ORAV - Online Registration Annual Verification - Instructions for Detailed Version

<mark>FHSD requires Parents/Guardians to complete the ORAV process; this will be for all existing **and** incoming 1st grade through 12th grade students who have an enrollment line for the next year in the district prior to July 1st.</mark> FHSD is also **requiring two current utility bills** as updated proofs of residency for **students transitioning into 6th and 9th grade.**

This document includes the updated directions needed to complete this process. Please refer to the communication each year for the timelines and additional information.

Helpful information:

- You will be assigned an application number for the ORAV process, there is no need to contact the school with this application number unless you have a change of address or you are completing a "New" application for a new student.
- Only parents/guardians in the PRIMARY household will be able to complete this process for the children. If you are a parent/guardian who is not in the PRIMARY household and need to update your contact information, you are able to update your contact information through your Campus Parent portal account. This ORAV process cannot be completed through your child's Campus Student portal account.
- Parents/Guardians in the primary household must have an Infinite Campus Parent Portal account to verify/update their child(ren)'s information for the next school year. If you do not have an Infinite Campus Parent Portal account, please contact the registrar at your child's school.
- All address changes will require the resident to submit two current proofs of residency, please contact the registrar at your child's school.
- When the ORAV process becomes available for parents to complete, it takes a snapshot of the enrollment your child has as of July 1st. If the enrollment building for next year is not what you expect, please reach out to the registrar at your child's next year building.

ORAV Instructions:

1. Log into your Campus Parent portal account. If you do not have one, you must reach out to your child's school to receive the initial activation letter.

   Campus Parent Portal login:
   https://francishowellmo.infinitecampus.org/campus/portal/parents/francis.jsp
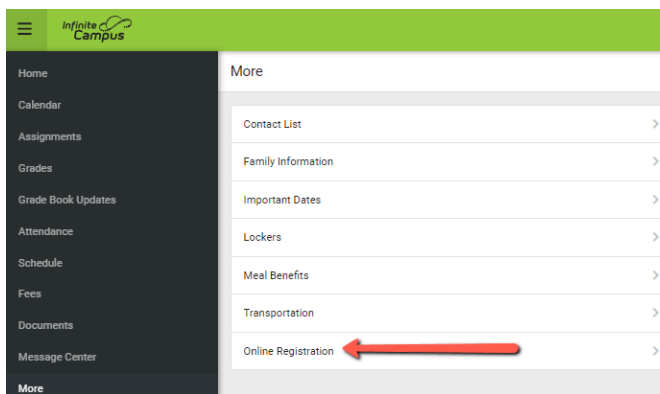
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2. Select "More":
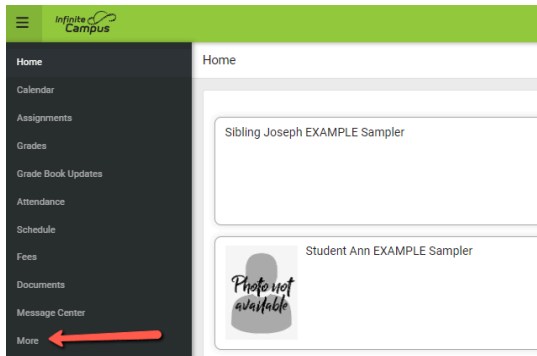
3. Select "Online Registration"

4. If this is the first time you have clicked on OLR, select "Start" under the **Existing Student Registration** even if your child is new to the district for the next school year. The screenshot below reflects that I already started this ORAV process and you can come back to complete it at a later time if needed by selecting "Continue". Please disregard the NEW Student Registration during this ORAV process as this is only for the initial application process if you have children who you need to enroll for future years, this is an option as you have a Campus Parent portal account already setup.
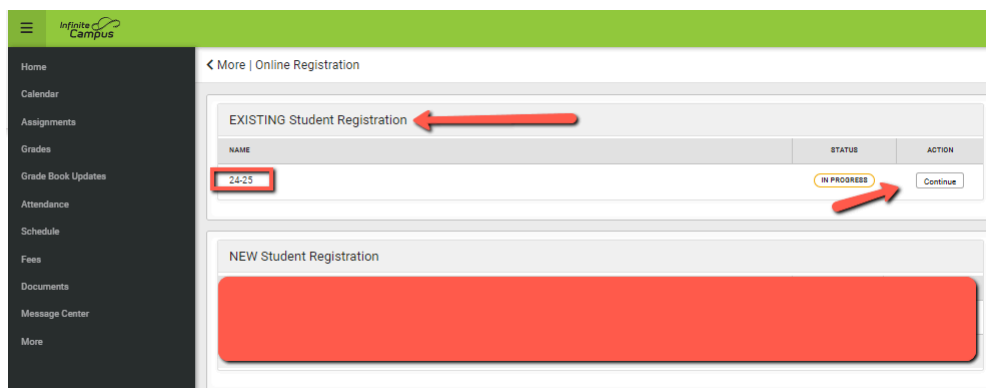
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5. Select "Begin Registration"

6. Enter your name and select "Submit"

7. Follow all the prompts, make any updates as necessary and Select Save/Continue after reviewing each pleat. If you have a child who is transitioning to 6th/9th grade or if you have changed addresses, you have the option to upload the documents under the "Home Address" pleat or you may send them to the registrar.

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8. Follow all the prompts, make any updates as necessary and Select Save/Continue after reviewing each Parent/Guardian. Please note that some fields cannot be edited, if changes are needed for these fields, please contact your child's building.

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Infinite Campus Online Registration

IMPORTANT: Your student's school will need this number. Please make a note - YOUR APPLICATION NUMBER is 62912
Application For 24-25

English | Español

* Indicates a required field

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

Parent/Guardian

FIRST NAME	LAST NAME	GENDER	RECORD TYPE	COMPLETED
Father	Sampler	M	Existing	INCOMPLETE
Mother	Sampler	F	Existing	INCOMPLETE

PLEASE LIST ALL PRIMARY PARENTS / GUARDIANS IN THIS AREA.

‹ Back   Save/Continue

Infinite Campus Online Registration

IMPORTANT: Your student's school will need this number. Please make a note - YOUR APPLICATION NUMBER is 62912
Application For 24-25

English | Español

* Indicates a required field

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

Parent/Guardian Name: Father Sampler

✓ Demographics

Enter Parent/Guardian details you wish to enter. Please review and complete the following. Please use legal names where appropriate. Thank you.

First Name *
Father

Middle Name

Last Name *
Sampler

Suffix

Birth date (collected in order to reduce the chance of duplicating person records) *
01/01/1980

Gender *
Male

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

4545 Central School Rd
Saint Charles, MO 63304

Next ›

Contact Information   +

Impact Aid   +

Cancel   Save/Continue

ORAV - Online Registration Annual Verification - Instructions for Detailed Version

Infinite Campus Online Registration

IMPORTANT: Your student's school will need this number. Please make a note - YOUR APPLICATION NUMBER is 62912
Application For 24-25

English | Español

* Indicates a required field

✓ Student(s) Primary Household — ! Parent/Guardian — 3 Emergency Contact — 1 Student — 5 Completed

Parent/Guardian Name: Father Sampler

✓ Demographics +

✓ 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. The information you provide will be used for School Messenger alerts. If you need to update your information during the school year, please do not change it in the School Messenger program. Instead, contact your child's school or update your information through your Campus Parent Portal.

Cell Phone

Work Phone

Email

	Contact Preferences						
EMERGENCY	HIGH PRIORITY	ATTENDANCE	BEHAVIOR	GENERAL	TEACHER	PRIVATE
☑	☑	☑	☑	☑	☑	☐

Other Phone

Secondary Email

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.
Food Service - Marking this checkbox will use this method of contact for food service messages
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 >

Impact Aid +

Cancel | Save/Continue

Infinite Campus Online Registration

IMPORTANT: Your student's school will need this number. Please make a note - YOUR APPLICATION NUMBER is 62912
Application For 24-25

English | Español

* Indicates a required field

✓ Student(s) Primary Household — ! Parent/Guardian — 3 Emergency Contact — 1 Student — 5 Completed

Parent/Guardian Name: Father Sampler

✓ Demographics +

Contact Information +

◉ Impact Aid −

Federal Impact Aid (FIA) Section 8003 Grant Information.

Parent/Guardian in the Military

○ YES, this individual is a member of the military
○ NO, this individual is not a member of the military

< Previous

Cancel | Save/Continue

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9. Follow all the prompts, make any updates as necessary and Select Save/Continue after reviewing each emergency contact. You will be able to add/edit/delete as needed. At least one emergency contact is required. Select Save/Continue.

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10. Follow all the prompts, make any updates as necessary and Select Save/Continue after reviewing each student.

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Infinite Campus *Online Registration*

IMPORTANT: Your student's school will need this number. Please make a note - YOUR APPLICATION NUMBER is 62912
Application For 24-25

English | Español

* Indicates a required field

✓ Student(s) Primary Household — ✓ Parent/Guardian — ✓ Emergency Contact — ! Student — 5 Completed

Student Name: : Student Ann EXAMPLE Sampler

✓ Demographics   +

Race Ethnicity   +

Living Arrangements   +

Relationships - Parent/Guardians   +

✓ Relationships - Emergency Contacts   −

A minimum of one (1) Emergency Contacts are required - However TWO are preferred.

NAME	RELATIONSHIP *	CONTACT SEQUENCE *
SUSIE SAMPLER	Emergency Contact 1 ▼	3 ▼

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.

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Relationships - Other Household   +

Health Services - Emergency Information   +

C.O.C. Acknowledgment/Technology/FERPA Notice/Virtual Library Card   +

Cancel   Save/Continue

Infinite Campus *Online Registration*

IMPORTANT: Your student's school will need this number. Please make a note - YOUR APPLICATION NUMBER is 62912
Application For 24-25

English | Español

* Indicates a required field

✓ Student(s) Primary Household — ✓ Parent/Guardian — ✓ Emergency Contact — ! Student — 5 Completed

Student Name: : Student Ann EXAMPLE Sampler

✓ Demographics   +

Race Ethnicity   +

Living Arrangements   +

Relationships - Parent/Guardians   +

Relationships - Emergency Contacts   +

✓ Relationships - Other Household   −

NAME	RELATIONSHIP *
SIBLING SAMPLER	Sibling ▼

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

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Health Services - Emergency Information   +

C.O.C. Acknowledgment/Technology/FERPA Notice/Virtual Library Card   +

Cancel   Save/Continue

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Infinite Campus Online Registration

English | Español

IMPORTANT: Your student's school will need this number. Please make a note - YOUR APPLICATION NUMBER is 62912
Application For 24-25
* Indicates a required field

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

Student Name: : Student Ann EXAMPLE Sampler

Demographics +

Race Ethnicity +

Living Arrangements +

Relationships - Parent/Guardians +

Relationships - Emergency Contacts +

Relationships - Other Household +

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 >

C.O.C. Acknowledgment/Technology/FERPA Notice/Virtual Library Card +

Cancel   Save/Continue

C.O.C. Acknowledgment/Technology/FERPA Notice/Virtual Library Card −

This pleat allows PARENTS & STUDENTS to annually provide electronic acknowledgment of receipt and review of the Code of Conduct Handbook and FERPA notification. This also includes questions regarding access to internet/device. Please contact your building principal if you have additional questions following review of the COC or FERPA information.

C.O.C. Acknowledgment

https://fhsdschoolsorg.finalsite.com/programsservices/student-services/code-of-student-conduct

STUDENT ACKNOWLEDGMENT: I'm given the opportunity to ask questions and receive clarification on any rules and policies I do not understand. I understand the District policies and handbooks are available on the District website. I have received and reviewed the following: 1) - Francis Howell Code of Student Conduct a)- Student Alcohol / Drug Abuse Code b)- Firearms Free Schools Code c)-Network and Internet Acceptable Use Guidelines d)- Corporal Punishment Policy *

[▼]

STUDENT: Please enter initials in the space provided. *

PARENT/GUARDIAN ACKNOWLEDGMENT: I have viewed a copy of the Francis Howell School District Code of Student Conduct. *

[▼]

PARENT/GUARDIAN: Please enter initials in the space provided. *

Technology

Does your child have internet access available for educational purposes at home?

○ Yes
○ No

Does your child have access to a device for educational purposes to use at home?

○ Yes
○ No

FERPA Notice

https://www.fhsdschools.org/public-notices#fs-panel-34589

I have read the Notification of Rights Under FERPA for Elementary and Secondary Schools. I understand that if I do not want my child's directory information disclosed, I must return the opt-out form to my child's school by September 1 each year or within 10 days of new student enrollment. *

☐

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Cancel   Save/Continue

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11. Upon completion, sign and select "Submit". If you would like a copy for your records, select the Application Summary PDF.

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Email confirmation after submitting your ORAV:

Dear (L)FIRSTNAME(L) (L)LASTNAME(L),

 Thank you for submitting an Online Registration for your student(s).

 Your status is: (L)OLRLSTATUS(L)

If you are only completing the summer ONLINE REGISTRATION ANNUAL VERIFICATION (ORAV) process, then no further action is needed at this time.

If you had the opportunity to add a new student while completing your ORAV for your existing student(s), you must contact your child's school to make an appointment to complete the registration process for the new student, additional information is needed.

Thank you,

FHSD