


Instructions for Accessing Online Registration – NEW to Herricks Public 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 district.registrar@herricks.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 HERRICKS PUBLIC SCHOOLS continue to the next step. *If you have a child currently enrolled HERRICKS PUBLIC SCHOOLS, log into your Parent Portal account to access Online 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 registering has attended HERRICKS PUBLIC SCHOOLS in the past.
 - a. If any student is **RETURNING** to HERRICKS PUBLIC SCHOOLS from another district check the box and continue to the next step.
 - b. If any of your children are currently enrolled in HERRICKS PUBLIC SCHOOLS, do not complete this form. Instead, log into the Parent Portal to access Online Registration.

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.	
	
<input type="button" value="Begin Registration"/>	

4. 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

5. The email message will include a link to the application. Click the link to begin the application.
6. Select your preferred language (again). District communications will use this selected language, if available.

English | Español

Please pick your preferred language.

Por favor elija su idioma preferido

7. 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.

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

Welcome to the Infinite Campus Online Registration. Before you begin, please gather the following:

- Household information -- address and phone numbers
- Parent information -- work and cell phone numbers, email addresses
- Student information -- demographic and health/medication information
- Emergency Contact - addresses and phone numbers.

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 (555) 555-5555 during business hours or leave a message and a representative will be back in touch with you the next business day.

This is some text!

This text is bold.

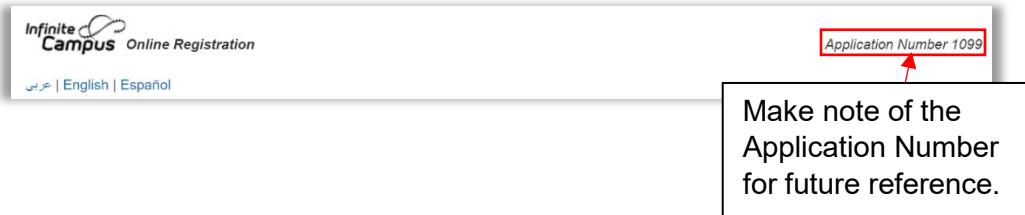
This text is emphasized.

Please [Click here!](#)

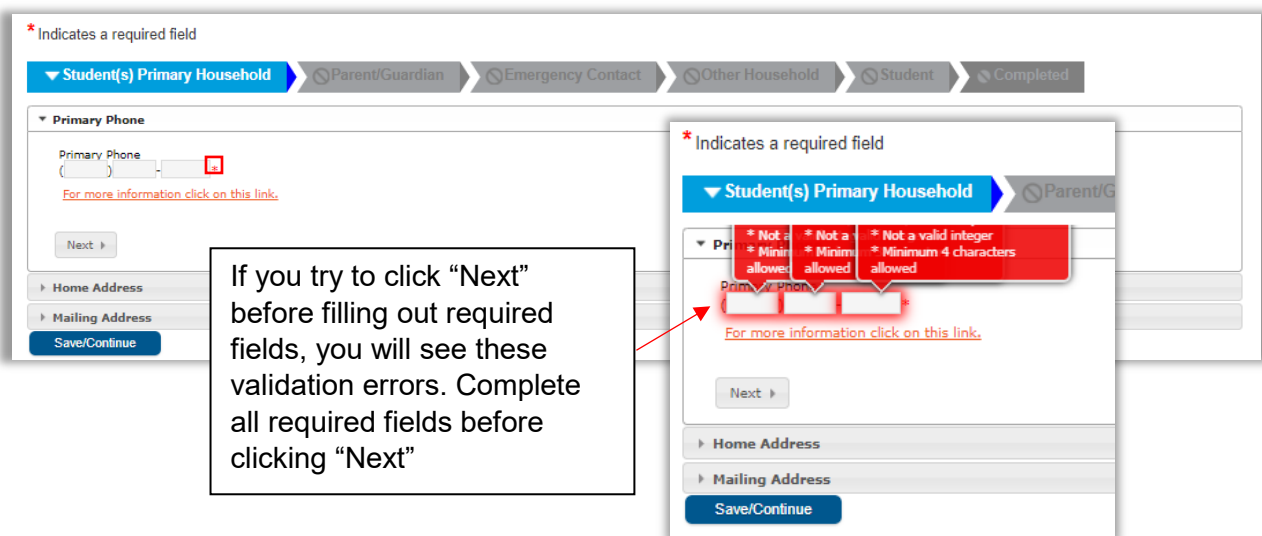
9. Click “Begin Online Registration/Update” to begin the application. You may need to make the window full screen. Click  in the upper right corner to make it full screen.

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

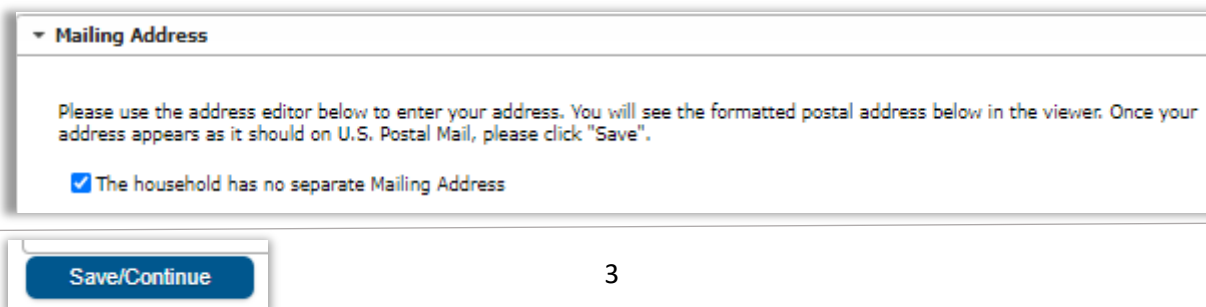
- stop and return to the application at a later date
- request assistance regarding the application



11. 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.

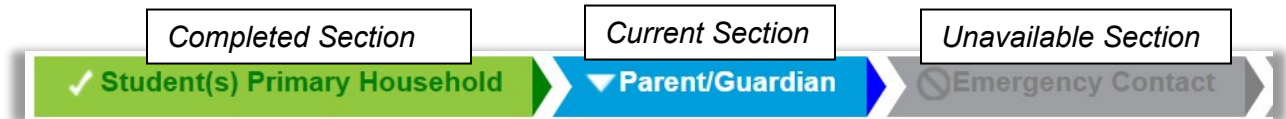


12. If you have a separate Mailing Address, uncheck the “The household has no separate Mailing Address” checkbox and complete the Mailing Address information. If you do not have a separate mailing address, click “Save/Continue”.

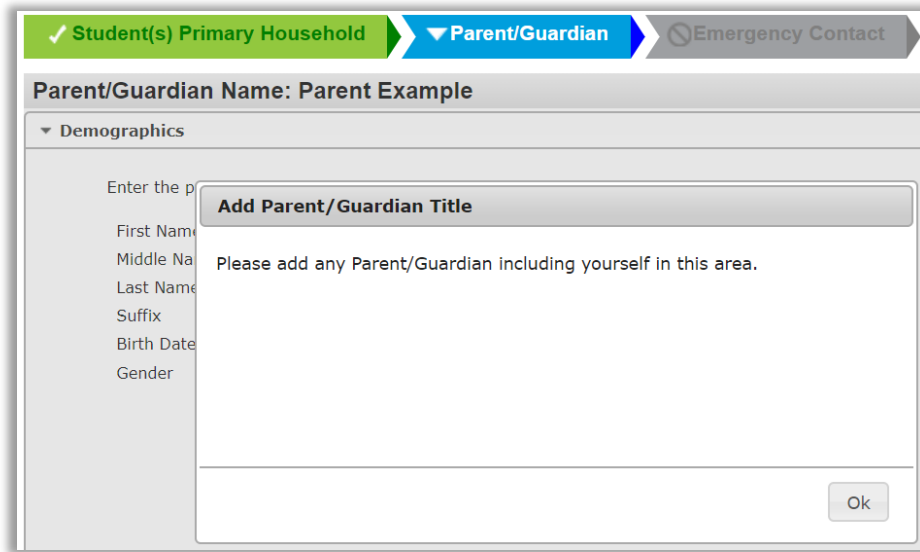


13. Once you have completed a section of the application, it will turn green and have a white checkmark next to it. You may return to the section at any time before submitting the application by clicking on it. Reasons you may want to return to a section:

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



14. 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

- If you live with the student, click “Next”.
- 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.

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.:

Phone Number: () -

- 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: () -

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 failing grades and missing assignments.

Private - Mark if number or email should be listed as private

16. 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.](#)

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

18. If you need to add another Parent/Guardian click the “Add New Parent/Guardian” button and repeat steps 17-19. 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	✓	<input type="button" value="Edit/Review"/>
Marvin	Custom	M	✓	<input type="button" value="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.

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	✓	<input type="button" value="Edit/Review"/>
Marvin	Custom			<input type="button" value="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.

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

19. 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.

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

Emergency Contact

First Name	Last Name	Gender	Completed
<small>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.</small>			
<small>Yellow - Indicates that person is missing required information. Select the highlighted row to continue.</small>			
<small>✓ - Indicates that person is completed.</small>			

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.

Lives with Student

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

OR

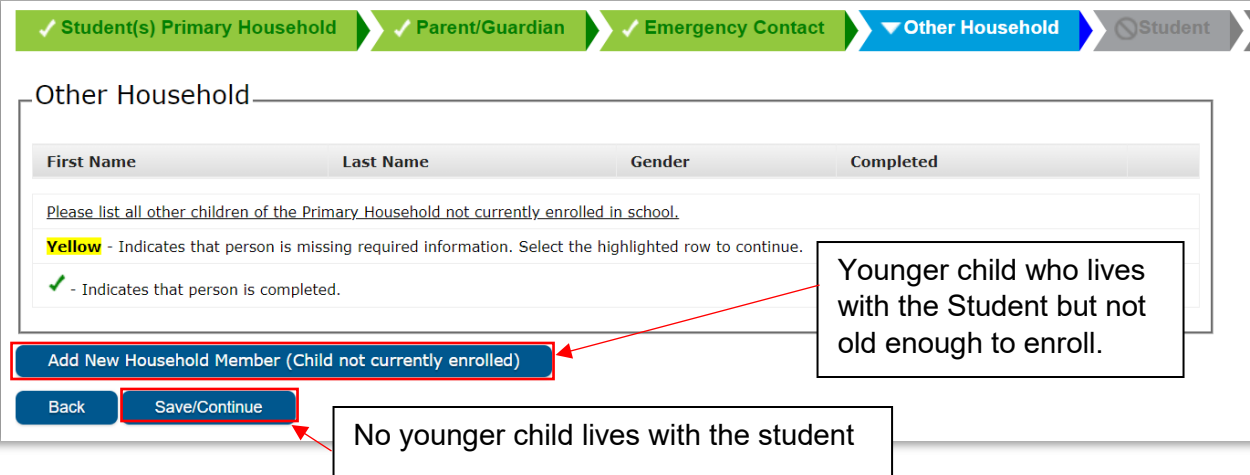
Address Line 1
Address Line 2

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

123 Main St
Blaine NY 12345

Does Not Live with Student

20. 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.***



Other Household

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

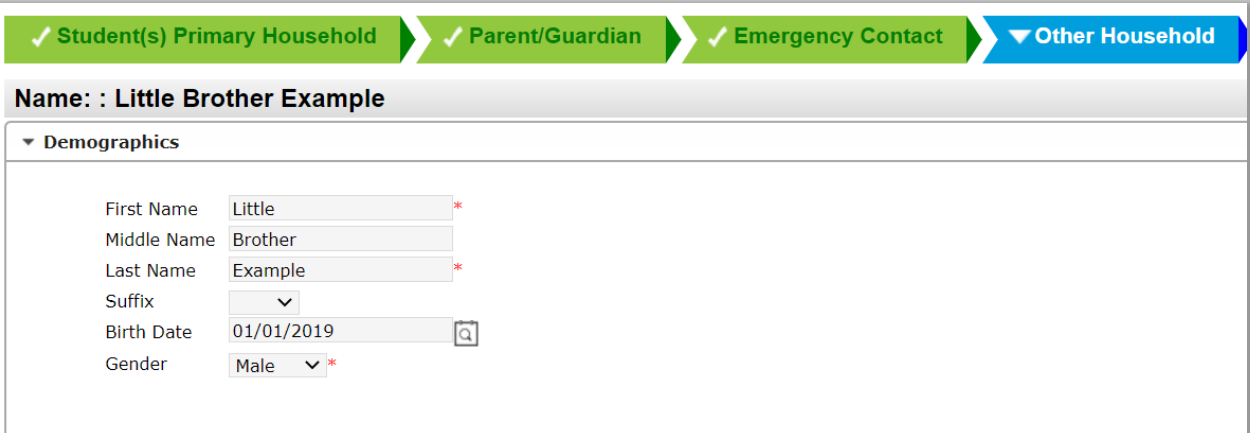
Add New Household Member (Child not currently enrolled)

Back Save/Continue

Younger child who lives with the Student but not old enough to enroll.

No younger child lives with the student

Example Other Household



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

Name: : Little Brother Example

▼ Demographics

First Name Little *

Middle Name Brother

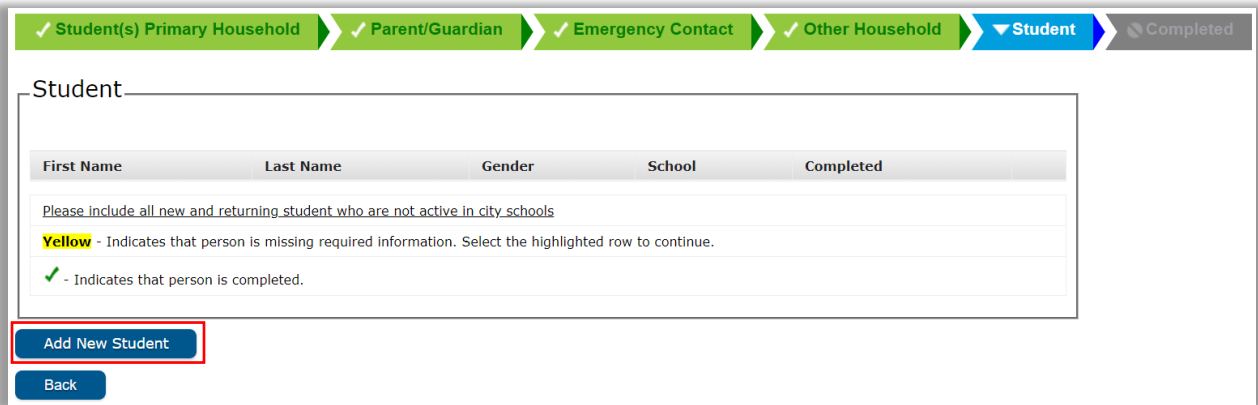
Last Name Example *

Suffix ▼

Birth Date 01/01/2019

Gender Male *

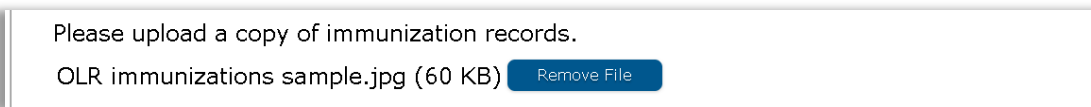
21. Click “Add New Student” to enter the information for the student(s) to be enrolled. You will add students one at a time, completing one student before adding any additional students.



The screenshot shows a progress bar at the top with steps: ✓ Student(s) Primary Household, ✓ Parent/Guardian, ✓ Emergency Contact, ✓ Other Household, ▼ Student (active), and Completed. Below the progress bar is a form titled "Student". Inside the form is a table with columns: First Name, Last Name, Gender, School, and Completed. Below the table, there is a note: "Please include all new and returning student who are not active in city schools". Below the note, there is a legend: "Yellow - Indicates that person is missing required information. Select the highlighted row to continue." and "✓ - Indicates that person is completed." At the bottom of the form, there are two buttons: "Add New Student" (highlighted with a red box) and "Back".

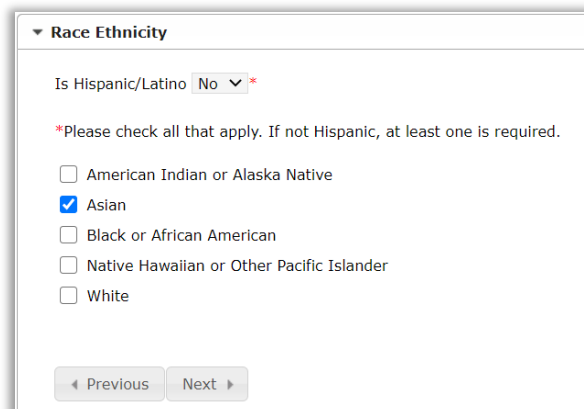
- a. Complete the Demographics pleat. Be sure to fill in all required fields. When the Demographics pleat has been completed, click “Next”.

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.



The screenshot shows a message box with the text: "Please upload a copy of immunization records." Below the text, there is a file name "OLR immunizations sample.jpg (60 KB)" and a button labeled "Remove File".

22. 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”.



The screenshot shows a form titled "Race Ethnicity". It has a dropdown menu for "Is Hispanic/Latino" with "No" selected. Below the dropdown, there is a note: "*Please check all that apply. If not Hispanic, at least one is required." Below the note, there are five checkboxes: "American Indian or Alaska Native", "Asian" (checked), "Black or African American", "Native Hawaiian or Other Pacific Islander", and "White". At the bottom of the form, there are two buttons: "Previous" and "Next".

23. 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

◀ Previous

Next ▶

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

▼ Student Services

Does your student have a current IEP?

No ▼ *

Does your student have a current 504 plan?

No ▼ *

Has your student previously received gifted/talented services?

No ▼ *

◀ Previous

Next ▶

25. Complete the Language Information pleat. The information is for Federal and State Reporting.

▼ Language Information

Please enter the basic immigration information for your student below.

What is the language most often spoken at home?

English ▼ *

Student Language

Spanish ▼

Parent/Guardian Language

Spanish ▼

What was the first language spoken by the student?

Spanish ▼

What is the language most often spoken by the student with friends?

Spanish ▼

Has your child ever received English as a Second Language (ESL/ELL) services?

Yes ▼

◀ Previous

Next ▶

26. If the student is transferring from another school district, please provide the information for the Previous School, including whether the student is currently expelled or suspended from a school.
- If the student is suspended or expelled from another school, please explain.

Previous School

Please enter information regarding this student's prior schools.

Last Year

School

City

State

Country

Phone

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

If Yes, please explain:

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

27. 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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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

28. 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: Mabel Example Relationship*: Grandparent Contact Sequence*: 3 OR No Relationship: ☐

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 ▶

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

▼ Relationships - Other Household

Name: Little Example Relationship*: Sibling OR No Relationship: ☐

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.

30. Enter Health Services - Emergency Information pleat. Click “Next”.

▼ Health Services - Emergency Information

Primary Care Provider:
 Primary Care Phone: () -

Please be prepared to provide documentation directly to the school nurse regarding any and all health conditions/concerns and medications. You will be required to provide immunization documentation at your registration appointment.

◀ Previous Next ▶

31. When you get through to the Health Services – Medical or Mental Health Conditions pleat, indicate whether the student has a medical or mental health condition.

- If no condition exists, click the “No medical or mental health conditions” check box and click “Next”.
- If a student has a condition:
 - Click the “Add Condition” button.
 - Select the appropriate Condition from the drop list.
 - Enter any comments/instructions (if necessary).
 - Repeat for any other conditions.
 - When finished click “Next”.

Health Services - Medical or Mental Health Conditions

No medical or mental health conditions ☐

or

Condition* Asthma	Comments and Instructions <div></div>	Remove Condition
Condition* Diabetes	Comments and Instructions <div></div>	Remove Condition

Add Condition

32. Indicate whether the student takes medications or if not, click “No Medications”.
- To add Medications: Click “Add Medication” and enter in the required data. Comments will be visible to approval admins and nurses. Repeat if there are multiple medications a student takes.
 - If available, please upload a copy of the student’s immunization records.

Health Services - Medications

No medications ☐

or

Add Medication

Please upload a copy of immunization records.

Upload Immunizations

Medication* Albuterol	Where Taken* Both	Medication Type* As needed	Comments and Instructions Student carries inhaler at all times	Remove Medication
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33. Complete the Release Agreements pleat.
- Sign your name in the space provided.
 - 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

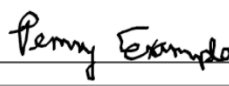
☒ Yes - I give permission for my child to attend school-related field trips.

☐ 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



Clear

Previous

34. The student will be listed in the Student section of the application. Repeat steps 22-34 for any other students you wish to enroll. When finished click “Save/Continue”.

Enroll another student

✓ 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.

✓ - Indicates that person is completed.

[Add New Student](#)

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

Continue to next section (no additional students)

35. **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!**

- 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!

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

You must submit your application by clicking the following button.

Submit

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

Back

[Application Summary PDF](#)

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

Modified By:
Modified Date:
Application End Year: 2021

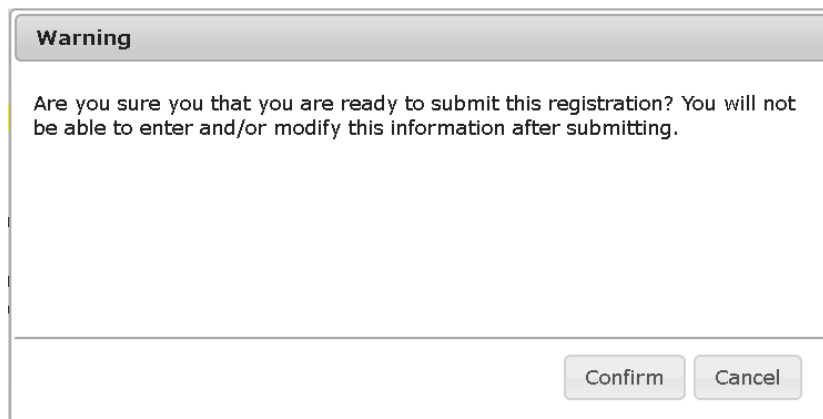
Application Number: # 1099
Application Created By: Penny Example

Household		Emergency Contact																																													
Home Phone Home Phone: (555)555-5555 <table border="1"> <thead> <tr> <th></th> <th>Emergency</th> <th>High</th> <th>Priority</th> <th>Attendance</th> <th>Behavior</th> <th>General</th> <th>Teacher</th> <th>Private</th> </tr> </thead> <tbody> <tr> <td>Home Phone: Voice</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> </tr> <tr> <td>Text</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> Home Address 3672 GALTIER Rd. Blaine, NY 55449 Household has no separate Mailing Address			Emergency	High	Priority	Attendance	Behavior	General	Teacher	Private	Home Phone: Voice	X	X	X	X	X	X	X	X	Text									Example, Mabel Birthdate: Gender: F Household: Yes																		
	Emergency	High	Priority	Attendance	Behavior	General	Teacher	Private																																							
Home Phone: Voice	X	X	X	X	X	X	X	X																																							
Text																																															
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:		Contact Information Home: Mobile: (555)554-5544 Work: Email: Verification Information Address Line 1: Same as student Address Line 2: Same as student																																													
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 Gender: M Household: No Contact Information		Other Household Example, Esther Birthdate: 01/01/2019 Gender: F Household: Yes No further data for this household member																																													
<table border="1"> <thead> <tr> <th></th> <th>Emergency</th> <th>High</th> <th>Priority</th> <th>Attendance</th> <th>Behavior</th> <th>General</th> <th>Food</th> <th>Service</th> <th>Teacher</th> <th>Private</th> </tr> </thead> <tbody> <tr> <td>Cell: Voice</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> </tr> <tr> <td>Text</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Email:</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> </tr> </tbody> </table>			Emergency	High	Priority	Attendance	Behavior	General	Food	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	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:	
	Emergency	High	Priority	Attendance	Behavior	General	Food	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																																					
		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																																													

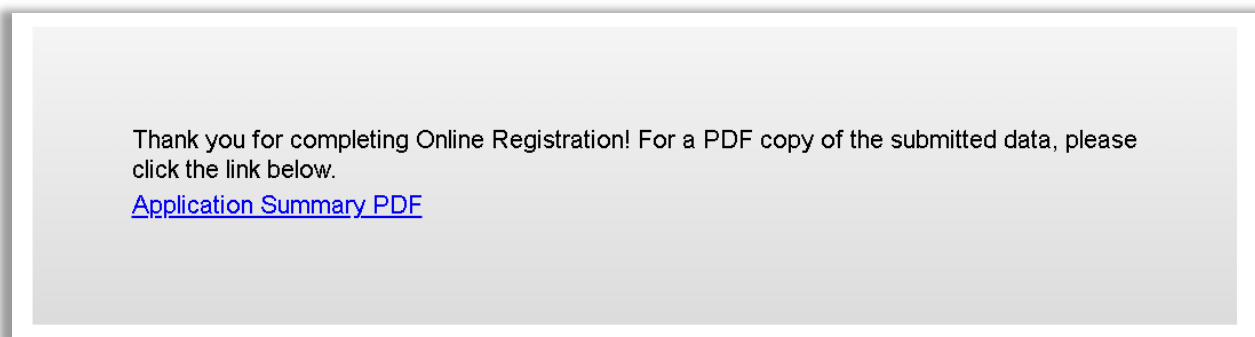
Once Submit is selected, you will NOT have access to modify the application.

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

36. 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!**



37. **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.



38. 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 district registrar office at district.registrar@herricks.org*

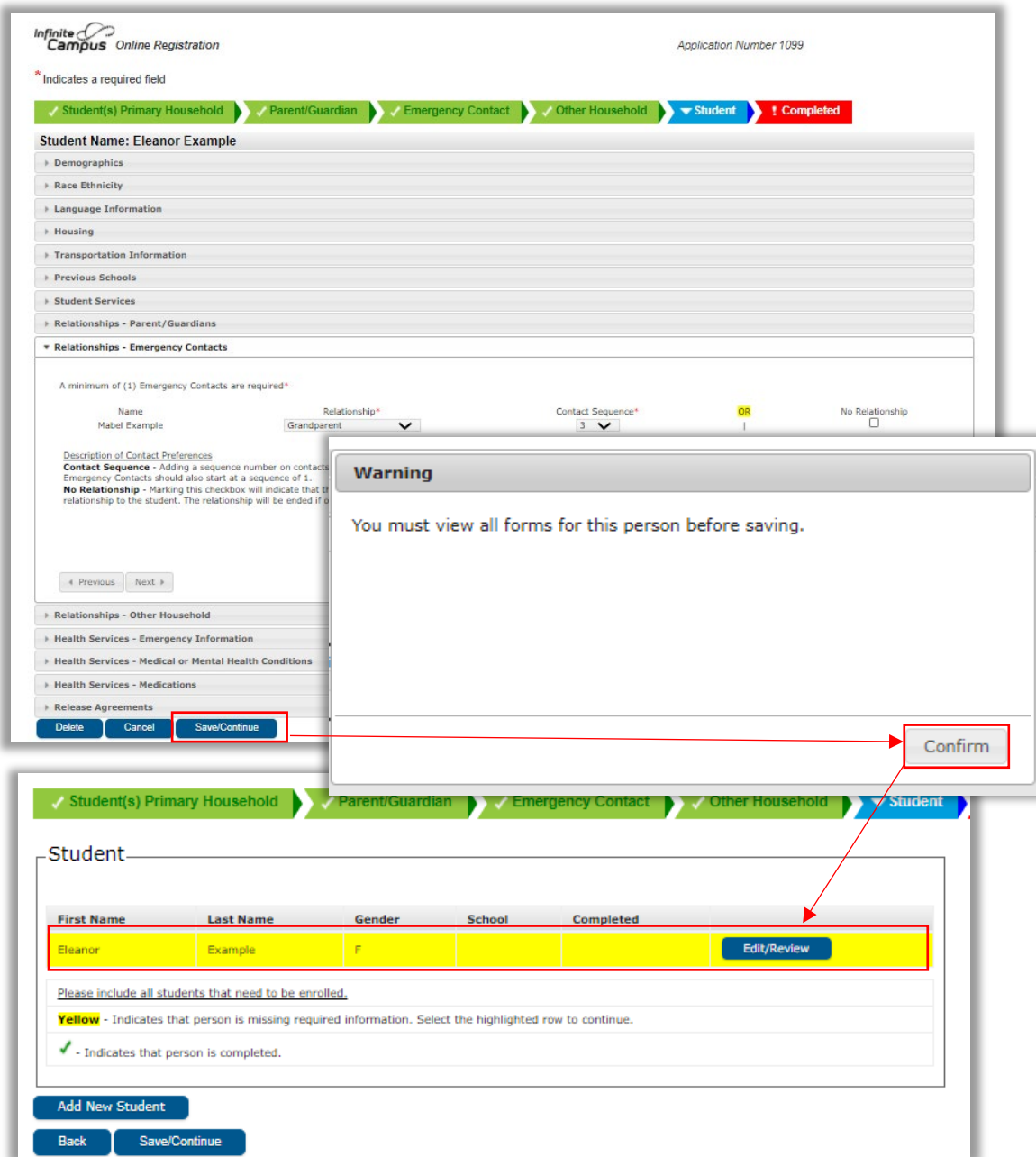
The school will be in touch if any additional information or documentation is required.

Need Assistance? Have a Question?

Please contact the enrollment official *at the district registrar office at district.registrar@herricks.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.
2. To access the application again, click the link the original email.
3. 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”



Infinite Campus Online Registration Application Number 1099

* Indicates a required field

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

Student Name: Eleanor Example

Demographics
Race Ethnicity
Language Information
Housing
Transportation Information
Previous Schools
Student Services
Relationships - Parent/Guardians
Relationships - Emergency Contacts

A minimum of (1) Emergency Contacts are required*

Name	Relationship*	Contact Sequence*	OR	No Relationship
Mabel Example	Grandparent	3	1	<input type="checkbox"/>

Warning
You must view all forms for this person before saving.

Confirm

Relationships - Other Household
Health Services - Emergency Information
Health Services - Medical or Mental Health Conditions
Health Services - Medications
Release Agreements

Delete Cancel **Save/Continue**

Student

First Name	Last Name	Gender	School	Completed
Eleanor	Example	F		<input type="checkbox"/>

Edit/Review

Please include all students that need to be enrolled.
Yellow - Indicates that person is missing required information. Select the highlighted row to continue.
Green - Indicates that person is completed.

Add New Student
Back Save/Continue