

Welcome to registration for the 2024-25 school year

These instructions are for families who have students **currently** enrolled in a District 69 school, and will be returning. If you have a student to add (a kindergarten or PreK student who is **not** currently attending) you will be able to add them to this registration.

If you are a NEW family, please refer to the instructions for [New Registrations](#).

If you do not have a Campus Parent account, need help resetting your password, or any other additional assistance logging in to Campus Parent, please contact your school office:

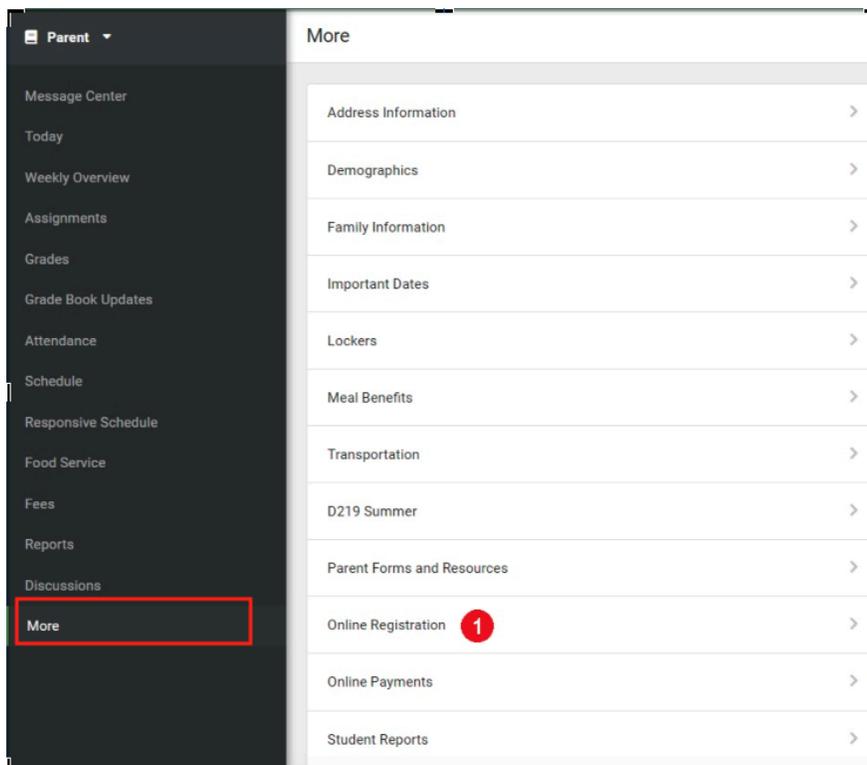
- Madison: Madisoninfo@skokie69.net / 847-675-3048
- Edison: Edisoninfo@skokie69.net / 847-966-6210
- Lincoln: Lincolninfo@skokie69.net / 847-676-3545

You may access the Online Registration Portal on a desktop, laptop, or Chromebook device only.

Log into your Campus Parent account at <https://nilesil.infinitecampus.org/campus/niles.jsp>

Accessing the Online Registration Application

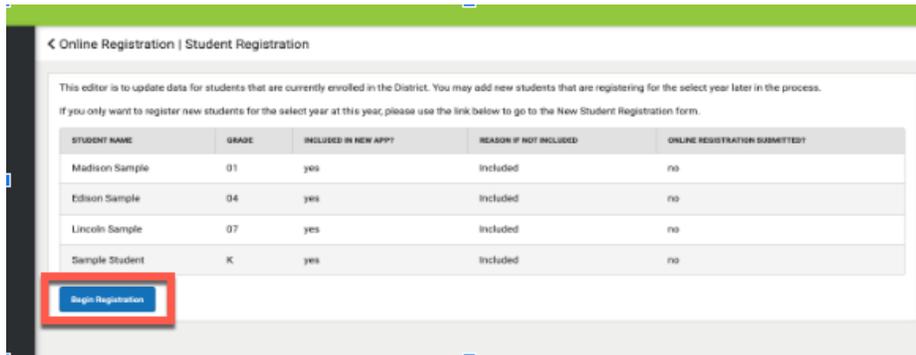
Go to **More**, then click on **Online Registration**



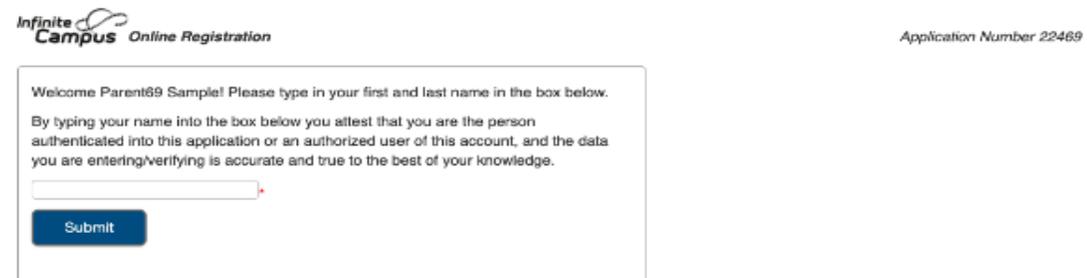
Click the **Start** button next to the 2024-2025 Student Registration.



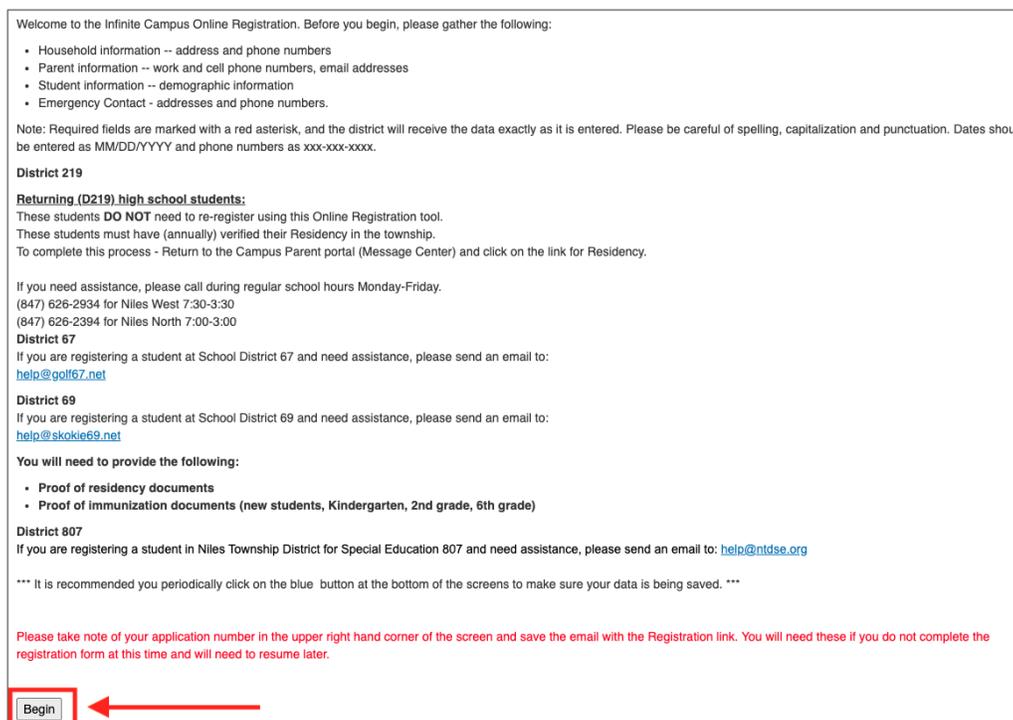
Review the names of students who are returning, then click on the **Begin Registration** button (you will have the ability to add a new student later in the registration process.)



On the next page please enter your first and last name, to attest and verify that you are the authorized user of this account. Then click **Submit**. Make a note of the Application Number on the top right corner - if you lose connectivity or get logged out for any reason, you can use this number to get back into the application.



Gather the listed documents (Household information, Parent Information, Student Information, Emergency Contact Information). Then click the **Begin** button.



Student Primary Household Section

Home Phone

Verify or Edit Home Phone and Contact Preferences, then click the **Next** button

English

1 Student(s) Primary Household 2 Parent/Guardian 3 Emergency Contact 4 Other Household Members 5 Student 6 Completed

Primary phone

Home Phone *
(847)675-7666

	Contact Preferences						
	EMERGENCY	HIGH PRIORITY	ATTENDANCE	BEHAVIOR	GENERAL	TEACHER	PRIVATE
VOICE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
TEXT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

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, such as those sent by the Attendance Dialer Wizard.
Behavior - Marking this checkbox will use this method of contact for behavior messages, such as those sent by the Behavior Messenger Wizard.
General - Marking this checkbox will use this method of contact for general school messages, such as those sent by the school or district.
Teacher - Marking this checkbox will use this method of contact for teacher-sent messages, including messages regarding failing grades and missing assignments.
Private - Mark if number should be listed as private

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

Next >

Home Address

Verify the primary address, if it is correct, click the **Next** button.

1 Student(s) Primary Household 2 Parent/Guardian 3 Emergency Contact 4 Other Household Members 5 Student 6 Completed

Primary phone

Home Address

Your address as listed in the portal
5050 Madison St
Skokie IL 60077

Is this address current? *

< Previous Next >

If the address is not current, answer No to “Is this address current?”, enter the date that the previous residence became inactive, add your new address, then click on the **Next** button.

Is this address current? *
No

Please enter the date that the mailing address became inactive for this household. *
month/day/year

*Please verify or add the information below. Please update any information that is incorrect.

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

Clear Address Fields

< Previous Next >

Enrolling District

Select **District 69 schools (Lincoln Jr. High, Madison, and Edison)** and click the **Next** button.

Primary phone

Home Address

Enrolling District

Which District / School are you completing this online registration for?

District 219 schools (Niles North, Niles West)

District 67 schools (Hynes Elementary, Golf Middle School)

District 69 schools (Lincoln Jr High, Madison, Edison, Pre-K)

District 807 (Niles Township District Special Education)

Previous Next

Residency Verification

To View the Residency requirements click [District 69 - residency requirements](#) link

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

Primary phone

Home Address

Enrolling District

District 69 Residency Document Upload

RESIDENCY VERIFICATION DOCUMENT UPLOAD OPTION (below) is available only for District 69 schools. (Lincoln, Madison, Edison)

Please upload your proof of residency documents below. You can upload them individually or as one file containing all of the documents into "Proof of Residency -1.If you are unable to submit Residency documents at this time, please send the required documents to your student's school: PreschoolInfo@skokie69.net (PreK) MadisonInfo@Skokie69.net (Grades K-2) EdisonInfo@Skokie69.net (Grades 3-5) LincolnInfo@Skokie69.net (Grades 6-8) "

[District 69 - residency requirements](#)

Proof of Residency - 1
Upload

Proof of Residency - 2
Upload

Proof of Residency - 3
Upload

Proof of Residency - 4
Upload

Proof of Residency - 5
Upload

Previous

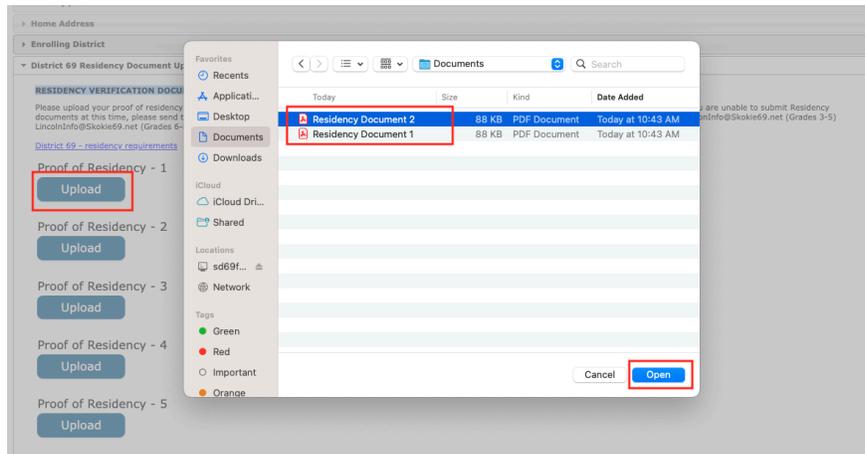
Save/Continue

In order to upload Residency document(s)

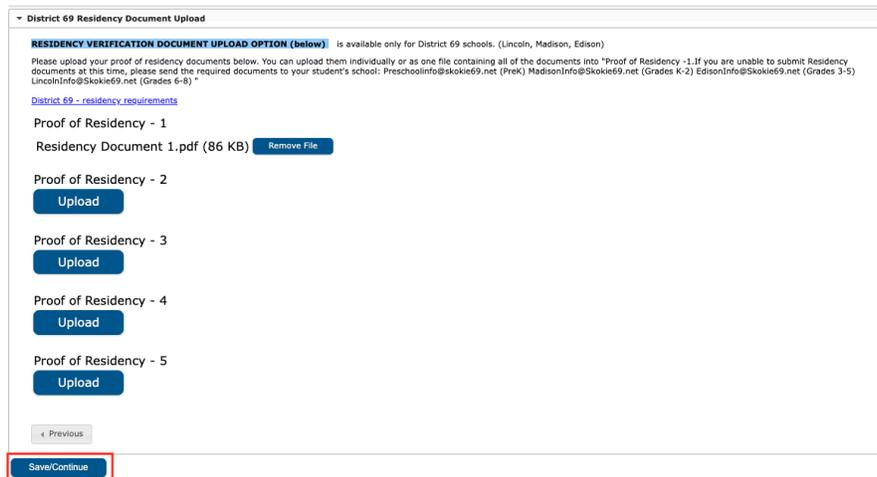
- Click the **Upload** button
- Select a proof of residency file from your computer
- Click the **Open** button to add the document to your registration

You can have one file with multiple documents per upload or, to upload a separate file, select the next upload button and follow the instructions.

Note: You may also skip this to upload at a later time or drop off at your child's school office.



Once you are finished uploading documents click the **Save/Continue** button.



Parent/Guardian Section

Review the guardians listed for your child or children. If a record is highlighted yellow it needs to be reviewed before you will be able to continue.

Click on the **arrow** next to the record you would like to review.

Progress indicators: Student(s) Primary Household (green check), Parent/Guardian (yellow exclamation mark), Emergency Contact (yellow exclamation mark), Other Household Members (yellow exclamation mark), Student (yellow exclamation mark), Completed (6, grey circle).

Parent/Guardian

FIRST NAME	LAST NAME	GENDER	RECORD TYPE	COMPLETED
Margaret	Clauson	F	Existing	INCOMPLETE >
Mickey	Mouse	M	Existing	INCOMPLETE >
Parent69	Sample	M	Existing	INCOMPLETE >

Add New Parent/Guardian

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

< Back Save/Continue

Demographics

Verify the demographic information and click the **Next** button.

Parent/Guardian Name: Parent69 Sample

Demographics

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

First Name *
Parent69

Middle Name

Last Name *
Sample

Suffix

Birth Date *
01/27/1985

Gender *
Male

Does this person live at the address listed below? *
Yes

5050 Madison St
Skokie, IL 60077

Next >

If the address for this person differs from the one listed, select **No** for “Does this person live at the address listed below?” and provide updated address information. If you do not wish to provide address information for this parent, please check the “*I will not provide an address for this parent*” box. Once completed click **Next**.

Does this person live at the address listed below? *
No

5050 Madison St
Skokie, IL 60077

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
<input type="text"/>					
City *	State *	Zip *	Ext.	County	
<input type="text"/>					

Clear Address Fields

Phone Number
() - -

Next >

Contact Information

Review and if needed, edit the contact information and preferences. Click the **Next** button.

At least one Phone Number is required.

Enter your primary contact information.

Phone *
(222)222-2222

Contact Preferences							
	EMERGENCY	HIGH PRIORITY	ATTENDANCE	BEHAVIOR	GENERAL	TEACHER	PRIVATE
VOICE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
(SMS)TEXT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Work Phone
() - - - X

Email

Contact Preferences							
EMERGENCY	HIGH PRIORITY	ATTENDANCE	BEHAVIOR	GENERAL	TEACHER	PRIVATE	
<input checked="" type="checkbox"/>	<input type="checkbox"/>						

Other Phone
() - - - X

Secondary Email

Contact Preferences							
EMERGENCY	HIGH PRIORITY	ATTENDANCE	BEHAVIOR	GENERAL	TEACHER	PRIVATE	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Preferred Communication Language *
English

[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 behavior messages, such as those sent by the Behavior Messenger Wizard.
Behavior - Marking this checkbox will use this method of contact for behavior messages, such as those sent by the Behavior Messenger Wizard.
General - Marking this checkbox will use this method of contact for general school messages, such as those sent by the school or district.
Teacher - Marking this checkbox will use this method of contact for teacher-sent messages, including messages regarding failing grades and missing assignments.
Private - Mark if number or email should be listed as private

< Previous **Next** >

State/Impact Aid

Please Select Yes or No if the Parent/Guardian is serving in the US military, then click the **Save/Continue** button.

English

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

Parent/Guardian Name: Parent69 Sample

- Demographics +
- Contact Information +
- State/Impact Aid -

SCHOOL WELLNESS CHILDREN OF MILITARY FAMILIES

Parent/Guardian in the US military?

Yes
 No

< Previous

Cancel **Save/Continue**

Adding a New Parent or Guardian

Click on the **Add New Parent/Guardian** button.

Progress indicator: 1 Student(s) Primary Household (Completed), 2 Parent/Guardian (Current), 3 Emergency Contact, 4 Other Household Members, 5 Student, 6 Completed.

Parent/Guardian

FIRST NAME	LAST NAME	GENDER	RECORD TYPE	COMPLETED
Margaret	Clauson	F	Existing	COMPLETED >
Mickey	Mouse	M	Existing	COMPLETED >
Parent69	Sample	M	Existing	COMPLETED >

Add New Parent/Guardian

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

< Back **Save/Continue**

Demographics

Enter demographic information and click the **Next** button.

Parent/Guardian Name: Test Parent

Demographics

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

First Name *
Test

Middle Name

Last Name *
Parent

Suffix

Birth Date *
11/09/1978

Gender *
Male

Does this person live at the address listed below? *
Yes

5050 Madison St
Skokie, IL 60077

Next >

Contact Information

Enter contact phone and email information, then verify the Preferred Communication Language and click the **Next** button.

At least one Phone Number is required.

Enter your primary contact information.

Phone *
(888)888-8888

Contact Preferences							
	EMERGENCY	HIGH PRIORITY	ATTENDANCE	BEHAVIOR	GENERAL	TEACHER	PRIVATE
VOICE	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
(SMS)TEXT	<input type="checkbox"/>	<input type="checkbox"/>					

Work Phone
() - - - x

Email

Other Phone
() - - - x

Secondary Email

Preferred Communication Language *
▼

[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 behavior messages, such as those sent by the Behavior Messenger Wizard.
Behavior - Marking this checkbox will use this method of contact for behavior messages, such as those sent by the Behavior Messenger Wizard.
General - Marking this checkbox will use this method of contact for general school messages, such as those sent by the school or district.
Teacher - Marking this checkbox will use this method of contact for teacher-sent messages, including messages regarding failing grades and missing assignments.
Private - Mark if number or email should be listed as private

< Previous **Next** >

State/Impact Aid

Please Select Yes or No if the Parent/Guardian is serving in the US military, if yes, fill in requested information and click the **Save/Continue** button.

Student(s) Primary Household (1) Parent/Guardian (2) Emergency Contact (3) Other Household Members (4) Student (5) Completed (6)

Parent/Guardian Name: Test Parent

- Demographics +
- Contact Information +
- State/Impact Aid -

SCHOOL WELLNESS CHILDREN OF MILITARY FAMILIES

Parent/Guardian in the US military?

Yes
 No

< Previous

Cancel **Save/Continue**

Once you have reviewed all the parent/guardian records and have a “Completed” status under the completed column, click the **Save/Continue** button to move to the next section.

Parent/Guardian

FIRST NAME	LAST NAME	GENDER	RECORD TYPE	COMPLETED
Margaret	Clauson	F	Existing	COMPLETED >
Mickey	Mouse	M	Existing	COMPLETED >
Parent69	Sample	M	Existing	COMPLETED >
Test	Parent	M	New	COMPLETED >

Add New Parent/Guardian

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

< Back **Save/Continue**

Emergency Contact Section

Review the emergency contacts listed for your child or children. All the highlighted incomplete records need to be reviewed before you can continue. You may also add new emergency contacts in this section.

Edit/Review existing contacts

Click on the **gray arrow** next to the record you would like to review.

Progress: Student(s) Primary Household (✓) | Parent/Guardian (✓) | **Emergency Contact (!)** | Other Household Members (!) | Student (!) | Completed (6)

Emergency Contact

FIRST NAME	LAST NAME	GENDER	RECORD TYPE	COMPLETED
Emergency	Contact	F	Existing	INCOMPLETE >
Emergency69	Sample	F	Existing	INCOMPLETE >
Emergency69	Sample2	M	Existing	INCOMPLETE >

Add New Emergency Contact

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.

< Back **Save/Continue**

Demographics

Edit and fill in the required demographic information. If this person should no longer be an Emergency Contact, please select No under “Is this person still an emergency contact for at least one student in this household?” and click the **Next** button.

The screenshot shows a progress bar at the top with six steps: Student(s) Primary Household (checked), Parent/Guardian (checked), Emergency Contact (active, with a yellow exclamation mark), Other Household Members (warning, with a yellow exclamation mark), Student (warning, with a yellow exclamation mark), and Completed (6, with a grey circle). Below the progress bar, the form title is "Contact Name: Emergency Contact". A sub-section titled "Demographics" is expanded, showing instructions: "Please complete the following information for each emergency contact for your students." The form includes input fields for First Name (containing "Emergency"), Middle Name, Last Name (containing "Contact"), Suffix (a dropdown menu), Gender (a dropdown menu with "Female" selected), and a highlighted yellow section for "Is this person still an emergency contact for at least one student in this household?" with "Yes" selected. A "Next >" button is highlighted with a red box at the bottom.

Contact Information

Review or Edit contact information and click the **Next** button

The screenshot shows the "Contact Information" section of the form. The title is "Contact Name: Emergency Contact". Below it, there are two expandable sections: "Demographics" (expanded) and "Contact Information" (collapsed). The "Contact Information" section contains the instruction "Enter the contact information for this emergency contact." and a blue error message: "At least one Phone Number is required." The form includes input fields for Home Phone (containing "(111)111-1111"), Cell Phone (containing "() - -"), Work Phone (containing "() - - x"), and Email. A "Next >" button is highlighted with a red box at the bottom.

Verification

Indicate if this emergency contact lives in the same household as your child or children or enter the emergency contact's address, it will be used to verify if this contact is in our system. Click on the **Save/Continue** button.

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.

Does this emergency contact live at the address below? *

No

5050 Madison St
Skokie, IL 60077

OR

Address Line 1

Address Line 2

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

< Previous

Cancel **Save/Continue**

Adding a New Emergency Contact

Click on the **Add New Emergency Contact** button

Progress indicator: 1 Student(s) Primary Household, 2 Parent/Guardian, 3 **Emergency Contact**, 4 Other Household Members, 5 Student, 6 Completed

Emergency Contact

FIRST NAME	LAST NAME	GENDER	RECORD TYPE	COMPLETED
Emergency	Contact	F	Existing	COMPLETED >
Emergency69	Sample	F	Existing	COMPLETED >
Emergency69	Sample2	M	Existing	COMPLETED >

Add New Emergency Contact

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.

< Back **Save/Continue**

Go through each screen for the new contact.

Once you have reviewed and added all the emergency contact records and all records have a green check mark under the completed column, click the **Save/Continue** button to move onto the next section.

Progress indicator: Student(s) Primary Household (✓), Parent/Guardian (✓), Emergency Contact (3), Other Household Members (1), Student (1), Completed (6).

Emergency Contact

FIRST NAME	LAST NAME	GENDER	RECORD TYPE	COMPLETED
Emergency	Contact	F	Existing	COMPLETED >
Emergency69	Sample	F	Existing	COMPLETED >
Emergency69	Sample2	M	Existing	COMPLETED >

IN AN EMERGENCY, if parent/guardian cannot be contacted, please call one of the following Emergency Contacts listed. Proper identification will be required before a student is released to emergency contacts.

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Other Household Members Section

In this section you can add other members that reside in the same household. Review other household members listed. All the highlighted records need to be reviewed before continuing. **DO NOT ADD NEW STUDENTS (Prek or Kindergarten) TO THIS AREA.**

Click on the **arrow to the right** of the record you want to update

Progress indicator: Student(s) Primary Household (✓), Parent/Guardian (✓), Emergency Contact (✓), Other Household Members (!), Student (!), Completed (6).

Other Household Members

FIRST NAME	LAST NAME	GENDER	RECORD TYPE	COMPLETED
Guardian69	Sample69	F	Existing	INCOMPLETE >

Please list all other members, including children, of the Primary Household besides the student you are enrolling.

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Student Section

Review student enrollment for your child or children.
All the highlighted records need to be reviewed before continuing.

Click on the **arrow to the right** of the first student

Student

FIRST NAME	LAST NAME	GENDER	SCHOOL	RECORD TYPE	COMPLETED
Edison	Sample	M	Edison Elementary School	Existing	INCOMPLETE >
Madison	Sample	N	Madison Elementary School	Existing	INCOMPLETE >
Lincoln	Sample	M	Lincoln Junior High School	Existing	INCOMPLETE >

Please include all students that need to be enrolled.

Demographics

Review and add any missing information and click on the **Next** button

Student Name : Edison Sample

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. Please update any information that is incorrect. Please enter the student's name exactly as it appears on the birth certificate. If your student has two last names, please enter both in the box marked "last name". Please enter both names without a dash in between.

Legal First Name*

Middle Name

Legal Last Name*

Suffix

Nickname

Gender*

Birth Date*

Enrolling School / District*

Enrollment Grade*

Race/Ethnicity

Review and add any missing information and click on the **Next** button

Student Name: Rusty Shackelford

Demographics

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

Housing

Student Services

Language Information

Previous Schools

Housing

Review and verify the student's current housing/custody information then click the **Next** button.

Housing

Do both parents have shared legal custody of the child ? *

Yes

No

- If there is not shared legal custody please describe the party who has custody and the legal arrangements.

Do both parents have shared legal custody of the child ? *

- Yes
- No

If No, please describe the party who has custody and the arrangements. Please make sure the school has a copy if not already on file *

This field is required

Relationships - Parent/Guardians

Review and verify parent relationships to the student and contact preferences, then click **Next**.

Relationships - Parent/Guardians

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

NAME	RELATIONSHIP *	GUARDIAN	MAILING	PORTAL	MESSENGER	SECONDARY HOUSEHOLD	CONTACT SEQUENCE *
	Aunt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
MICKEY MOUSE	Father	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		2
PARENT69 SAMPLE	Mother	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		1
TEST PARENT		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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
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 so on, and the sequence will continue through to Emergency Contacts.
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** >

Relationships - Emergency Contacts

Review emergency contacts, relationships to the student and what order you want them contacted in case of emergency, then click **Next**.

Relationships - Emergency Contacts

NAME	RELATIONSHIP *	CONTACT SEQUENCE *
EMERGENCY CONTACT	Aunt	6
EMERGENCY69 SAMPLE	Aunt	3
EMERGENCY69 SAMPLE2	Babysitter	4

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 so on, and the sequence will continue through to Emergency Contacts.
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** >

Relationships - Other Household

Review other members of your household and relationships to the student, then click **Next**.

Relationships - Other Household

NAME	RELATIONSHIP *
MADISON SAMPLE	Sibling
LINCOLN SAMPLE	Sibling
GUARDIAN69 SAMPLE69	Guardian

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.*** If the Relationship is a brother or a sister, please choose Sibling in the dropdown.

< Previous **Next** >

Health Services - Medical or Mental Health Conditions

Update any medical conditions listed, add any new ones or mark that the student does not have any medical or mental health conditions. Each condition must be marked Current or NOT current.

Health Services - Medical or Mental Health Conditions

Does this student have any medical or mental health conditions? *

Yes

Condition *
Allergies to Food (explain) Condition Status *

This condition is current
 This condition is NOT current

Condition *
Asthma - carries an inhaler Condition Status *

This condition is current
 This condition is NOT current

Condition *
Asthma Condition Status *

This condition is current
 This condition is NOT current

Condition *
Diabetes Condition Status *

This condition is current
 This condition is NOT current

Add Condition

< Previous Next >

Health Services - Medications

Update any medications the student will take at school or mark that there are no medications. Please note if there are medications, please click on the District 69 link to download a copy of the School Medication Authorization Form. A current form must be filled out, signed by the student's doctor and must be returned to school each year. If a medication is no longer taken, mark it is NOT current.

Relationships - Other Household +

Health Services - Medical or Mental Health Conditions +

Health Services - Medications -

Does this student take any medications? *

Yes

Existing Medication * Medication Status *

This medication is current
 This medication is NOT current

Existing Medication * Medication Status *

This medication is current
 This medication is NOT current

Add Medication

Click the links below, to find out your registering District's School Medication Authorization Form requirements. You need to print this and bring it to your doctor to complete. Medication will not be distributed without this form being complete.

[District 219](#) District 69 [District 67](#) [District 807](#)

< Previous Next >

Release Agreements - D69

Answer all questions on the Release Agreements - D69 page - there are attached policies for Residency, Technology and Use of Student Photo, Video and Informational Agreement.

Release Agreements - D69

FEES

Do you plan on applying for a fee waiver?*

Yes
 No

I/We have reviewed the board of education approved school fees ([School Fee Schedule](#))*

TRANSPORTATION (For K-8 students and IEP eligible PK students only)

Would you like bus transportation for your child? (not available for PreK) ([Bus Fee Schedule](#))*

Yes
 No

ADDITIONAL STUDENT INFORMATION

I give permission for my child's name and family contact information (parent name(s), phone number, email address) to be shared with parent organizations (ie. PTO) and with families in my child's classroom (PreK-5) or grade level (6th-8th grade).*

Yes
 No

I give permission for my student's information (name, address, birthday, phone, grade, guardian name and email, public library card number) to be shared among the Skokie and Morton Grove Public Libraries and District 69 for the purpose of obtaining a 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 Skokie and Morton Grove Public Libraries and immediately report any change of address or loss of card. *

Yes, share my information. Select yes even if your child has a library card
 No, do not share my information.

Would you like information about homeless resources or services?*

Yes
 No

District 69 uses this information to project future enrollment. Are you anticipating the birth or placement of a child in your home in the next 6-12 months?*

Yes
 No

Would you like to request interpretation services for conferences and meetings, such as parent-teacher conferences or IEP meetings?*

No
 Yes

RESIDENCY

I/We acknowledge that I have read and agree to the Residency Policy ([Agreement](#))*

TECHNOLOGY

I/We have read the Appropriate Use of Technology Agreement ([Agreement](#))*

I/we have read and acknowledge the Use of Student Photo, Video, and Information Agreement ([Agreement](#))*

Uploading Physical and Immunization records

Upload physical and immunization records. Students are not allowed to start school until the required forms are received (you may also skip this to upload at a later time or drop off at your child's school office).

STATE OF ILLINOIS PHYSICAL AND IMMUNIZATION REQUIREMENTS

Please upload both sides of your State of Illinois Certificate of Child Health Examination forms below

All entering Pre-Kindergarten, Kindergarten, and Grade 6 children must submit the physical examination and immunization form. Students entering an Illinois school for the first time at any grade level must also submit this form. Please make sure a parent/guardian completes and signs the Health History section of the form. **Students are not allowed to start school until the required form is received.**

The required form, [State of Illinois Certificate of Child Health Examination form](#), must be signed by a physician, nurse practitioner, or physician assistant. Only this form is accepted. Forms dated within one year prior to the first day of school or after will be accepted.

If you are unable to submit immunization document(s) at this time, please send the required documents to your student's school no later than Thursday, August 1, 2024 to avoid exclusion from school. Documents may be sent to the following emails:

PreschoolInfo@skokie69.net (PreK)
MadisonInfo@Skokie69.net (Grades K-2)
EdisonInfo@Skokie69.net (Grades 3-5)
LincolnInfo@Skokie69.net (Grades 6-8)

Upload front side of State of IL Health Exam Form

Upload

Upload back side of State of IL Health Exam Form (Parent/Guardian to complete "Health History" section **prior** to uploading)

Upload

Click upload - select the file on your computer - and click open.

STATE OF ILLINOIS PHYSICAL AND IMMUNIZATION REQUIREMENTS

Please upload both sides of your State of Illinois Certificate of Child Health Examination forms below

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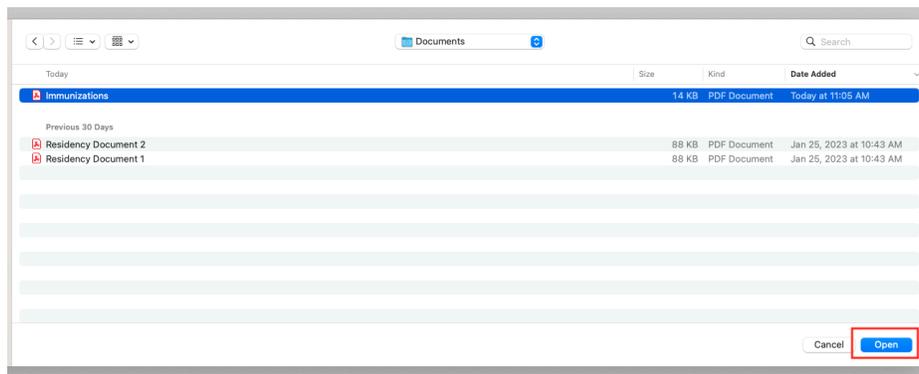
PreschoolInfo@skokie69.net (PreK)
MadisonInfo@Skokie69.net (Grades K-2)
EdisonInfo@Skokie69.net (Grades 3-5)
LincolnInfo@Skokie69.net (Grades 6-8)

Upload front side of State of IL Health Exam Form

Upload

Upload back side of State of IL Health Exam Form (Parent/Guardian to complete "Health History" section **prior** to uploading)

Upload



To remove a file added in error, click Remove File.

PreschoolInfo@skokie69.net (PreK)
MadisonInfo@Skokie69.net (Grades K-2)
EdisonInfo@Skokie69.net (Grades 3-5)
LincolnInfo@Skokie69.net (Grades 6-8)

Upload front side of Immunization form

Part 2.pdf (27 KB)

Remove File

Upload back side of Immunization form

Upload

Signature Authorization

Use your mouse to sign your name and click **Save/Continue**

Release Agreements - D69

Signature Authorization

Please sign on the line below

Clear

Please click the "Save/Continue" button below to complete registration for this student and/or add a new student.

Previous

Cancel Save/Continue

ADDING A NEW KINDERGARTEN OR PRE-K STUDENT

If you have a child who will be attending kindergarten or PreK, and they **HAVE NOT** been a student in a District 69 school previously, this is where you will add them to your Infinite Campus household.

Click on Add New Student

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

Student

FIRST NAME	LAST NAME	GENDER	SCHOOL	RECORD TYPE	COMPLETED
Edison	Sample	M	Edison Elementary School	Existing	INCOMPLETE >
Madison	Sample	N	Madison Elementary School	Existing	INCOMPLETE >
Lincoln	Sample	M	Lincoln Junior High School	Existing	INCOMPLETE >

Add New Student

Please include all students that need to be enrolled.

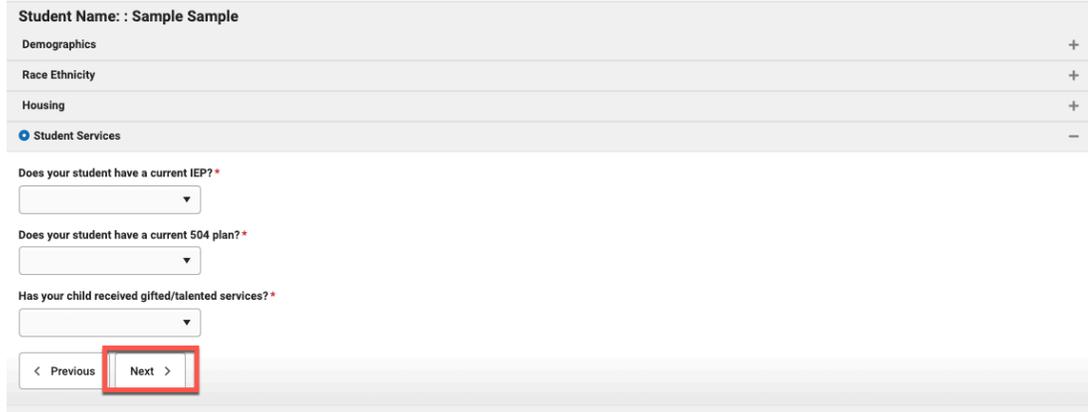
< Back Save/Continue

You will go through all of the screens outlined above but will be given a few additional screens to complete for the new student.

Please enter the information on the **Demographic** page, **Race Ethnicity**, and **Housing** tabs.

Student Services

Verify whether or not the student has a current IEP (Individualized Education Program), 504, or has received gifted/talented services.



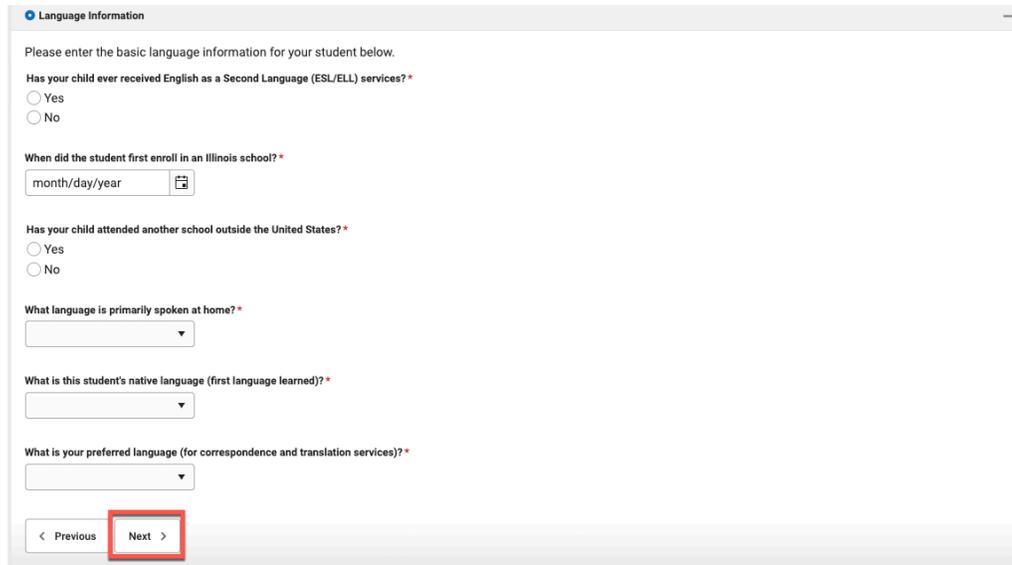
The screenshot shows a form titled "Student Name: : Sample Sample". It has a sidebar with tabs: Demographics (+), Race Ethnicity (+), Housing (+), and Student Services (selected, -). The main content area contains three questions, each with a dropdown menu:

- Does your student have a current IEP? *
- Does your student have a current 504 plan? *
- Has your child received gifted/talented services? *

At the bottom, there are two buttons: "< Previous" and "Next >". The "Next >" button is highlighted with a red box.

Language Information - all questions on this tab are required

- Review and verify whether the student has received ESL/ELL services
- Review and verify what date the student enrolled in an Illinois school and whether or not your child has attended another school outside of the US
- Verify what is the current primary language spoken in the home
- Verify the student's native language
- Verify what is the preferred language used for correspondence and translation services.
- Click **Next**



The screenshot shows a form titled "Language Information". It contains the following questions and input fields:

- Please enter the basic language information for your student below.
- Has your child ever received English as a Second Language (ESL/ELL) services? *
 Yes
 No
- When did the student first enroll in an Illinois school? *
month/day/year
- Has your child attended another school outside the United States? *
 Yes
 No
- What language is primarily spoken at home? *
- What is this student's native language (first language learned)? *
- What is your preferred language (for correspondence and translation services)? *

At the bottom, there are two buttons: "< Previous" and "Next >". The "Next >" button is highlighted with a red box.

Previous Schools

Enter any previous school the student has attended, if there is no prior school or the prior school isn't listed select the **Not Available** option and use today's date for **Left/Will Graduate**.

Previous Schools

Please enter information regarding this student's prior schools.
(If there is no prior school or prior school isn't listed, just select the option of **Not Available** and use today's date for *Date Left/Will Graduate*).

Most Recent/Current	School 1	School 2
School* NOT AVAILABLE	School	School
City	City	City
State	State	State
Country	Country	Country
Date Started month/day/year	Date Started month/day/year	Date Started month/day/year
Date Left/Will Graduate* 12/05/2023	Date Left/Will Graduate month/day/year	Date Left/Will Graduate month/day/year

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

If your student is transferring from another school, the form linked below is required to be filled out and submitted to the district 69 school secretary.
[Release of Records](#)

< Previous **Next** >

You are in the home stretch now!

Complete the remaining screens for the new student:

- Relationships - Parent/Guardians
- Relationships - Emergency Contacts
- Relationships - Other Household
- Health Services - Medical or Mental Health Conditions
- Health Services - Medications
- Release Agreements - D69
- Signature Authorization - then Click **Save/Continue**

Release Agreements - D69

Signature Authorization

Please sign on the line below

Clear

Please click the "Save/Continue" button below to complete registration for this student and/or add a new student.

← Previous

Cancel **Save/Continue**

Adding additional Students

If you have more students to register, please click on **Add New Student** - and go through all of the steps for that child.

Student

FIRST NAME	LAST NAME	GENDER	SCHOOL	RECORD TYPE	COMPLETED
Edison	Sample	M	Edison Elementary School	Existing	INCOMPLETE >
Madison	Sample	N	Madison Elementary School	Existing	INCOMPLETE >
Lincoln	Sample	M	Lincoln Junior High School	Existing	INCOMPLETE >

Add New Student

Please include all students that need to be enrolled.

< Back **Save/Continue**

Once you have added all students, and the records have a green “Completed” under the completed column, click the **Save/Continue** button to continue.

Student

FIRST NAME	LAST NAME	GENDER	SCHOOL	RECORD TYPE	COMPLETED
Edison	Sample	M	Edison Elementary School	Existing	COMPLETED >
Madison	Sample		Madison Elementary School	Existing	COMPLETED >
Lincoln	Sample	M	Lincoln Junior High School	Existing	COMPLETED >

Add New Student

Please include all students that need to be enrolled.

< Back **Save/Continue**

Sign the final page saying you are complete

Prior to clicking on Submit - you can go back and verify/edit any data you have entered. You can print your application by clicking on Application Summary PDF. When you are finished, click **Submit**

Please sign on the line below. Clear

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.

You must submit your application by clicking the following button.

Back Application Summary PDF **Submit**

English

Thank you for completing Online Registration! For a PDF copy of the submitted data, please click the link below.

[Application Summary PDF](#)

You can print your application from this page as well.
Take note of the application number and the year it was submitted for.

Thank you for completing this for your family.