

# 9<sup>th</sup> Grade Online Enrollment Guide

The Online Registration tool allows you to enroll your student(s) for school electronically through the Infinite Campus Parent Portal. The Online Registration is simple to navigate.

Choose *Start New Registration* to start the process.

Choose *Return to Saved Registration* to complete the process.



Welcome to the Hinsdale Township District 86 Online Registration Kiosk! Please select whether you are starting a new application or if you are returning to finish an existing application. \*

- Start New Registration
- Return to Saved Registration



Enter the required information and Click Begin Registration



Please complete the information below to begin the registration process.

Registration Year \*  
2023-2024

Parent/Guardian First Name \*

**This field is required**

Parent/Guardian Last Name \*

Date of Birth (MM/DD/YYYY) \*

Email Address

Previously Attended this District. \*

Please type the letters you see displayed in the image below. \*



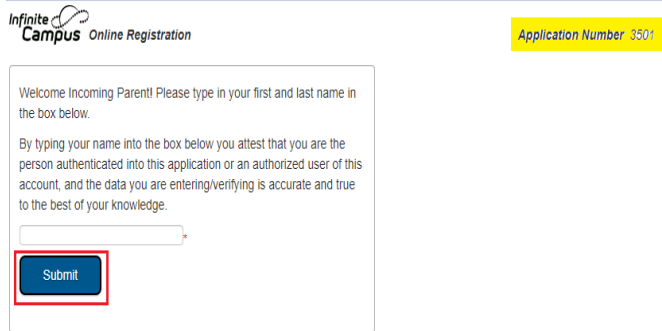
Please make a note of the application number and Click Confirm to start the registration process

Your application number is 3501. Please write this down to assure re-entry into the registration system in case your system becomes disconnected.

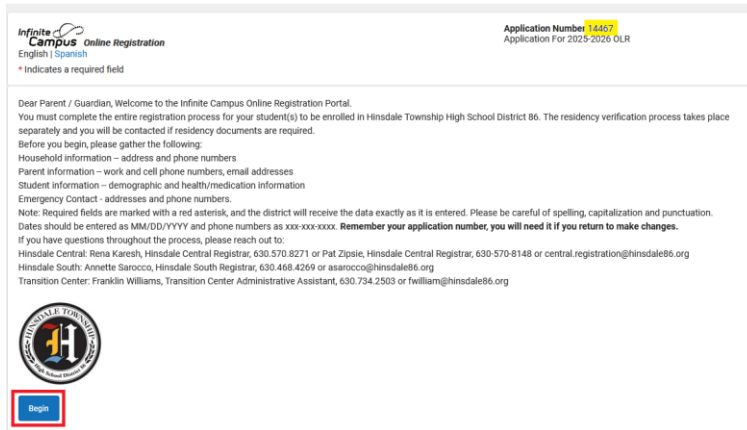


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Type your name into the box, and Click Submit



The screenshot shows the top of the Infinite Campus Online Registration portal. The logo is on the left, and the application number '3509' is displayed in a yellow box on the right. Below the header, there is a text box with instructions: 'Welcome Incoming Parent! Please type in your first and last name in the box below.' and '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.' A text input field is present, followed by a blue 'Submit' button highlighted with a red border.



The screenshot shows the 'Begin' screen of the Infinite Campus Online Registration portal. The logo is on the left, and the application number '14467' is displayed in a yellow box on the right. Below the header, there is a text box with instructions: 'Dear Parent / Guardian, Welcome to the Infinite Campus Online Registration Portal. You must complete the entire registration process for your student(s) to be enrolled in Hinsdale Township High School District 86. The residency verification process takes place separately and you will be contacted if residency documents are required. 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. Remember your application number, you will need it if you return to make changes. If you have questions throughout the process, please reach out to: Hinsdale Central: Rena Karesch, Hinsdale Central Registrar, 630.570.8271 or Pat Zipsle, Hinsdale Central Registrar, 630-570-8148 or central.registration@hinsdale86.org Hinsdale South: Annette Sarocco, Hinsdale South Registrar, 630.468.4269 or asarocco@hinsdale86.org Transition Center: Franklin Williams, Transition Center Administrative Assistant, 630.734.2503 or fwilliam@hinsdale86.org' Below the text is the Hinsdale Township High School District 86 logo and a blue 'Begin' button highlighted with a red border.

*Please note that applications can be saved and returned to at a later time if needed. When all your updates are made, click on the Save/Continue button.*

*Use the Previous and Next buttons to move through this area. When you are done entering, and reviewing the student you are enrolling, continue to the next screen.*

*The fields that are marked with red asterisks are required fields.*

*The online Registration has FOUR primary key areas to be completed **in sequence**. They are -*

*Student(s) Primary Household, Parent/Guardian, Emergency Contact, Student*

*Once you fill out all the necessary information and click on Save/Continue, then you can toggle between the areas.*

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\* Indicates a required field



## 1) Student(s) Primary Household

In the Household screen, you are asked to enter data that includes the home phone number, home address, and a mailing address if it is different than the home address.

Fill in the necessary information. Click Next to continue.

▼ Primary Phone

Primary Phone		Emergency	High Priority	Contact Preferences				Teacher	Private
(630 ) 123 - 8888 *	Voice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Attendance	Behavior	General	Food Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Text(SMS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Description of Contact Preferences:  
**Emergency** - Marking this checkbox will use this method of contact for emergency messages.  
**High Priority** - Marking this checkbox will use this method of contact for messages labeled as High Priority Notification.  
**Attendance** - Marking this checkbox will use this method of contact for attendance messages.  
**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.  
**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 should be listed as private.

Next >

When adding an address you can begin typing the street number and a list of addresses will be displayed. Choose your address from the list

Fill in the necessary information. Click Next to continue.

▼ Home Address

\*Please verify or add the information below. Please update any information that is incorrect. 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, Blvd, etc. field.

Street Number *	N,S,E,W	Street Name Only	St, Ave, Blvd, etc.	N,S,E,W	Apartment
City	State	Zip	Ext.	County	

Clear Address Fields

Click on your address if it appears in box.

Your address as entered above.

Please upload proof of residency (such as a utility bill, lease agreement, mortgage, etc) to prove residence in the district.  
[Click here for residency information](#)

Upload Category 1 document

Upload Category 2 document

Upload Category 3 document

4 Previous Next >

Check the box if the home address is same as mailing address

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Fill in the necessary information. Click Save/Continue

---

▼ **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".  
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, Blvd, etc. field.

The household has no separate Mailing Address.

← Previous

**Save/Continue**

Enter the mailing address if different from the home address

Fill in the necessary information. Click on Save/Continue

---

▼ **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".  
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, Blvd, etc. field.

The household has no separate Mailing Address.

Post Office Box	Street Number	N,S,E,W	Street Name Only	St, Ave, Blvd, etc.	N,S,E,W	Apartment
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	City	State	Zip	Ext.	County	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Clear Address Fields

Click on your address if it appears in box.

Your address as entered above.

← Previous

**Save/Continue**

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## 2) Parent/Guardian

In the Parent/Guardian screen, you are asked to enter the information for ALL parent(s)/guardian(s) of the student (including yourself).

\*\*\* Please note that either parents or two guardians must be added for the Student. If there is not a second guardian, please specify the reason from the options listed in the drop down list.

Click Ok.

Infinite Campus Online Registration

Application Number 3501

\* Indicates a required field

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

Parent/Guardian Name: Incoming Parent

Demographics

Enter the Parent/Guardian you wish to enter. Please review and complete the following:

**Add Parent/Guardian Title**

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

Ok

101 N Adams  
Hinsdale, IL 60521

Next >

Fill in the necessary information. Click Next to continue.

Parent/Guardian Name: ParentTest Incoming

Demographics

Enter the Parent/Guardian you wish to enter. Please review and complete the following:

First Name ParentTest

Middle Name

Last Name Incoming

Suffix

Birth Date 01/01/1970

Gender Female

I am registering myself as an emancipated or unaccompanied minor.

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

101 N Adams  
Hinsdale, IL 60521

Next >

Please check the box if you are registering yourself as an emancipated or unaccompanied minor. Click Confirm

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**Warning**

By selecting this check box you are indicating that you are an emancipated or unaccompanied minor. Are you sure that you wish to proceed?

Fill in the necessary information. Click Next to continue

**Contact Information**

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

**At least one Phone Number is required.**

**Cell Phone**

**Work Phone**

**Other Phone**

**Email**

**Secondary Email:**

District 86 and its schools utilize ParentSquare to email newsletters, announcements, updates, and other important information. ParentSquare has the ability to automatically translate these communications into the language of your choice. If you would like to receive ParentSquare communication in a language other than English, please select that language from the list below:

**Preferred Language**

**Second Guardian \***

Yes there is a second guardian  
 No there is not a second guardian

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.  
**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.

\*\*\* If there is no second guardian, please select a reason from the options listed in the dropdown

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**Contact Information**

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

Emergency

At least one Phone Number is required.\*

Cell Phone ( ) - - x

Work Phone ( ) - - x

Other Phone (630 ) 111 - 1234 x

Email \*

Has no e-mail

Secondary Email: \_\_\_\_\_

Yes there is a second guardian

No there is not a second guardian

Please select \_\_\_\_\_

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 Sr

**Teacher** - Marking this checkbox will use this method of contact for teacher-sent messages, including messages regarding

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

Fill in the necessary information. Click Next to continue

**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.

◀ Previous   **Next ▶**

Fill in the necessary information. Click Save/Continue

**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.

◀ Previous

Cancel   **Save/Continue**

To add another parent or guardian, click the Add New Parent/Guardian button and fill in the necessary information

\*\*\* Please note that either parents or two guardians must be added for the Student.

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

### Parent/Guardian

First Name	Last Name	Gender	Completed	
Incoming	Parent	F	✓	<a href="#">Edit/Review</a>

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](#)

For split households, add the additional parent and then remove the checkmark from the checkbox if they no longer live in the primary household. Verify the remaining information

Fill in the necessary information. Click Next to continue

Demographics

Enter the Parent/Guardian you wish to enter. Please review and complete the following:

First Name:

Middle Name:

Last Name:

Suffix:

Birth Date:

Gender:

Please check this box if this person lives at the address listed below.  
111 Fuller St  
Hinsdale, IL 60521

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, Blvd, etc. field.

Street Number:

Street Name Only:

St, Ave, Blvd, etc.:

Apartment:

City:

State:

Zip:

Ext.:

County:

[Clear Address Fields](#)

Click on your address if it appears in box.

Phone Number: ( ) - -

[Next >](#)

When a record is complete a green checkmark will appear in the Completed column. Click Save/Continue.

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

### Parent/Guardian

First Name	Last Name	Gender	Completed	
Incoming	Parent	F	✓	<a href="#">Edit/Review</a>

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](#)

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## 3) Emergency Contact

Emergency Contacts are individuals who are not the parent or guardian, and should be contacted in case of an emergency when the parent or guardian cannot be reached.

Click Add New Emergency Contact to continue

Infinite Campus Online Registration Application Number 3501

\* Indicates a required field

✓ Student(s) Primary Household → ✓ Parent/Guardian → ▾ Emergency Contact → Student → Completed

### 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>			
<small>The maximum number of Emergency Contacts is 2</small>			

**Add New Emergency Contact**

Back Save/Continue

---

### Emergency Contact Information

Please enter Emergency Contacts. Do not enter Parent/Guardian(s) here if already entered in Parent/Guardian Section.

---

Ok

Fill in the necessary information. Click Next to continue.

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**Demographics**

Please complete the following information for each Emergency Contact for your students.

First Name: Jane  
 Middle Name:   
 Last Name: Smith  
 Suffix:   
 Birth Date:   
 Gender: Female

[Next >](#)

**Contact Information**

Enter the contact information for this Emergency Contact.  
 At least one Phone Number is required.\*

Home Phone: (555) 555 - 5555  
 Cell Phone: (666) 666 - 6666  
 Work Phone: ( ) - - X  
 Email: jane.smith@gmail.com

[< Previous](#) [Next >](#)

**Verification**

Please enter the address for this Emergency Contact. This information will only be used to verify the contact does not already appear in our system.

Please check this box if this person lives at the address listed below.  
 111 Fuller St  
 Hinsdale, IL 60521

Address Line 1:   
 Address Line 2:

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

[< Previous](#)

[Delete](#) [Cancel](#) [Save/Continue](#)

When a record is complete a green checkmark will appear in the Completed column. Click Save/Continue

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

**Emergency Contact**

First Name	Last Name	Gender	Completed	Record Type	Remove Existing Contact.	
Joe	Smith	M	✓	New		<a href="#">Edit/Review</a>
Jane	Smith	F	✓	New		<a href="#">Edit/Review</a>

**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.

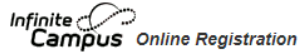
The maximum number of Emergency Contacts is 2.

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

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## 4) Student

The Student page is where students can be registered for the selected school year.



Application Number 3501

\* Indicates a required field



### Student

First Name	Last Name	Gender	School	Completed
Please include all students that need to be enrolled.				
<b>Yellow</b> - Indicates that person is missing required information. Select the highlighted row to continue.				
<b>✓</b> - Indicates that person is completed.				

Add New Student

Back

Fill in the necessary information and click Next to continue.

#### 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.

First Name	<input type="text" value="TestJane"/>	*	Gender	<input type="text" value="Female"/>	*	Enrollment Grade	<input type="text" value="09"/>	*
Legal Middle Name	<input type="text"/>		Birth Date	<input type="text" value="01/01/2009"/>	*	Boundary School:	Unable to determine boundary school.	
Last Name	<input type="text" value="Doe"/>	*	Date Entered U.S.	<input type="text"/>		School*	<input type="text" value="Hinsdale South High School"/>	
Suffix	<input type="text"/>		Foreign Exchange*					
Nickname	<input type="text"/>		<input type="radio"/>	Yes, this is a foreign exchange student.				
Student Cell Number	<input type="text" value="( ) -"/>		<input checked="" type="radio"/>	No, this is not a foreign exchange student.				
Student Email Address	<input type="text"/>							

Please upload a Birth Certificate.

Upload Birth Certificate

Next >

Fill in the necessary information. Click Next to continue

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**Race Ethnicity**

Is Hispanic/Latino \*

No

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

Middle Eastern or North African

< Previous   Next >

Fill in the necessary information. Click Next to continue

**Housing**

Yes, this student is homeless.

No, this student is not homeless.

< Previous   Next >

Fill in the necessary information. Click Next to continue

**Student Services**

Does your student have a current IEP? Yes \*

Does your student have a current 504 plan? No \*

< Previous   Next >

Fill in the necessary information. Click Next to continue

**Legacy Sibling**

Policy 7:31 defines a Legacy Sibling as follows:  
A Legacy Sibling is a student who is a younger sibling of a Legacy Student, provided such Legacy Student remains enrolled in the Legacy School at the time the younger sibling first commences attendance at the Legacy School. A Legacy Sibling also includes a student who is a younger sibling of an older Legacy Sibling as previously defined, provided such older Legacy Sibling remains enrolled in the Legacy School at the time the younger sibling first commences attendance at the Legacy School. A younger sibling will not attain Legacy Sibling status if, when first commencing attendance at the Legacy School, no older sibling Legacy Student or older Legacy Sibling remain enrolled in the Legacy School.

A student's status as a sibling of another student will be determined through the school registration and enrollment process. A student will be deemed to be a sibling of another student if related as a sibling, half-sibling or step-sibling by blood or law, or if they are a member of the same household and are lawfully registered for school enrollment by the same parent or guardian.

The following question pertains to [Board Policy 7:31](#), regarding Legacy families.

I would like to claim Legacy Sibling Status for this student

Yes

No

< Previous   Next >

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Fill in the necessary information. Click Next to continue

**Language Information**

The state requires the district to collect a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students who need to be assessed for English language proficiency.

Please answer the questions below.

Is a language other than English spoken in your home? \*

Yes  
 No

Which language? \*

Spanish

Does your child speak a language other than English? \*

Yes  
 No

Which language? \*

Spanish

If the answer to either question is yes, the law requires the school to assess your child's English language proficiency

Parent/Legal Guardian Signature \*

IT

Date \*

10/01/2024

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

Yes

< Previous **Next >**

Fill in the necessary information. Click Next to continue

**Previous School**

Feeder School \*

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

Please upload a recent transcript for this student.

Upload Transcript or report card

< Previous **Next >**

Fill in the necessary information. Click Next to continue

**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.

[Please click here for a list of tribes and their numbers.](#) \*

Tribe Number: \*

< Previous **Next >**

Fill in the necessary information. Click Next to continue

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## 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
ParentTest Incoming	Mother	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<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.

**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** →

Fill in the necessary information. Click Next to continue

## Relationships - Emergency Contacts

Name	Relationship*	Contact Sequence*	or	No Relationship
Jane Smith	Neighbor	3		<input type="checkbox"/>

### 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** →

Fill in the necessary information. Click Next to continue

## 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** →

Fill in the necessary information. Click Next to continue

Click Next to continue

## Athletics Information

All students seeking to participate in athletics need to complete a sports physical. Fall sports begin and sports physical are due on 8/12/24.

← Previous **Next** →

Fill in the necessary information. Click Next to continue

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**Meal and Transportation**

Does your student qualify for fee waiver or free lunch?

Yes this student qualifies for a fee waiver or free lunch.  
 No this student does not qualify for a fee waiver or free lunch.

**Transportation**

Yes this student needs to take the bus in the morning.  
 No this student doesn't need to take the bus in the morning.

Yes this student needs to take the bus in the afternoon.  
 No this student doesn't need to take the bus in the afternoon

[← Previous](#)

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

Click Add New Student to register another student (not already enrolled at D86) and fill in necessary information

Click Save/Continue to complete the registration process

**Student**

First Name	Last Name	Gender	School	Completed	
StudentTest	Incoming	F	Hinsdale Central High School		<a href="#">Edit/Review</a>

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

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## Completed

Now that you have reviewed or entered all of the required information, review the application by clicking on the **Application Summary PDF**. This is an important step because once you submit, you can no longer modify any of the data in the application.

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](#)

A PDF file will be opened. Please verify the information you entered.

receipt.fop 1 / 2 137%

### Online Registration Summary

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TestStudent, Incoming | 3526

**Modified By:**  
**Modified Date:**  
**Application End Year: 2023-2024**

**Application Number: # 3526**  
**Application Created By: Incoming Test**

Household	Student
<b>Primary Phone</b> Home Phone: (630)111-1234	<b>TestStudent , Incoming</b> Gender: F <b>DOB:</b> 01/01/2008 <b>Student Number:</b>
<b>Home Address</b> 101 58th Pl Clarendon Hills, IL 60514 Household has no separate Mailing Address.	<b>Housing</b> Homeless: No
<b>Parent/Guardian</b> <b>TestParent , Incoming</b> Gender: F <b>Birthdate: 01/01/1970</b> <b>Household: Yes</b>	<b>Student Services</b> Student has IEP: No Student has 504 plan: No
<b>Contact Information</b> ...	<b>Language Information</b> Student language: English Parent/Guardian language: English First language spoken by student: English

Once you have determined everything is accurate, submit the application.

# 9<sup>th</sup> Grade Online Enrollment Guide

\* Indicates a required field

✓ Student(s) Primary Household > ✓ Parent/Guardian > ✓ Emergency Contact > ✓ 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](#)

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

[Application Summary PDF](#)



A notice will be sent to the district staff that an online registration application is ready for review

You will be emailed status updates as your application goes through the process.

Once your application is approved, you will receive a notification of the approval