

## ORAV - Online Registration Annual Verification - Rev 05/24

Starting with the 24-25 school year, FHSD requires Parents/Guardians to complete the ORAV process; this will be for all existing **and** incoming Pre-K through 12th grade students who have an enrollment line for the next year in the district prior to July 1st. Starting with the 24-25 school year, 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 is not possible through the 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 2024-2025 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 is not what you expect, please reach out to the registrar at your child's next year building.

### ORAV Instructions:

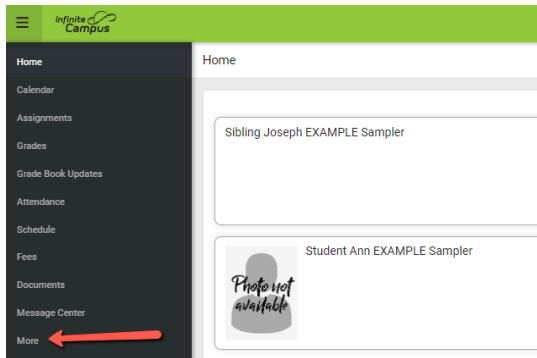
1. Log into your Campus Parent portal account. If you do not have one, you must reach out to your child's school to receive the initial activation letter.

Campus Parent Portal login:

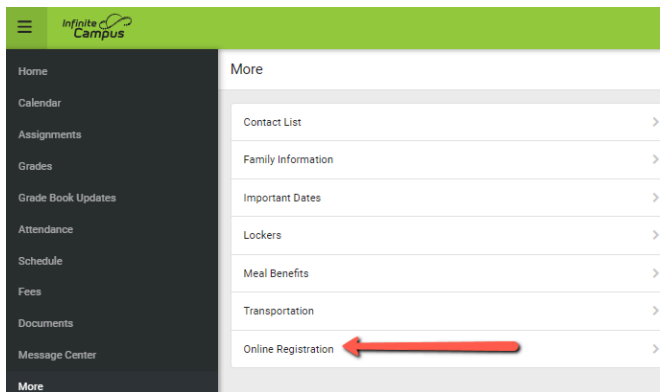
<https://francishowellmo.infinitecampus.org/campus/portal/parents/francis.jsp>

## ORAV - Online Registration Annual Verification - Rev 05/24

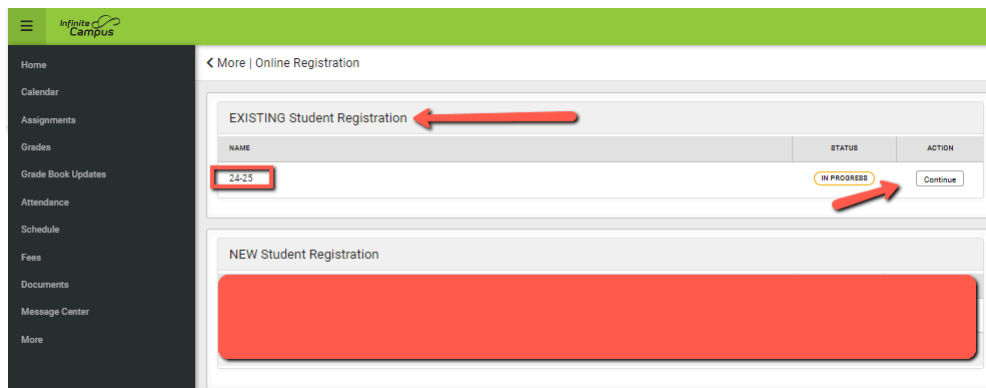
2. Select "More":



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”

The screenshot shows the Infinite Campus Online Registration interface. On the left is a navigation menu with options: Home, Calendar, Assignments, Grades, Grade Book Updates, Attendance, Schedule, Fees, Documents, Message Center, and More. The main content area is titled "Online Registration | EXISTING Student Registration". Below the title, a message states: "This editor is to update data for students that are currently enrolled or are enrolled for this next year." A table displays student data:

STUDENT NAME	GRADE	INCLUDED IN NEW APP?	REASON IF NOT INCLUDED	ONLINE REGISTRATION SUBMITTED?
Sibling Sampler	06	yes	Included	no
Student Sampler	09	yes	Included	no

Below the table, a blue box contains the text: "You will load into application number 62912 for existing student registration." At the bottom of this box is a blue button labeled "Begin Registration", which is pointed to by a red arrow.

### 6. Enter your name and select “Submit”

The screenshot shows a web browser window titled "Online Registration - Google Chrome" with the URL "francishowellmo.infinitecampus.org/campus/apps/olr/application/verification...". The page header includes the Infinite Campus logo and "Online Registration". An important notice reads: "IMPORTANT: Your student's school will need this number. Please make a note - YOUR APPLICATION NUMBER is 62912 Application For 24-25 English | Español". A legend indicates that an asterisk (\*) denotes a required field. The main content area says: "WELCOME Mother Sampler! Please type in your first and last name in the box below. By typing your name into the box above 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." Below this text is a text input field containing "Mother Sampler", with a red arrow pointing to it. At the bottom left of the form is a blue "SUBMIT" button, also with a red arrow pointing to it.

### 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.

## ORAV - Online Registration Annual Verification - Rev 05/24

**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

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

Home or Primary Phone# +

Home Address -

Your address as listed in the portal  
4545 Central School Rd  
Saint Charles MO 63304

Is this address current? \*  
Yes

If your child is transitioning into 6th or 9th grade, it is required that you submit two current utility bills to prove residency. You may upload them here or contact your child's next year building.

Option - Upload a Proof of Residency Document Here Drop files here to select

Option - Upload a Proof of Residency Document Here Drop files here to select

< Previous Next >

Mailing Address +

Save/Continue

**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

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

Home or Primary Phone# +

Home Address +

Mailing Address -

Does this household receive mail at a different address? \*  
No

< Previous

Save/Continue

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.

# ORAV - Online Registration Annual Verification - Rev 05/24



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



## 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



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



## 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 - Rev 05/24



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



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

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



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



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

## ORAV - Online Registration Annual Verification - Rev 05/24

**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    **2** Parent/Guardian    3 Emergency Contact    1 Student    5 Completed

### Parent/Guardian

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

PLEASE LIST ALL PRIMARY PARENTS / GUARDIANS IN THIS AREA.

< Back    Save/Continue

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.

**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    **3** Emergency Contact    1 Student    5 Completed

### Emergency Contact

FIRST NAME	LAST NAME	GENDER	RECORD TYPE	COMPLETED
No records available.				

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

# ORAV - Online Registration Annual Verification - Rev 05/24

**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

Contact Name: Susie Sampler

- Demographics +
- Contact Information +
- Verification -

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

Does this emergency contact live at the address below? \*

No

4545 Central School Rd  
Saint Charles, MO 63304

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 Delete

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

**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

FIRST NAME	LAST NAME	GENDER	SCHOOL	RECORD TYPE	COMPLETED
Student	Sampler	F	FH High School	Existing	INCOMPLETE
Sibling	Sampler	M	FH Middle School	Existing	INCOMPLETE

Add New Student

Please include all students that need to be enrolled as well as non-school age younger siblings in the household.

< Back Save/Continue



# ORAV - Online Registration Annual Verification - Rev 05/24

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**

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.

<b>Legal First Name (as it appears on the Birth Certificate) *</b> <input type="text" value="Student"/>	<b>Gender *</b> <input type="text" value="Female"/>	<b>Enrollment Grade *</b> <input type="text" value="11"/>
<b>Middle Name (as it appears on the Birth Certificate) *</b> <input type="text" value="Ann EXAMPLE"/>	<b>Birth Date *</b> <input type="text" value="11/24/2001"/>	<b>Enrolled School:</b> <input type="text" value="FH High School"/>
<b>Legal Last Name (as it appears on the Birth Certificate) *</b> <input type="text" value="Sampler"/>	<b>Date Entered the U.S.</b> <input type="text" value="month/day/year"/>	
<b>Suffix</b> <input type="text"/>	<b>Foreign Exchange *</b> <input type="radio"/> YES, this is a foreign exchange student <input type="radio"/> NO, this is not a foreign exchange student <span style="color: red;">* This field is required</span>	
<b>Nickname</b> <input type="text" value="Stuey"/>		
<b>Student Cell Number</b> <input type="text"/>		
<b>Student Email Address</b> <input type="text"/>		

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Race Ethnicity +

Living Arrangements +

Relationships - Parent/Guardians +

Relationships - Emergency Contacts +

Relationships - Other Household +

Health Services - Emergency Information +

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

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**

**Is Hispanic/Latino \***

Please check all that apply, at least one selection is required. \*

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Note: The federal government requires educational institutions to collect and report both ethnicity and race information. If your student is of Hispanic or Latino origin, please select the race(s) that the student identifies the most with.

---

Living Arrangements +

Relationships - Parent/Guardians +

Relationships - Emergency Contacts +

Relationships - Other Household +

Health Services - Emergency Information +

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

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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 Name: : Student Ann EXAMPLE Sampler**

- ✔ Demographics +
- Race Ethnicity +
- Living Arrangements -

Is the student's nighttime residence owned or rented by the parent /guardian? \*

Yes  
 No

If 'No' was selected in the question above, what is the student's current nighttime living situation?

Homeless/Domestic Violence Shelter  
 Hotel, motel, campground, trailer park due to lack of housing  
 Shared housing/doubled up due to loss of housing, economic hardship, personal housing crisis  
 Transitional Housing Program (supported housing program)  
 Unsheltered, living in vehicle, park, public space, abandoned building, etc.  
 N/A

Is the student residing with a caregiver/person other than a parent/guardian?

Yes  
 No

- Relationships - Parent/Guardians +
- Relationships - Emergency Contacts +
- Relationships - Other Household +
- Health Services - Emergency Information +
- C.O.C. Acknowledgment/Technology/FERPA Notice/Virtual Library Card +

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 Name: : Student Ann EXAMPLE Sampler**

- ✔ Demographics +
- Race Ethnicity +
- Living Arrangements +
- ✔ Relationships - Parent/Guardians -

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

NAME	RELATIONSHIP *	GUARDIAN	MAILING	PORTAL	MESSENGER	SECONDARY HOUSEHOLD	CONTACT SEQUENCE *
FATHER SAMPLER	Guardian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		1
MOTHER SAMPLER	Guardian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		1

**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 eligible for a Portal Account. 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 Emergency Contacts should follow.  
**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.

- Relationships - Emergency Contacts +
- Relationships - Other Household +
- Health Services - Emergency Information +
- C.O.C. Acknowledgment/Technology/FERPA Notice/Virtual Library Card +

# ORAV - Online Registration Annual Verification - Rev 05/24

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 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 *
SUBIE 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.

< Previous
Next >

- Relationships - Other Household +
- Health Services - Emergency Information +
- C.O.C. Acknowledgment/Technology/FERPA Notice/Virtual Library Card +

Cancel
Save/Continue

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 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.

< Previous
Next >

- Health Services - Emergency Information +
- C.O.C. Acknowledgment/Technology/FERPA Notice/Virtual Library Card +

Cancel
Save/Continue


# ORAV - Online Registration Annual Verification - Rev 05/24



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 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.

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

**C.O.C. Acknowledgment/Technology/FERPA Notice/Virtual Library Card** -

This page 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://fhsdschools.org/finalsite.com/programs/services/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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**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

FIRST NAME	LAST NAME	GENDER	SCHOOL	RECORD TYPE	COMPLETED
Student	Sampler	F	FH High School	Existing	COMPLETED
Sibling	Sampler	M	FH Middle School	Existing	COMPLETED

Add New Student

Please include all students that need to be enrolled as well as non-school age younger siblings in the household.

< Back Save/Continue

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

**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

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. To complete the enrollment process, you must contact your child's school.

You must submit your application by clicking the following button.

Back Application Summary PDF Submit

**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

Thank you for completing Online Registration! For a PDF copy of the submitted data, please click the link below. If this is a NEW student, it is required to contact the school(s) immediately to make an appointment to complete registration.

Application Summary PDF

Email confirmation after submitting your ORAV:

**Subject: OLR Status - Status Change Notification**

Dear Mother Sampler,

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

**Your status is:** Submitted-Existing

Please contact your student's enrollment building with your Online Registration Application Number in order to schedule a New Student Enrollment Appointment.

If you are instead completing the summer ANNUAL VERIFICATION process then no appointment will be needed.

Thank you.