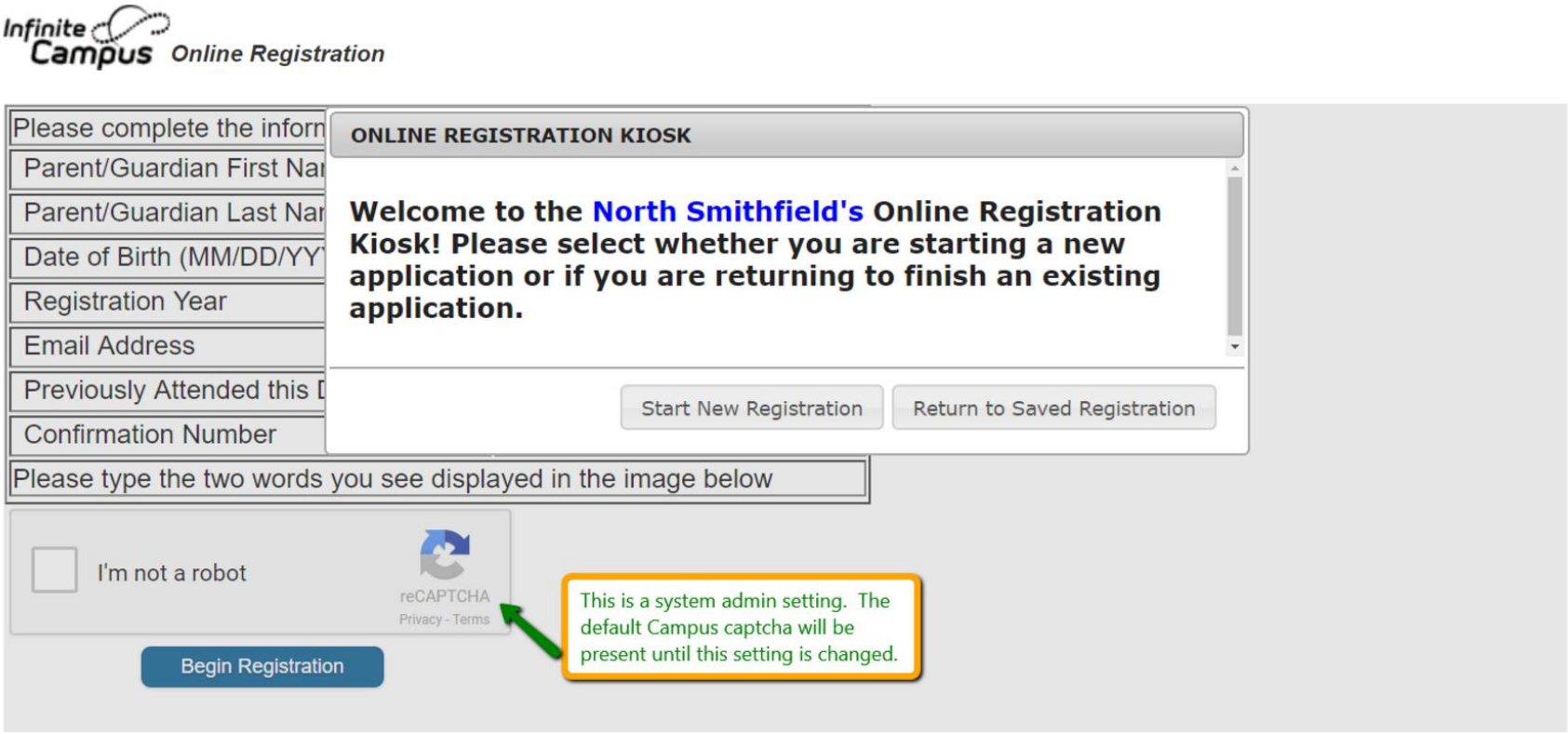
THIS IS A TEST SITE



THIS IS A TEST SITE

Infinite Campus *Online Registration*

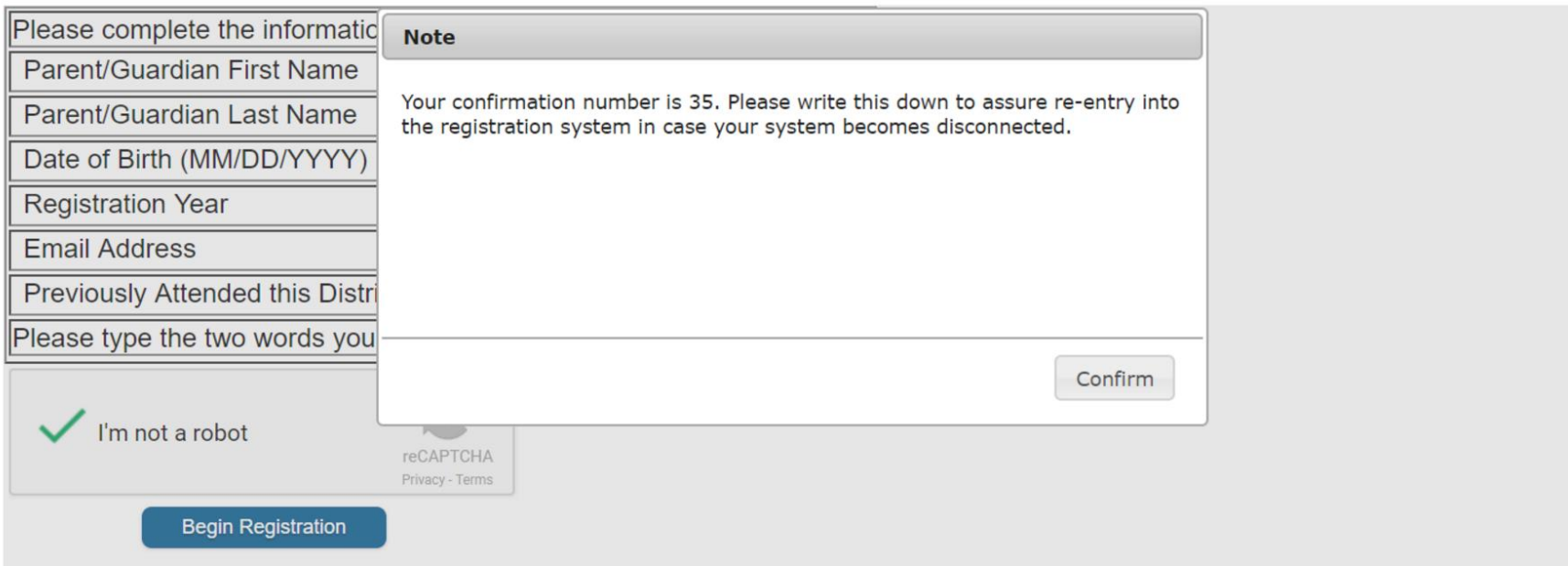
Please complete the information below to begin the registration process.	
Parent/Guardian First Name	Test *
Parent/Guardian Last Name	Test *
Date of Birth (MM/DD/YYYY)	02/01/1901 *
Registration Year	17-18 *
Email Address	test@test.com
Previously Attended this District	☐
Please type the two words you see displayed in the image below	

I'm not a robot

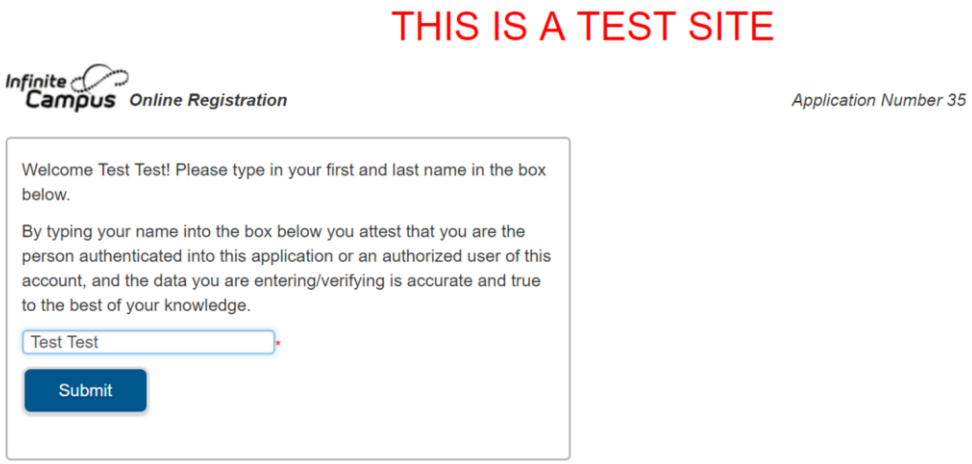
reCAPTCHA
Privacy - Terms

Begin Registration

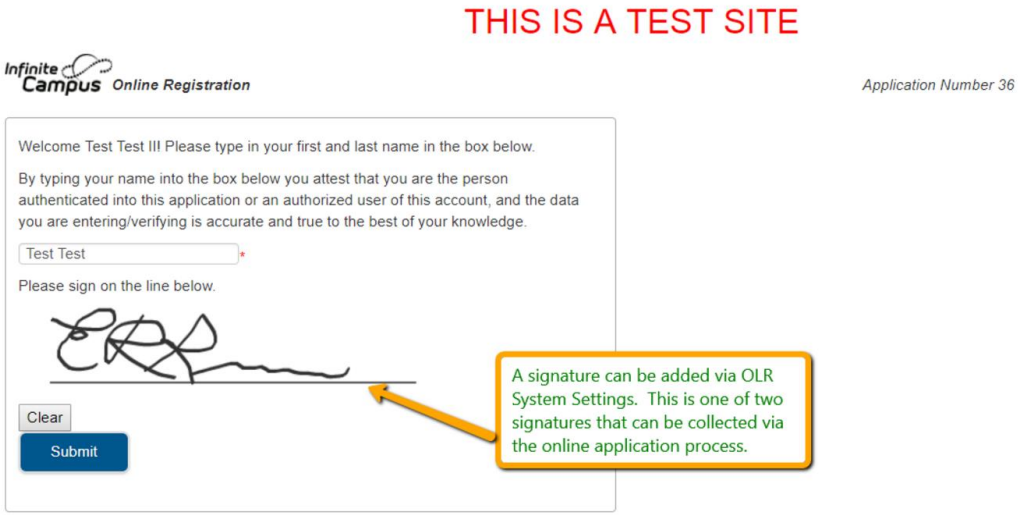
This email is where the parent who submitted the application will receive application messages. This email can only be changed in the database if they entered it incorrectly or want to be changed.


Please complete the informatic
Parent/Guardian First Name
Parent/Guardian Last Name
Date of Birth (MM/DD/YYYY)
Registration Year
Email Address
Previously Attended this Distri
Please type the two words you
Note
Your confirmation number is 35. Please write this down to assure re-entry into the registration system in case your system becomes disconnected.
Confirm
I'm not a robot
reCAPTCHA
Privacy - Terms
Begin Registration

Option 1



Option 2



THIS IS A TEST SITE

Infinite Campus *Online Registration*

Application Number 35

Welcome to 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 (123) 555-9876 between 7:30 am and 4:30 pm or leave a message and a representative will be back in touch with you the next business day.

You will need to complete each pleat before moving on to the next.

Thank you for your time!

We are looking forward to having your child in our schools.

North Smithfield School Homepage

Start Application

https://training.infinitecampus.com/campus/olr2/coreOLR/portal/shell.xsl?x=olr2.Olr2Outline&mode=onlineregistration&applicationMode=new&login=&kiosk=&x=olr2.coreOLR.Olr2Main-appTypeCheck&x=olr2.coreOLR.Olr2Main-applicationList&applicationGUID=108E0200-0E38-4318-8ACE-2B439E2F1E61&x=olr2.coreOLR.olr_translations-appLang

Infinite Campus Online Registration

THIS IS A TEST SITE

Application Number 5

* Indicates a required field

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

▾ **Home phone**

Home Phone		Contact Preferences					
		Emergency	Attendance	Behavior	General	Teacher	Private
(123)321 -2312 *	Voice	☑	☑	☑	☑	☑	☐
	Text	☐	☐	☐	☐	☐	

Description of Contact Preferences

Emergency - Marking this checkbox will use this method of contact for emergency messages

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.

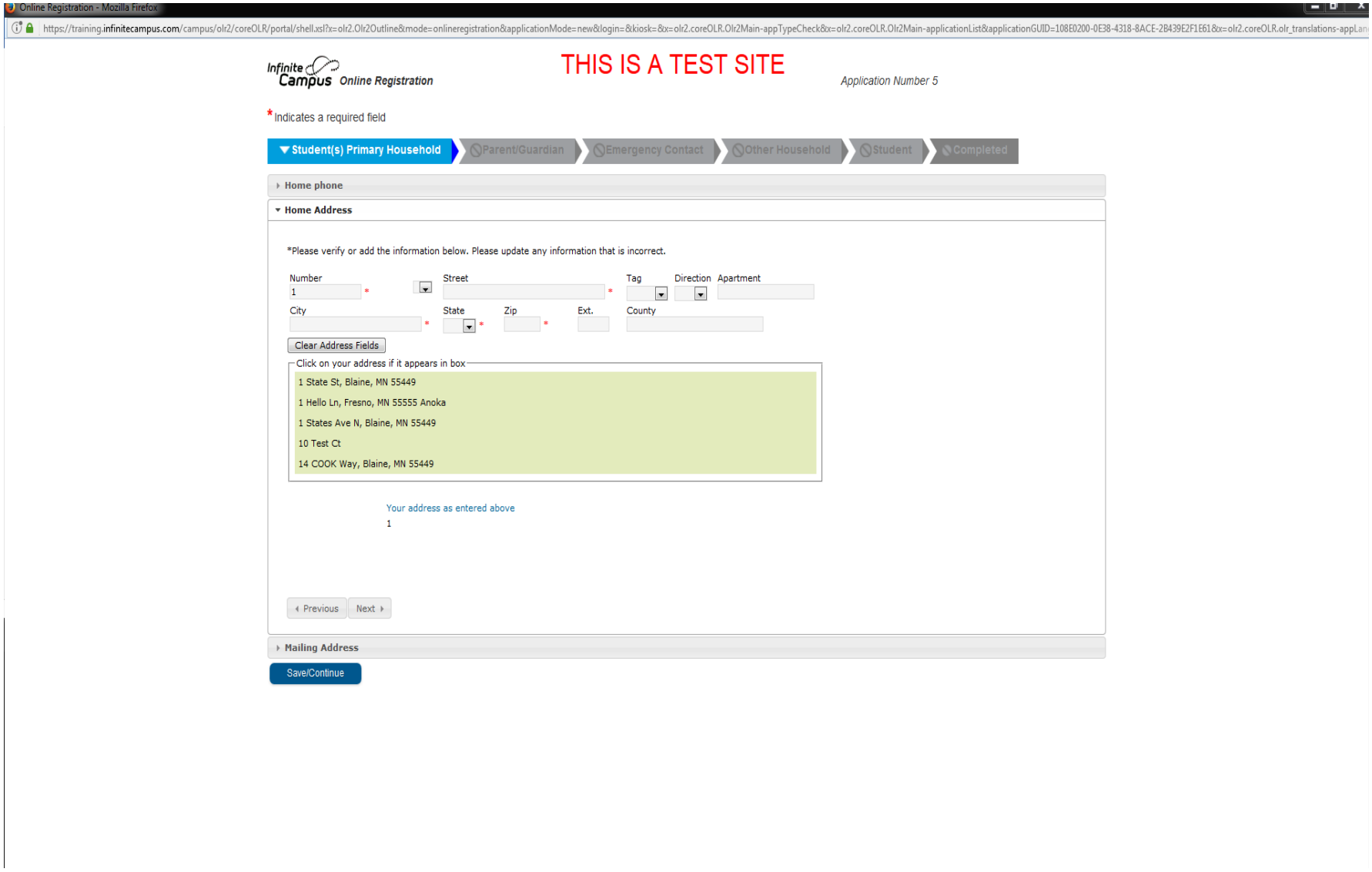
Private - Mark if number should be listed as private

Next ▸

▸ **Home Address**

▸ **Mailing Address**

Save/Continue


Online Registration - Mozilla Firefox
https://training.infinitecampus.com/campus/olr2/coreOLR/portal/shell.xsl?x=olr2.Olr2Outline&mode=onlineregistration&applicationMode=new&login=&kiosk=&x=olr2.coreOLR.Olr2Main-appTypeCheck&x=olr2.coreOLR.Olr2Main-applicationList&applicationGUID=108E0200-0E38-4318-8ACE-2B439E2F1E61&x=olr2.coreOLR.olr_translations-appLan
Infinite Campus Online Registration
THIS IS A TEST SITE
Application Number 5
* Indicates a required field
Student(s) Primary Household
Parent/Guardian
Emergency Contact
Other Household
Student
Completed
Home phone
Home Address
*Please verify or add the information below. Please update any information that is incorrect.
Number
1
Street
Tag
Direction
Apartment
City
State
Zip
Ext.
County
Clear Address Fields
Click on your address if it appears in box
1 State St, Blaine, MN 55449
1 Hello Ln, Fresno, MN 55555 Anoka
1 States Ave N, Blaine, MN 55449
10 Test Ct
14 COOK Way, Blaine, MN 55449
Your address as entered above
1
Previous
Next
Mailing Address
Save/Continue

Infinite Campus Online Registration

THIS IS A TEST SITE

Application Number 5

* Indicates a required field

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

▸ Home phone

▸ Home Address

▾ Mailing Address

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".

☐ The household has no separate Mailing Address

Post Office Box ☐ Number * Prefix Street * Tag Direction Apartment

City * State * Zip * Ext. County

Clear Address Fields

Click on your address if it appears in box

Your address as entered above

◂ Previous

Save/Continue

THIS IS A TEST SITE

Infinite Campus *Online Registration*

Application Number 35

* Indicates a required field

✓ Student(s) Primary Household | ▼ Parent/Guardian | Emergency Contact | Non School Age Household Members | Student | Completed

Parent/Guardian Name: Test Test

▼ Demographics

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

First N
Middle
Last N
Suffix
Birth
Gende

Add Parent/Guardian Title

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

Ok

or is disabled while there are students or other parents in
nts from the application.

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

THIS IS A TEST SITE

Infinite Campus Online Registration

Application Number 35

* Indicates a required field

✓ Student(s) Primary Household | ▼ Parent/Guardian | Emergency Contact | Non School Age Household Members | Student | Completed

Parent/Guardian Name: Test Test

▼ **Demographics**

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

First Name: Test *
Middle Name:
Last Name: Test *
Suffix:
Birth Date: 02/01/1910 *
Gender: *

The option to indicate that you are an emancipated or unaccompanied minor is disabled while there are students or other parents in the application. To enable this checkbox delete all students and other parents from the application.

☐ I am registering myself as an emancipated or unaccompanied minor

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

126 B Rd.
Blaine, MN 55449

☐ I will not provide an address for this parent.

Number * | Prefix | Street * | Tag | Direction | Apartment

City * | State * | Zip * | Ext. | County

Clear Address Fields

Click on your address if it appears in box

Phone Number ( ) -

Infinite Campus Online Registration

THIS IS A TEST SITE

Application Number 5

* Indicates a required field

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

Parent/Guardian Name: Test Tester

▸ **Demographics**

▾ **Contact Information**

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

		Contact Preferences						
		Emergency	High Priority	Attendance	Behavior	General	Teacher	Private
Cell Phone	(123)123 -1232 Voice	☑	☑	☑	☑	☑	☑	☐
	(SMS)Text	☐	☐	☐	☐	☐	☐	
Work Phone	( ) - x							
Email	*k@fakemail.com	☑	☑	☑	☑	☑	☑	☐

OR

Has no e-mail ☐

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.
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 ▸

▸ **Migrant Worker**

▸ **Impact Aid**

Cancel | Save/Continue

Infinite Campus Online Registration

THIS IS A TEST SITE

Application Number 5

*Indicates a required field

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

Parent/Guardian Name: Test Tester

- Demographics
- Contact Information
- 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.

◂ Previous | Next ▸

- Impact Aid

Cancel | Save/Continue

Infinite Campus Online Registration

THIS IS A TEST SITE

Application Number 5

* Indicates a required field

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

Parent/Guardian Name: Test Tester

- Demographics
- Contact Information
- Migrant Worker
- Impact Aid

Federal Impact Aid (FIA) Section 8003 Grant Information.
Parent/Guardian in Military

- ( ) Yes, this individual is a member of the military
- ( ) No, this individual is not a member of the military

For more information click on this link.

Previous

Cancel | Save/Continue

Infinite Campus Online Registration

THIS IS A TEST SITE

Application Number 5

*Indicates a required field

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

Parent/Guardian

First Name	Last Name	Gender	Completed	
Test	Tester	M	✓	Edit/Review

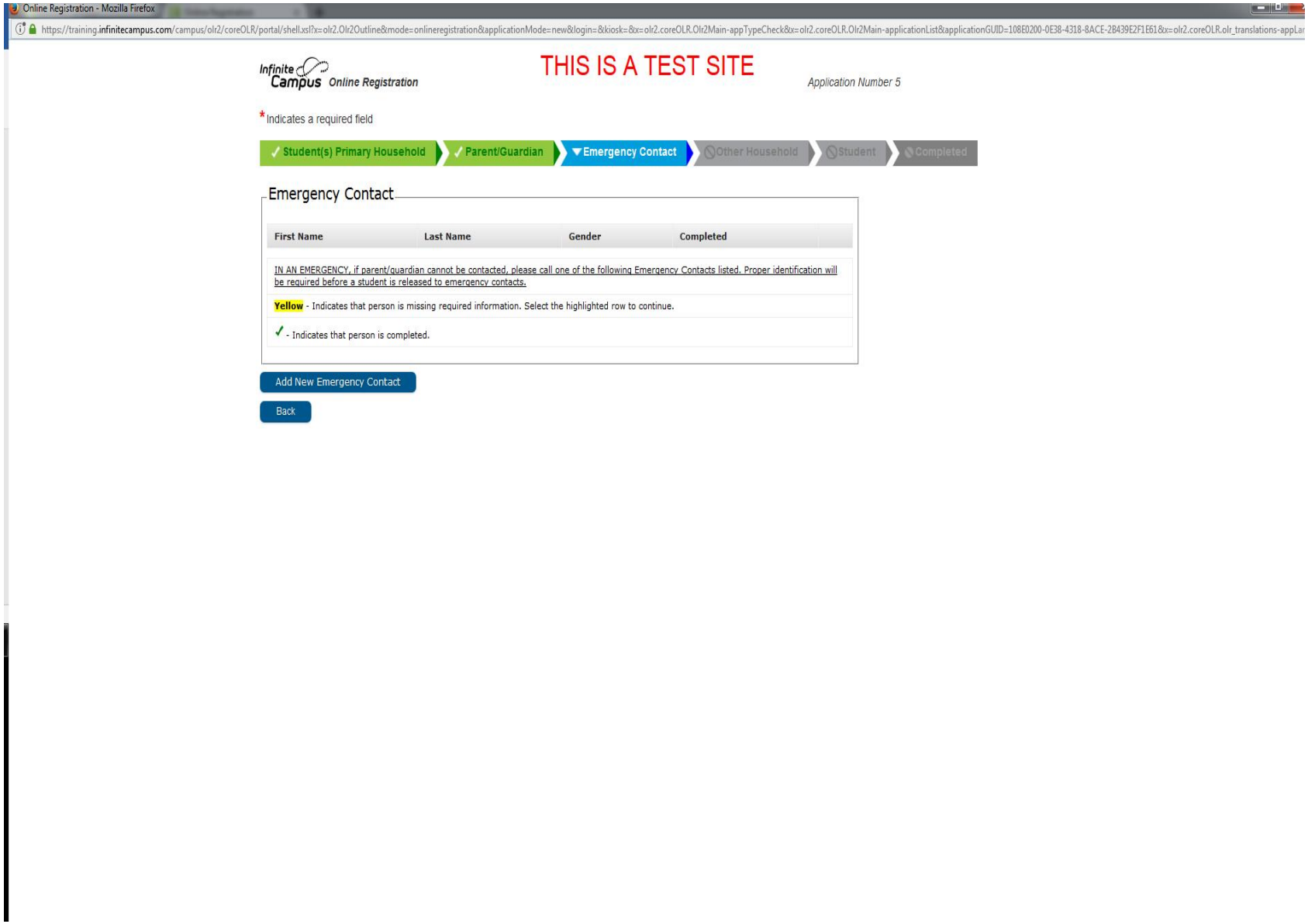
Please list all primary Parent/Guardian's in this area.

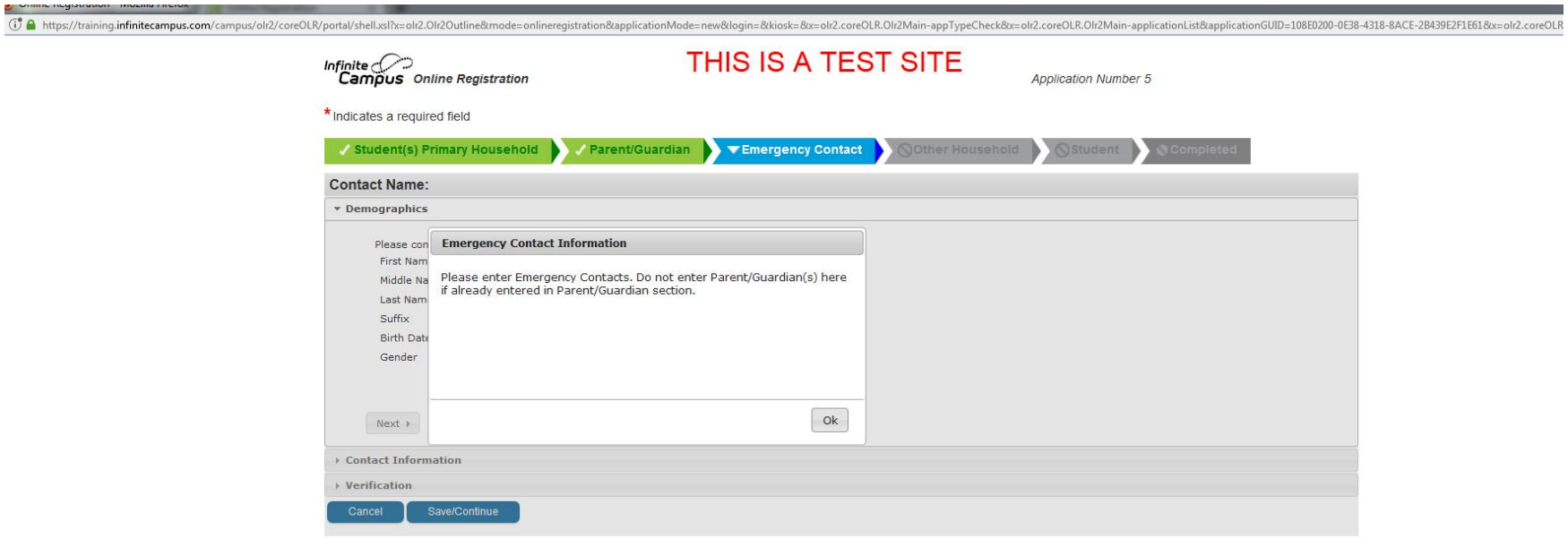
Yellow - Indicates that person is missing required information. Select the highlighted row to continue.

✓ - Indicates that person is completed.

Add New Parent/Guardian

Back | Save/Continue


Online Registration - Mozilla Firefox
https://training.infinitecampus.com/campus/olr2/coreOLR/portal/shell.xsl?x=olr2.Olr2Outline&mode=onlineregistration&applicationMode=new&login=&kiosk=&x=olr2.coreOLR.Olr2Main-appTypeCheck&x=olr2.coreOLR.Olr2Main-applicationList&applicationGUID=108E0200-0E38-4318-8ACE-2B439E2F1E61&x=olr2.coreOLR.olr_translations-appLa
Infinite Campus Online Registration
THIS IS A TEST SITE
Application Number 5
*Indicates a required field
✓ Student(s) Primary Household
✓ Parent/Guardian
Emergency Contact
Other Household
Student
Completed
Emergency Contact
First Name
Last Name
Gender
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.
Yellow - Indicates that person is missing required information. Select the highlighted row to continue.
✓ - Indicates that person is completed.
Add New Emergency Contact
Back


https://training.infinitecampus.com/campus/olr2/coreOLR/portal/shell.xsl?x=olr2.Olr2Outline&mode=onlineregistration&applicationMode=new&login=&kiosk=&x=olr2.coreOLR.Olr2Main-appTypeCheck&x=olr2.coreOLR.Olr2Main-applicationList&applicationGUID=108E0200-0E38-4318-8ACE-2B439E2F1E61&x=olr2.coreOLR
Infinite Campus Online Registration
THIS IS A TEST SITE
Application Number 5
* Indicates a required field
Student(s) Primary Household
Parent/Guardian
Emergency Contact
Other Household
Student
Completed
Contact Name:
Demographics
Please con
First Nam
Middle Na
Last Nam
Suffix
Birth Dat
Gender
Next
Emergency Contact Information
Please enter Emergency Contacts. Do not enter Parent/Guardian(s) here if already entered in Parent/Guardian section.
Ok
Contact Information
Verification
Cancel
Save/Continue

Infinite Campus Online Registration

THIS IS A TEST SITE

Application Number 5

* Indicates a required field

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

Contact Name:

▼ **Demographics**

Please complete the following information for each emergency contact for your students.

First Name *

Middle Name

Last Name *

Suffix

Birth Date

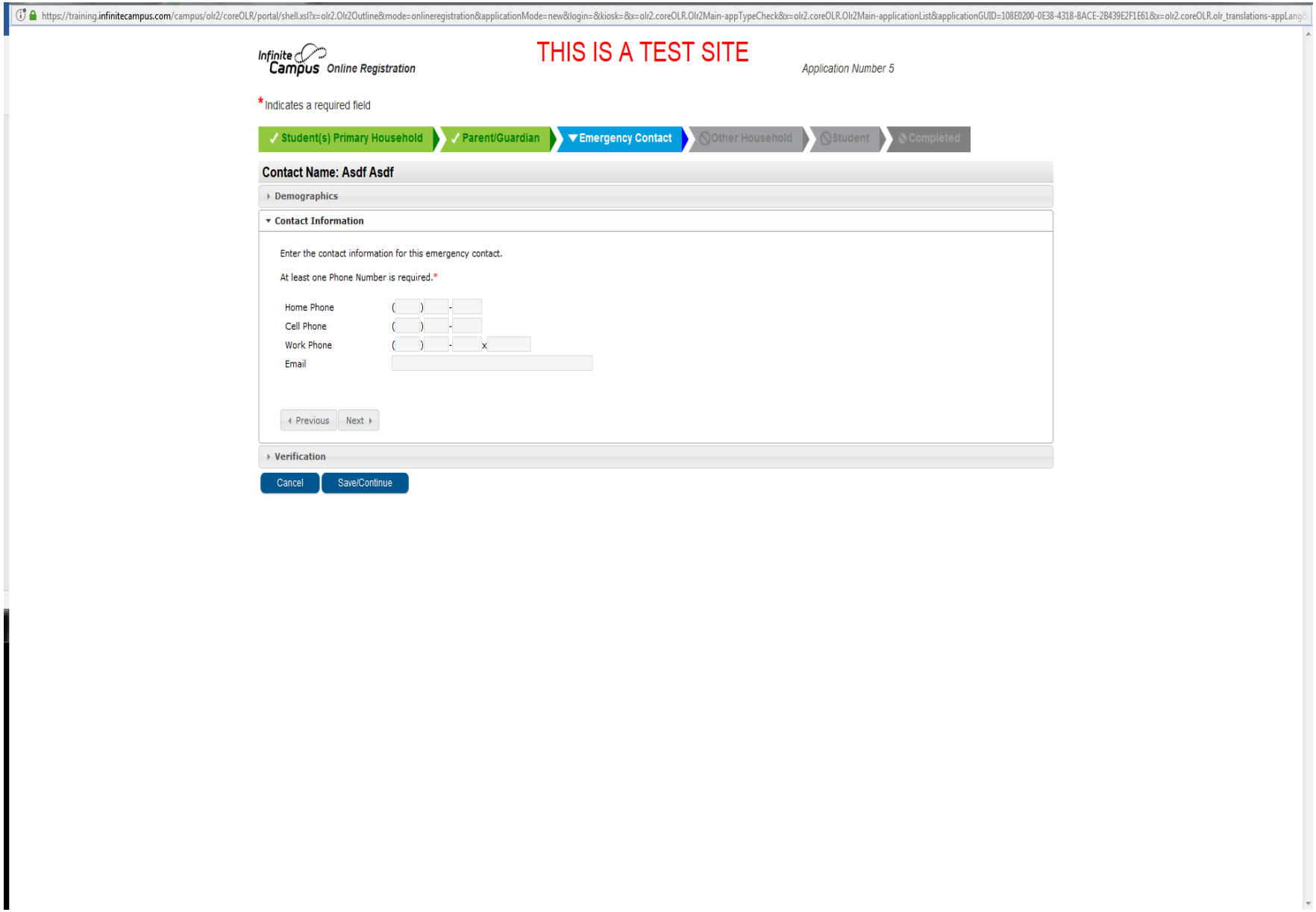
Gender *

Next

▶ **Contact Information**

▶ **Verification**

Cancel | Save/Continue


https://training.infinitecampus.com/campus/olr2/coreOLR/portal/shell.xsl?x=olr2.Olr2Outline&mode=onlineregistration&applicationMode=new&login=&kiosk=&x=olr2.coreOLR.Olr2Main-appTypeCheck&x=olr2.coreOLR.Olr2Main-applicationList&applicationGUID=108E0200-0E38-4318-8ACE-2B439E2F1E61&x=olr2.coreOLR.olr_translations-appLang
Infinite Campus Online Registration
THIS IS A TEST SITE
Application Number 5
* Indicates a required field
✓ Student(s) Primary Household
✓ Parent/Guardian
Emergency Contact
Other Household
Student
Completed
Contact Name: Asdf Asdf
Demographics
Contact Information
Enter the contact information for this emergency contact.
At least one Phone Number is required.*
Home Phone
Cell Phone
Work Phone
x
Email
Previous
Next
Verification
Cancel
Save/Continue

Infinite Campus Online Registration

THIS IS A TEST SITE

Application Number 5

*Indicates a required field

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

Contact Name: Asdf Asdf

▸ 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.

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

1 State St
Blaine, MN 55449

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

https://training.infinitecampus.com/campus/olr2/coreOLR/portal/shell.xsl?x=olr2.Olr2Outline&mode=onlineregistration&applicationMode=new&login=&kiosk=&x=olr2.coreOLR.Olr2Main-appTypeCheck&x=olr2.coreOLR.Olr2Main-applicationList&applicationGUID=108E0200-0E38-4318-8ACE-2B439E2F1E61&x=olr2.coreOLR.olr_translations-ap

Infinite Campus Online Registration

THIS IS A TEST SITE

Application Number 5

* Indicates a required field

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

Other Household

First Name	Last Name	Gender	Completed

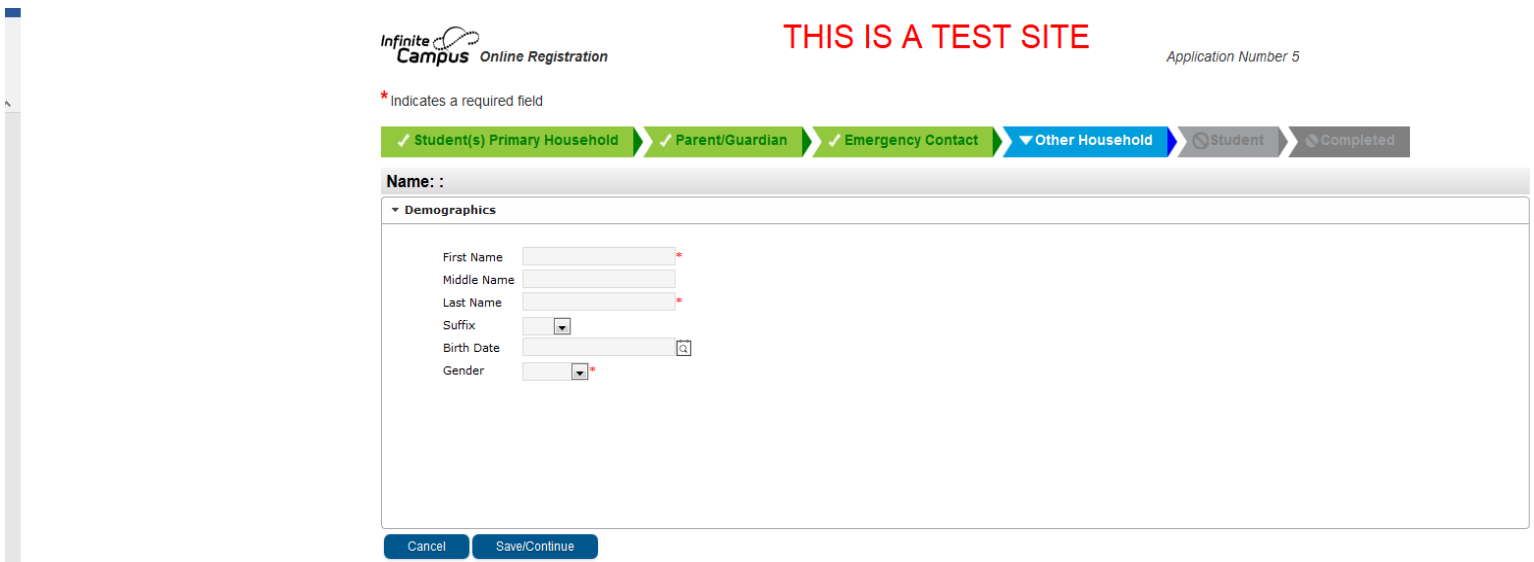
Please list all other children of the Primary Household not currently enrolled in school.

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


Infinite Campus Online Registration
THIS IS A TEST SITE
Application Number 5
* Indicates a required field
✓ Student(s) Primary Household
✓ Parent/Guardian
✓ Emergency Contact
Other Household
Student
Completed
Name: :
Demographics
First Name *
Middle Name
Last Name *
Suffix
Birth Date
Gender *
Cancel
Save/Continue

https://training.infinitecampus.com/campus/olr2/coreOLR/portal/shell.xsl?x=olr2.Olr2Outline&mode=onlineregistration&applicationMode=new&login=&kiosk=&x=olr2.coreOLR.Olr2Main-appTypeCheck&x=olr2.coreOLR.Olr2Main-applicationList&applicationGUID=108E0200-0E38-4318-8ACE-2B439E2F1E61&x=olr2.coreOLR.olr_translations-appLang

Infinite Campus Online Registration

THIS IS A TEST SITE

Application Number 5

* Indicates a required field

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

Student

First Name	Last Name	Gender	Completed

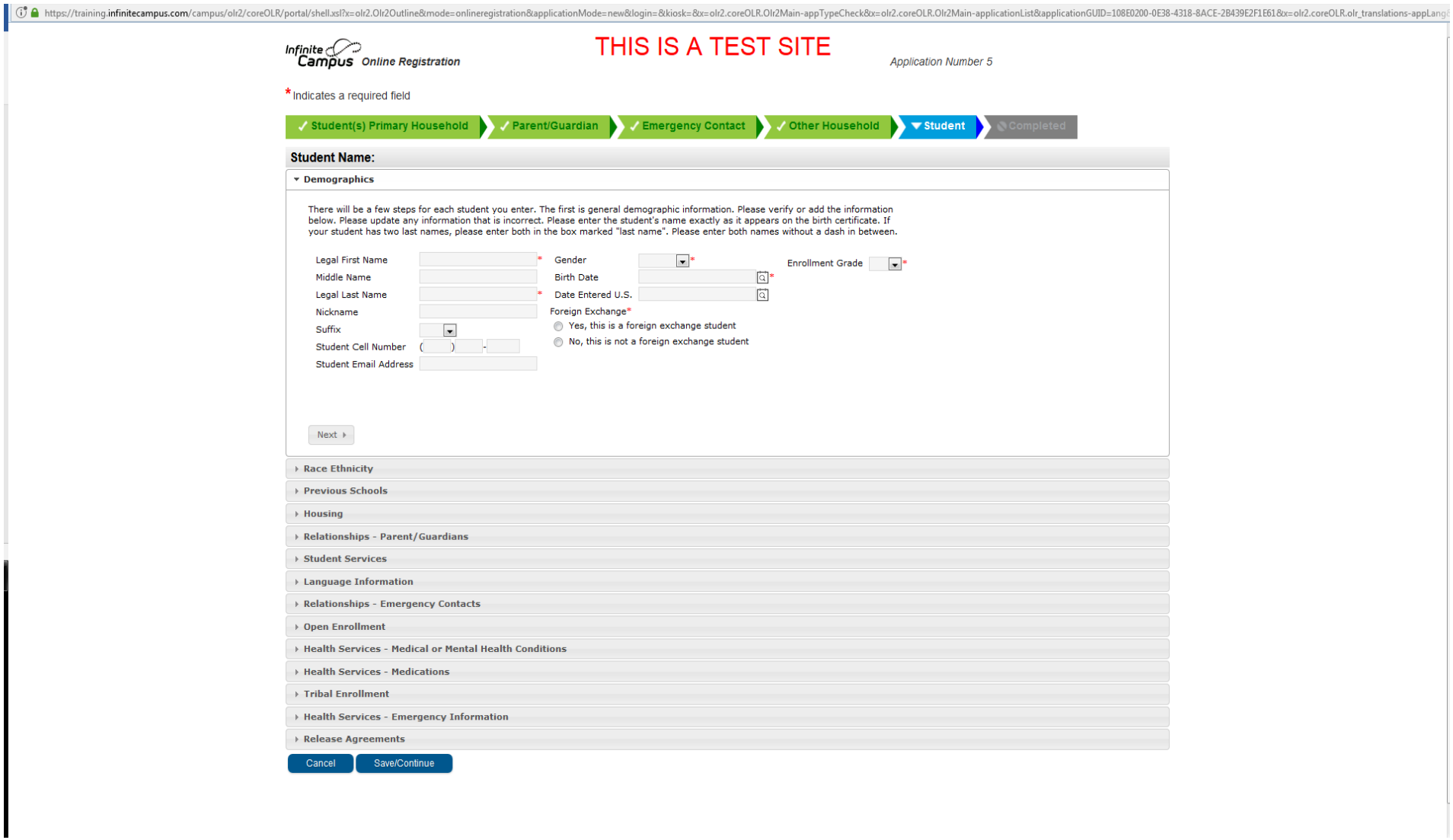
Please include all students that need to be enrolled.

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

✓ - Indicates that person is completed.

Add New Student

Back


https://training.infinitecampus.com/campus/olr2/coreOLR/portal/shell.xsl?x=olr2.Olr2Outline&mode=onlineregistration&applicationMode=new&login=&kiosk=&x=olr2.coreOLR.Olr2Main-appTypeCheck&x=olr2.coreOLR.Olr2Main-applicationList&applicationGUID=108E0200-0E38-4318-8ACE-2B439E2F1E61&x=olr2.coreOLR.olr_translations-appLang
Infinite Campus Online Registration
THIS IS A TEST SITE
Application Number 5
* Indicates a required field
✓ Student(s) Primary Household
✓ Parent/Guardian
✓ Emergency Contact
✓ Other Household
Student
Completed
Student Name:
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
Nickname
Suffix
Student Cell Number
Student Email Address
Gender
Birth Date
Date Entered U.S.
Foreign Exchange*
Yes, this is a foreign exchange student
No, this is not a foreign exchange student
Enrollment Grade
Next
Race Ethnicity
Previous Schools
Housing
Relationships - Parent/Guardians
Student Services
Language Information
Relationships - Emergency Contacts
Open Enrollment
Health Services - Medical or Mental Health Conditions
Health Services - Medications
Tribal Enrollment
Health Services - Emergency Information
Release Agreements
Cancel
Save/Continue

https://training.infinitecampus.com/campus/olr2/coreOLR/portal/shell.xsl?x=olr2.Olr2Outline&mode=onlineregistration&applicationMode=new&login=&kiosk=&x=olr2.coreOLR.Olr2Main-appTypeCheck&x=olr2.coreOLR.Olr2Main-applicationList&applicationGUID=108E0200-0E38-4318-8ACE-2B439E2F1E61&x=olr2.coreOLR.olr_translations-app

Infinite Campus Online Registration

THIS IS A TEST SITE

Application Number 5

*Indicates a required field

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

Student Name: Tester Tester

- Demographics
- Race Ethnicity

Is Hispanic/Latino *

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

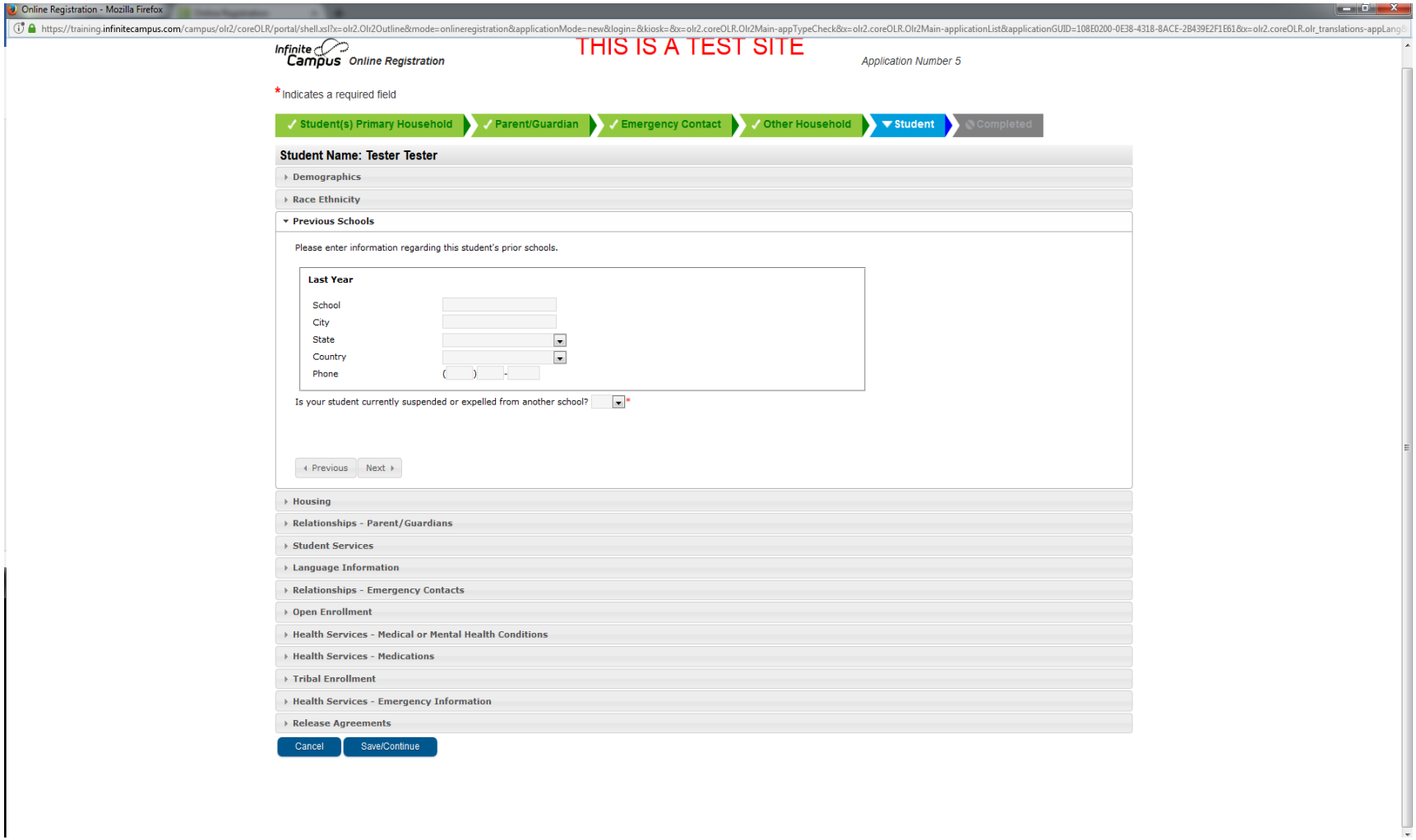
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

State Race *

‹ Previous | Next ›

- Previous Schools
- Housing
- Relationships - Parent/Guardians
- Student Services
- Language Information
- Relationships - Emergency Contacts
- Open Enrollment
- Health Services - Medical or Mental Health Conditions
- Health Services - Medications
- Tribal Enrollment
- Health Services - Emergency Information
- Release Agreements

Cancel | Save/Continue


Online Registration - Mozilla Firefox
https://training.infinitecampus.com/campus/olr2/coreOLR/portal/shell.xsl?x=olr2.Olr2Outline&mode=onlineregistration&applicationMode=new&login=&kiosk=&x=olr2.coreOLR.Olr2Main-appTypeCheck&x=olr2.coreOLR.Olr2Main-applicationList&applicationGUID=108E0200-0E38-4318-8ACE-2B439E2F1E61&x=olr2.coreOLR.olr_translations-appLang
Infinite Campus Online Registration
THIS IS A TEST SITE
Application Number 5
*Indicates a required field
✓ Student(s) Primary Household
✓ Parent/Guardian
✓ Emergency Contact
✓ Other Household
Student
Completed
Student Name: Tester Tester
Demographics
Race Ethnicity
Previous Schools
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?
Previous
Next
Housing
Relationships - Parent/Guardians
Student Services
Language Information
Relationships - Emergency Contacts
Open Enrollment
Health Services - Medical or Mental Health Conditions
Health Services - Medications
Tribal Enrollment
Health Services - Emergency Information
Release Agreements
Cancel
Save/Continue

Infinite Campus Online Registration

THIS IS A TEST SITE

Application Number 5

*Indicates a required field

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

Student Name: Tester Tester

- Demographics
- Race Ethnicity
- Previous Schools
- 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.

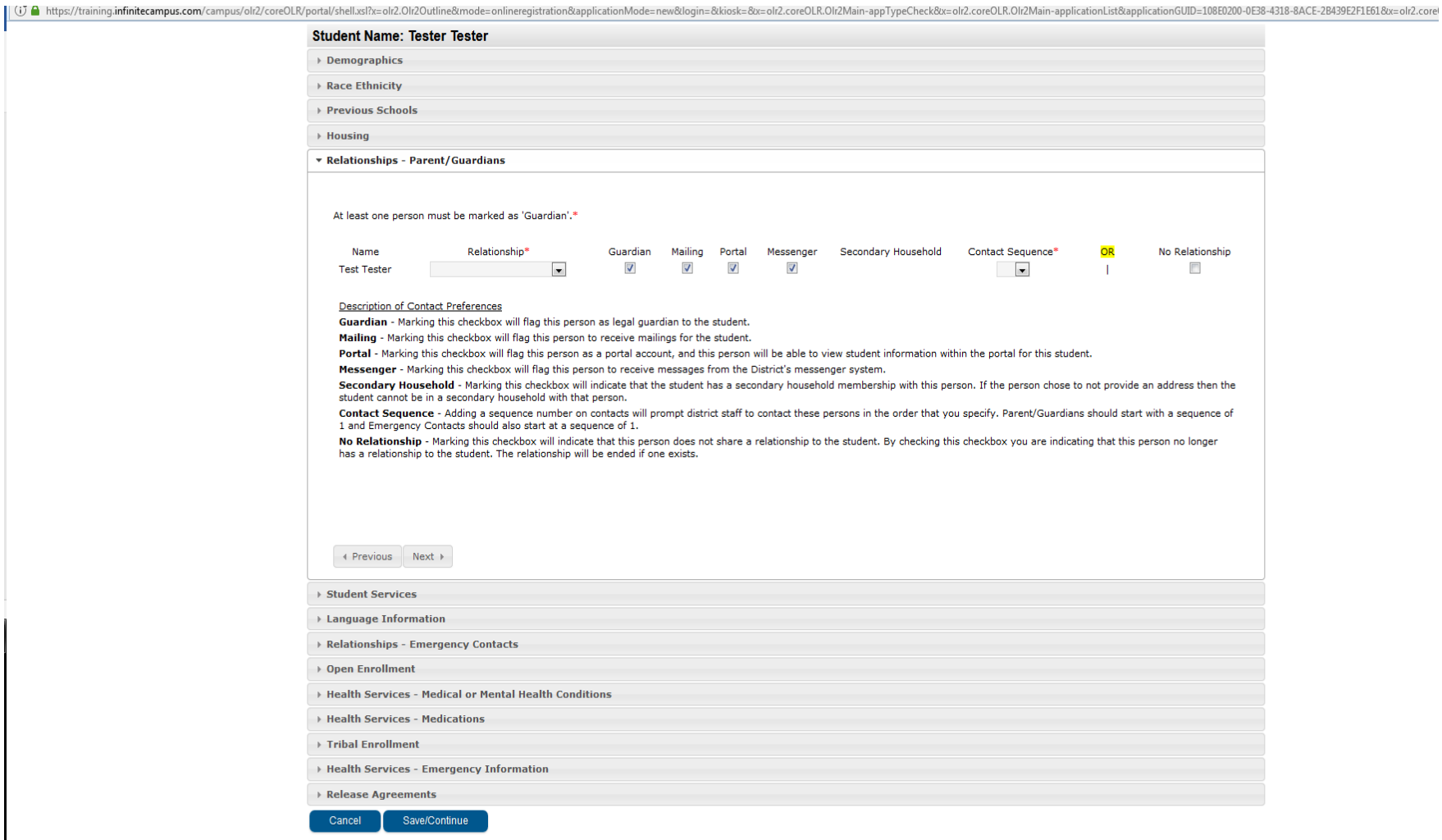
( ) Shared Housing
( ) Motel, hotel, trailer park, or camp ground due to lack of alternative accommodation
( ) In emergency or transitional shelter
( ) Awaiting foster care placement
( ) Primary nighttime residence is not ordinarily used as a regular sleeping accommodation
( ) Living in car, park, public space, abandoned building, substandard housing, bus or train station

For more information click on this link.

‹ Previous | Next ›

- Relationships - Parent/Guardians
- Student Services
- Language Information
- Relationships - Emergency Contacts
- Open Enrollment
- Health Services - Medical or Mental Health Conditions
- Health Services - Medications
- Tribal Enrollment
- Health Services - Emergency Information
- Release Agreements

Cancel | Save/Continue


https://training.infinitecampus.com/campus/olr2/coreOLR/portal/shell.xsl?x=olr2.Olr2Outline&mode=onlineregistration&applicationMode=new&login=&kiosk=&x=olr2.coreOLR.Olr2Main-appTypeCheck&x=olr2.coreOLR.Olr2Main-applicationList&applicationGUID=108E0200-0E38-4318-8ACE-2B439E2F1E61&x=olr2.core
Student Name: Tester Tester
Demographics
Race Ethnicity
Previous Schools
Housing
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
Test Tester
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
Student Services
Language Information
Relationships - Emergency Contacts
Open Enrollment
Health Services - Medical or Mental Health Conditions
Health Services - Medications
Tribal Enrollment
Health Services - Emergency Information
Release Agreements
Cancel
Save/Continue

Infinite Campus Online Registration

THIS IS A TEST SITE

Application Number 5

* Indicates a required field

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

Student Name: Tester Tester

- Demographics
- Race Ethnicity
- Previous Schools
- Housing
- Relationships - Parent/Guardians
- Student Services

Does your student have a current IEP? *

Does your student have a current 504 plan? *

Has your student previously received gifted/talented services? *

Previous Next

- Language Information
- Relationships - Emergency Contacts
- Open Enrollment
- Relationships - Other Household
- Health Services - Medical or Mental Health Conditions
- Health Services - Medications
- Tribal Enrollment
- Health Services - Emergency Information
- Release Agreements

Delete Cancel Save/Continue

Infinite Campus Online Registration

THIS IS A TEST SITE

Application Number 5

* Indicates a required field

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

Student Name: Tester Tester

- Demographics
- Race Ethnicity
- Previous Schools
- Housing
- Relationships - Parent/Guardians
- Student Services
- **Language Information**

Please enter the basic immigration information for your student below.

Student Language	
Parent/Guardian Language	
What was the first language spoken by the student?	
What is the language most often spoken at home?	
What is the language most often spoken by the student with friends?	
Has your child ever received English as a Second Language (ESL/ELL) services?	

Previous Next

- Relationships - Emergency Contacts
- Open Enrollment
- Relationships - Other Household
- Health Services - Medical or Mental Health Conditions
- Health Services - Medications
- Tribal Enrollment
- Health Services - Emergency Information
- Release Agreements

Delete Cancel Save/Continue

* Indicates a required field

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

Student Name: Tester Tester

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

A minimum of (1) Emergency Contacts are required*

Name	Relationship*	Contact Sequence*	OR	No Relationship
Asdf Asdf				

Description of Contact Preferences

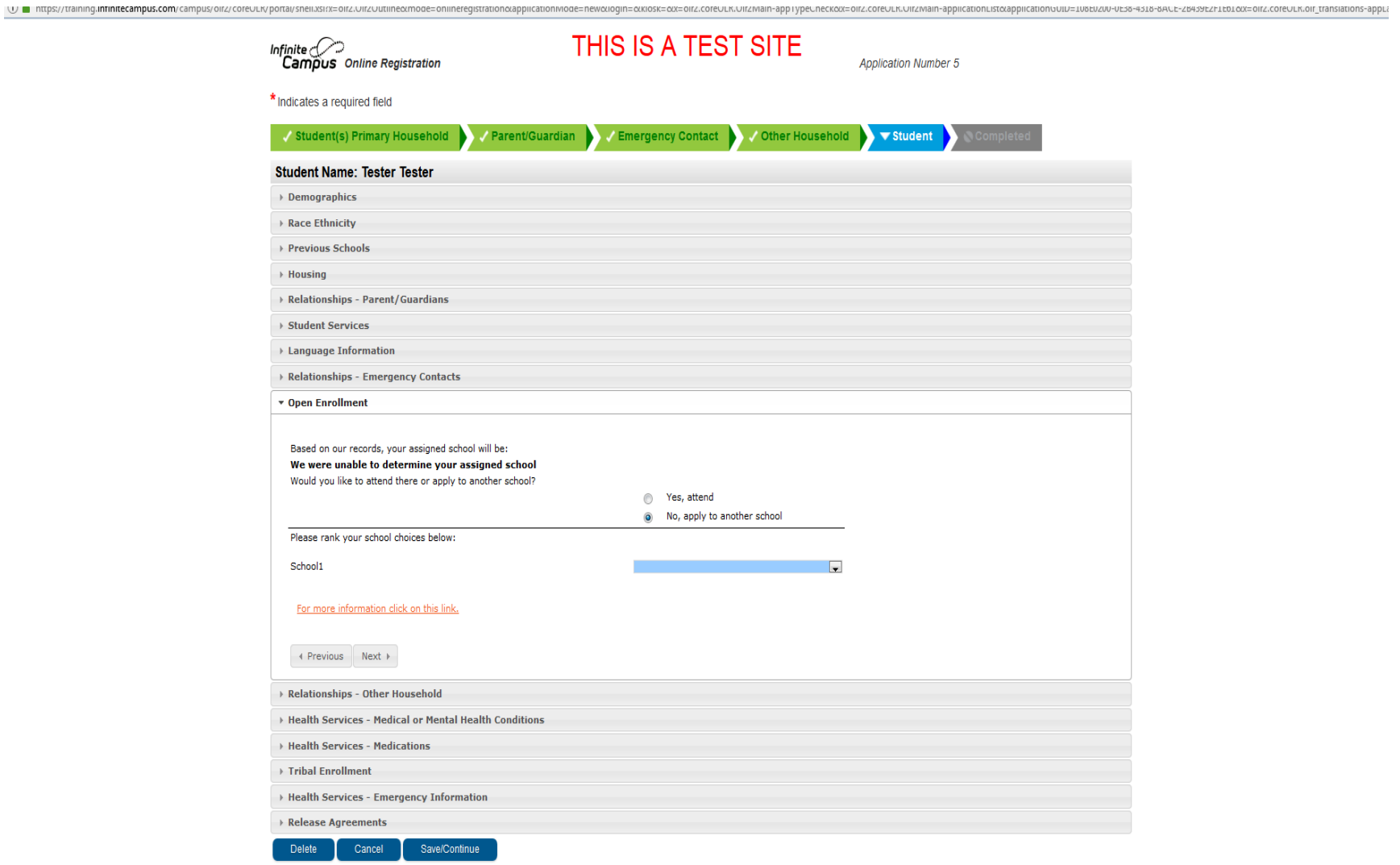
Contact Sequence - Adding a sequence number on contacts will prompt district staff to contact these persons in the order that you specify. Parent/Guardians should start with a sequence of 1 and Emergency Contacts should also start at a sequence of 1.

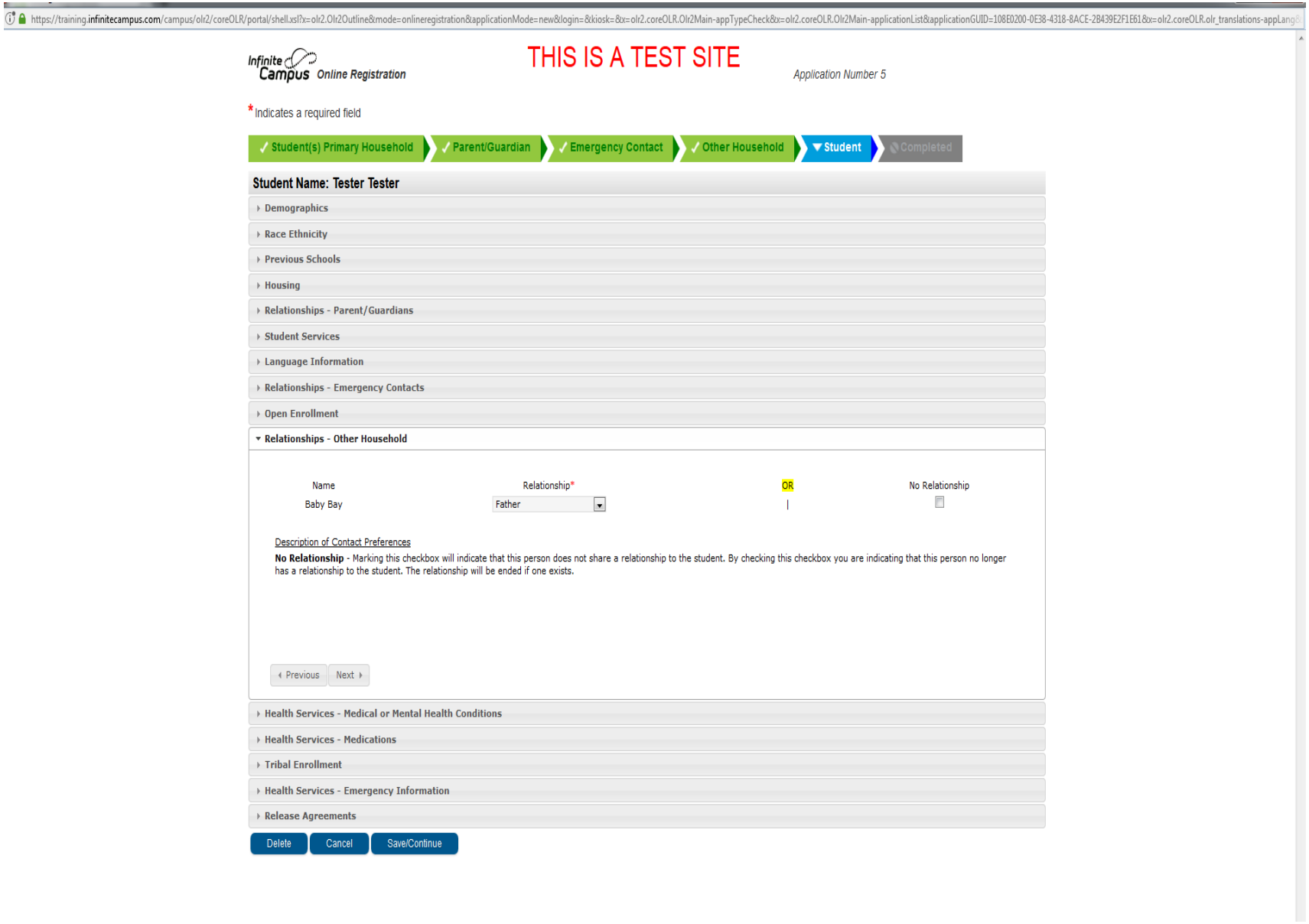
No Relationship - Marking this checkbox will indicate that this person does not share a relationship to the student. By checking this checkbox you are indicating that this person no longer has a relationship to the student. The relationship will be ended if one exists.

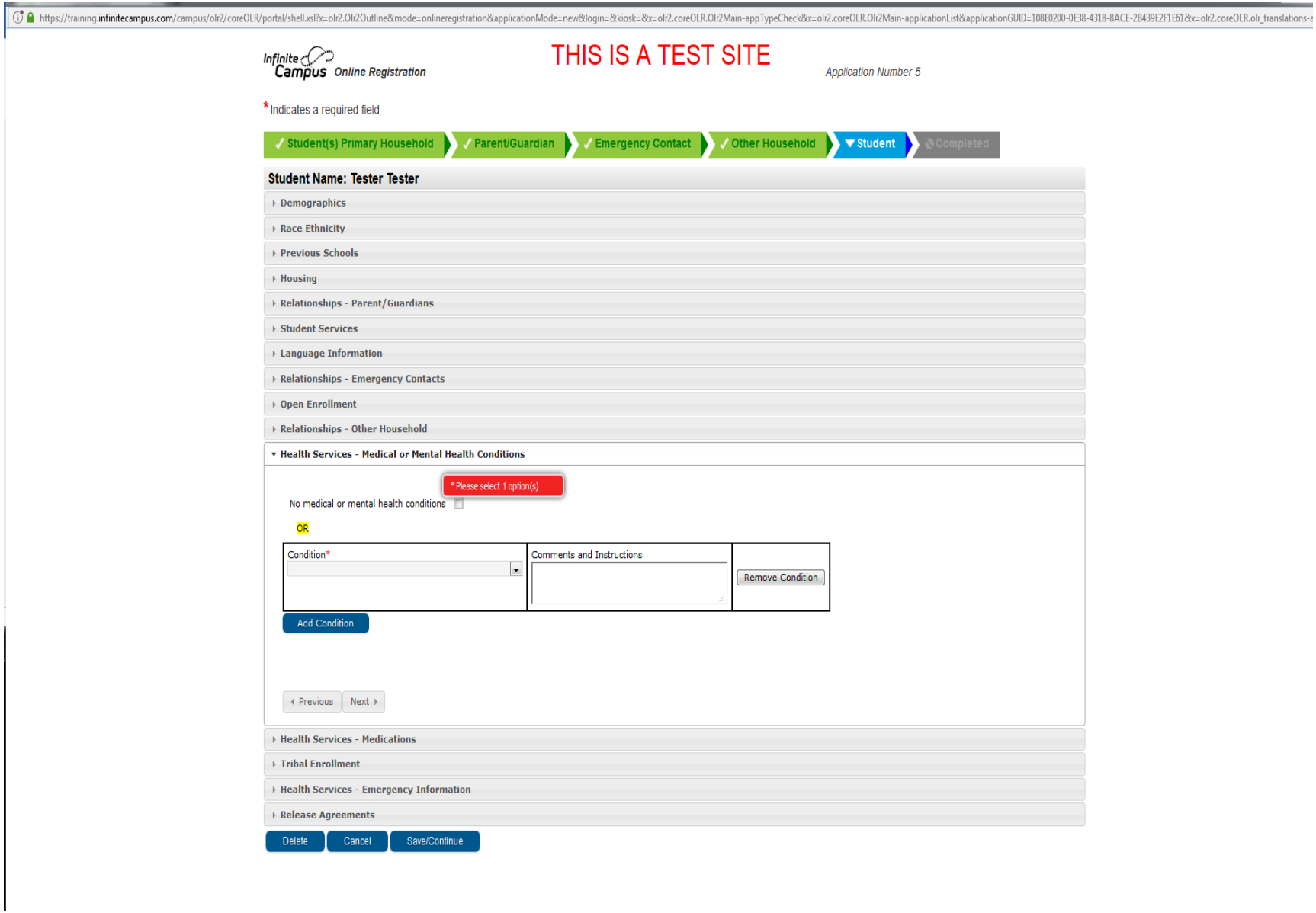
‹ Previous | Next ›

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

Delete | Cancel | Save/Continue


https://training.infinitecampus.com/campus/oir2/coreOLR/portal/shell.xsl?x=oir2.Oir2OutlineMode=onlineRegistration&applicationMode=newOrLogin=0&kiosk=0&x=oir2.coreOLR.Oir2Main-appTypeCheck&x=oir2.coreOLR.Oir2Main-applicationList&applicationGUID=1068b200-0e36-4518-8ACE-2B459E2F1EB1&x=oir2.coreOLR.oir_translations-appl
Infinite Campus Online Registration
THIS IS A TEST SITE
Application Number 5
* Indicates a required field
✓ Student(s) Primary Household
✓ Parent/Guardian
✓ Emergency Contact
✓ Other Household
▼ Student
Completed
Student Name: Tester Tester
Demographics
Race Ethnicity
Previous Schools
Housing
Relationships - Parent/Guardians
Student Services
Language Information
Relationships - Emergency Contacts
Open Enrollment
Based on our records, your assigned school will be:
We were unable to determine your assigned school
Would you like to attend there or apply to another school?
Yes, attend
No, apply to another school
Please rank your school choices below:
School1
For more information click on this link.
Previous
Next
Relationships - Other Household
Health Services - Medical or Mental Health Conditions
Health Services - Medications
Tribal Enrollment
Health Services - Emergency Information
Release Agreements
Delete
Cancel
Save/Continue


https://training.infinitecampus.com/campus/olr2/coreOLR/portal/shell.xsl?x=olr2.Olr2Outline&mode=onlineregistration&applicationMode=new&login=&kiosk=&x=olr2.coreOLR.Olr2Main-appTypeCheck&x=olr2.coreOLR.Olr2Main-applicationList&applicationGUID=108E0200-0E38-4318-8ACE-2B439E2F1E61&x=olr2.coreOLR.olr_translations-appLang
Infinite Campus Online Registration
THIS IS A TEST SITE
Application Number 5
* Indicates a required field
✓ Student(s) Primary Household
✓ Parent/Guardian
✓ Emergency Contact
✓ Other Household
▼ Student
Completed
Student Name: Tester Tester
Demographics
Race Ethnicity
Previous Schools
Housing
Relationships - Parent/Guardians
Student Services
Language Information
Relationships - Emergency Contacts
Open Enrollment
Relationships - Other Household
Name
Relationship*
OR
No Relationship
Baby Bay
Father
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 - Medical or Mental Health Conditions
Health Services - Medications
Tribal Enrollment
Health Services - Emergency Information
Release Agreements
Delete
Cancel
Save/Continue


https://training.infinitecampus.com/campus/olr2/coreOLR/portal/shell.xsl?x=olr2.Olr2Outline&mode=onlineregistration&applicationMode=new&login=&kiosk=&x=olr2.coreOLR.Olr2Main-appTypeCheck&x=olr2.coreOLR.Olr2Main-applicationList&applicationGUID=108E0200-0E38-4318-8ACE-2B439E2F1E61&x=olr2.coreOLR.olr_translations-a
Infinite Campus Online Registration
THIS IS A TEST SITE
Application Number 5
*Indicates a required field
✓ Student(s) Primary Household
✓ Parent/Guardian
✓ Emergency Contact
✓ Other Household
▼ Student
Completed
Student Name: Tester Tester
Demographics
Race Ethnicity
Previous Schools
Housing
Relationships - Parent/Guardians
Student Services
Language Information
Relationships - Emergency Contacts
Open Enrollment
Relationships - Other Household
Health Services - Medical or Mental Health Conditions
* Please select 1 option(s)
No medical or mental health conditions
OR
Condition*
Comments and Instructions
Remove Condition
Add Condition
Previous
Next
Health Services - Medications
Tribal Enrollment
Health Services - Emergency Information
Release Agreements
Delete
Cancel
Save/Continue

Infinite Campus Online Registration

THIS IS A TEST SITE

Application Number 5

*Indicates a required field

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

Student Name: Tester Tester

- Demographics
- Race Ethnicity
- Previous Schools
- Housing
- Relationships - Parent/Guardians
- Student Services
- Language Information
- Relationships - Emergency Contacts
- Open Enrollment
- Relationships - Other Household
- Health Services - Medical or Mental Health Conditions
- Health Services - Medications

No medications ☐

OR

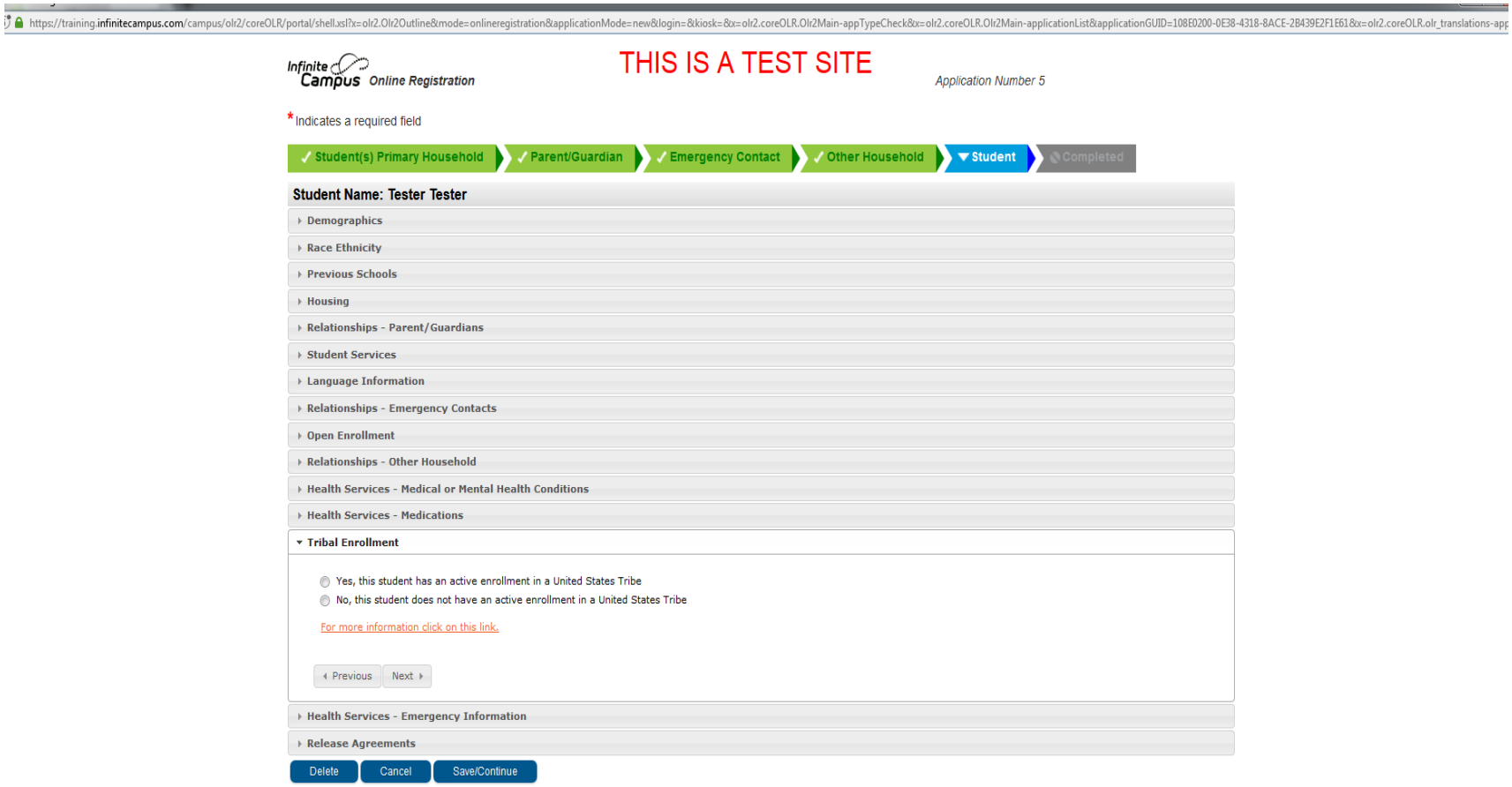
Medication*	Where Taken*	Medication Type*	Comments and Instructions	
				Remove Medication

Add Medication

‹ Previous | Next ›

- Tribal Enrollment
- Health Services - Emergency Information
- Release Agreements

Delete | Cancel | Save/Continue


https://training.infinitecampus.com/campus/olr2/coreOLR/portal/shell.xsl?x=olr2.Olr2Outline&mode=onlineregistration&applicationMode=new&login=&kiosk=&x=olr2.coreOLR.Olr2Main-appTypeCheck&x=olr2.coreOLR.Olr2Main-applicationList&applicationGUID=108E0200-0E38-4318-8ACE-2B439E2F1E61&x=olr2.coreOLR.olr_translations-app
Infinite Campus Online Registration
THIS IS A TEST SITE
Application Number 5
* Indicates a required field
✓ Student(s) Primary Household
✓ Parent/Guardian
✓ Emergency Contact
✓ Other Household
Student
Completed
Student Name: Tester Tester
Demographics
Race Ethnicity
Previous Schools
Housing
Relationships - Parent/Guardians
Student Services
Language Information
Relationships - Emergency Contacts
Open Enrollment
Relationships - Other Household
Health Services - Medical or Mental Health Conditions
Health Services - Medications
Tribal Enrollment
Yes, this student has an active enrollment in a United States Tribe
No, this student does not have an active enrollment in a United States Tribe
For more information click on this link.
Previous
Next
Health Services - Emergency Information
Release Agreements
Delete
Cancel
Save/Continue

https://training.infinitecampus.com/campus/olr2/coreOLR/portal/shell.xsl?x=olr2.Olr2Outline&mode=onlineregistration&applicationMode=new&login=&kiosk=&x=olr2.coreOLR.Olr2Main-appTypeCheck&x=olr2.coreOLR.Olr2Main-applicationList&applicationGUID=108E0200-0E38-4318-8ACE-2B439E2F1E618x=olr2.coreOLR.olr_translations-appLang

Infinite Campus Online Registration

THIS IS A TEST SITE

Application Number 5

* Indicates a required field

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

Student Name: Tester Tester

- Demographics
- Race Ethnicity
- Previous Schools
- Housing
- Relationships - Parent/Guardians
- Student Services
- Language Information
- Relationships - Emergency Contacts
- Open Enrollment
- Relationships - Other Household
- Health Services - Medical or Mental Health Conditions
- Health Services - Medications
- Tribal Enrollment
- **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 ›

- Release Agreements

Delete | Cancel | Save/Continue

Student Name: Tester Tester

- Demographics
- Race Ethnicity
- Previous Schools
- Housing
- Relationships - Parent/Guardians
- Student Services
- Language Information
- Relationships - Emergency Contacts
- Open Enrollment
- Relationships - Other Household
- Health Services - Medical or Mental Health Conditions
- Health Services - Medications
- Tribal Enrollment
- Health Services - Emergency Information

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

Delete | Cancel | Save/Continue

THIS IS A TEST SITE

Infinite Campus Online Registration

Application Number 35

* Indicates a required field

✓ Student(s) Primary Household | ✓ Parent/Guardian | ✓ Emergency Contact | ✓ Non School Age Household Members | ✓ Student | ▼ Completed

You must submit your application by clickin

Si

PLEASE NOTE: Prior to submitting your ap
have entered by going back to the area in c
information is not submitted until you click t
email notification that you application was r

Application

Get Acrobat Reader

Warning

Are you sure you that you are ready to submit this registration? You will not be able to enter and/or modify this information after submitting.

Confirm | Cancel

THIS IS A TEST SITE

Infinite Campus Online Registration

Application Number 35

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

Application Summary PDF

Infinite Campus Online Registration

THIS IS A TEST SITE

Application Number 5

*Indicates a required field

✓ 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

Get Acrobat Reader