same as student

**Other Household**

Example, Esther  
Birthdate: 01/01/2019  
Gender: F  
Household: Yes

No further data for this household member

**Student**

Example, Eleanor  
Nickname: Ellie  
Student Number:  
Gender: F  
DOB: 01/01/2014

**Demographics**  
Student Cell Number:  
Student Email:  
Foreign Exchange: No  
Enrollment Grade: 02  
Test field 1 starting literal: No  
Test field 2 starting literal:

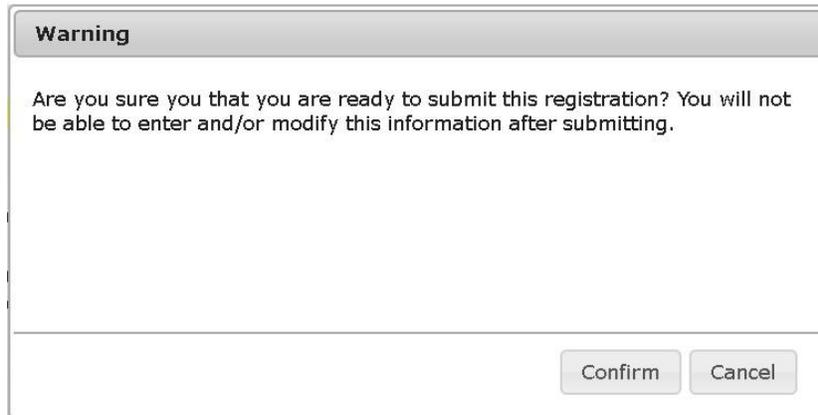
**Race Ethnicity**  
Asian  
Is Hispanic/Latino: No

**Language Information**  
Language most often spoken at home: English  
Student language: Spanish  
Parent/Guardian language: Spanish  
First language spoken by student: Spanish

If it is inaccurate, click into the area of the application to make the necessary changes before submitting.

**Once Submit is selected, you will NOT have access to modify the application.**

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



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



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

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

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

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

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

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

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

The screenshot shows the Infinite Campus Online Registration interface. At the top, it says "Application Number 1099". A progress bar indicates the status of various sections: Student(s) Primary Household, Parent/Guardian, Emergency Contact, Other Household, Student, and Completed. The "Student" section is highlighted in blue, indicating it is the current step.

A "Warning" dialog box is displayed in the foreground, stating: "You must view all forms for this person before saving." The dialog has a "Confirm" button. A red arrow points from the "Save/Continue" button in the background to the "Confirm" button in the dialog.

Below the dialog, a table lists students. The first row is highlighted in yellow, indicating missing required information. The table has columns for First Name, Last Name, Gender, School, and Completed. The "Completed" column has a yellow background, and an "Edit/Review" button is visible in the row.

First Name	Last Name	Gender	School	Completed
Eleanor	Example	F		

Below the table, there is a legend: "Yellow - Indicates that person is missing required information. Select the highlighted row to continue." and "Green checkmark - Indicates that person is completed." At the bottom, there are buttons for "Add New Student", "Back", and "Save/Continue".