

## THIS FORM MUST BE COMPLETED BY A CUSTODIAL PARENT/GUARDIAN.

Registration must be verified by the school before officially being enrolled.

A. Select your preferred language and Registration Option then click NEXT.

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What are you registering for?*
Next
B. Create an online account based on the information from the person completing this process.

Please complete the information below to begin the	registration process for Fulton County Schools.
If there are multiple students in the household, only	one online registration needs to be submitted.
Registration Year Next Year 2022-23 Parent/Guardian First Name	
Parent/Guardian Last Name	
Parent/Guardian Email Address	
user@example.com	
Verify Email Address	
Please check this box if any student being entered has attended a school in this district in the past.	
Infinite Conline Registration Campus Online Registration English   Español   سوية   Français   Korean   Chinese   Portuguese   Russian	
Thank you for starting the Online Registration process. The email address you entered will registration page. Thank you.	receive an email shortly. That email will contain a link that will lead you to the official

- C. You will receive an email containing a link to the official registration page at the email address that you entered
  - The email will come from InfiniteCampus@fultonschools.org.
  - If you are using a Gmail account, you will need to check both your Spam and Junk folders.

Before beginning the process, verify that you live within the zone for Fulton County Schools.

A. Click on the hyperlink in the email.

I infinitecampus@fultonschools. Mon 2/28/2022 11:10 AM To:	SAMPLE EMAIL	か & →	
Dear			
Welcome to Online Registration for Fulto	on County Schools. The application must be completed by the CUSTODIAL PARENT/GUARDIAN. Before you begin, please gather the fo	llowing:	
Household information address	and phone numbers.		
· Parent information work and cel	ll phone numbers, email addresses.		
Student information demograph	hic and health/medication information.		
Emergency contact phone numb	bers.		
Note: Required fields are marked with a entered as MM/DD/YYYY and phone nur	red asterisk, and the district will receive the data exactly as it is entered. Please be careful of spelling, capitalization and punctuation. Da mbers as xxx-xxx-xxxx	tes should be	
Parent/Guardian should upload all requir Failure to do so will prevent the student(	red documentation during the application process. Once the application is complete, contact the attending school(s) to complete the er (s) from being officially enrolled.	nrollment proce	ess.
If you need additional assistance, please	contact your local school.		
Please click the link below to begin the re	egistration process.		
https://campus.fultonschools.org/camp	pus/OLRLoginEmail/fulton?appGUID=76C9A93E-7D50-4C3A-A06E-6412F4C5E200		

B. Select preferred language, enter the enrolling parent's name and click Submit.



- C. Begin application (take note of the application number as you will need to provide that number to the school to complete the process). Complete all required information in each tab. Applications cannot be saved until all required fields are addressed. All required questions have a red asterisk (\*).
  - Student(s) Primary Household Tab Enter the information in all four (4) sections. Click next to
    move to the next section

Infinite لا تربية Campus Online Registration English   Español   الحربية   Français   Korean   Chinese   Portuguese   Russian			<b>Application Number</b> 205765 Application For Next Year 2025-2026		
1	2	3	4	5	
Student(s) Primary Household	Parent/Guardian	Emergency Contact	Student	Completed	
* Indicates a required field					
Primary phone					+
Physical Address					+
Mailing Address					+
Manual Address Entry					+
Save/Continue					

 Physical Address - As you enter the house number, potential addresses will appear in the box. If your address is listed, select the address and upload current proof of residency.

O Physical Address				-	
Please enter your Physical Address into the fields below beginning with the Street Number and Street Name. Once the address appears in the box, click it to populate the other fields. Please note: Once a change of address is indicated, 2 current proofs of residency documents must be uploaded below or provided to the school. If the address is NOT located, enter 000 Out of District, Anywhere, GA, 00000 and click NEXT. Check the box "This address is both the physical and mailing address." on the Mailing Address page and click NEXT. On the Manual Entry page Choose NO and enter the Physical address that was not located. If there is a separate Mailing address select YES to the question "Is there a separate mailing address?" and enter the address.					
Street Number * Prefix	Street Name *	Tag	Direction	Apartment	
City *	State *	Zip *	Ext.	County	
	•				
Clear Address Fields					
Click on your address if it appears in box					
1535 BAINBRIDGE LN ROSWELL, GA 30076					
1535 BAKERS GLEN DR DUNWOUDY, GA 30350 1535 CHAPARRAL PL SANDY SPRINGS, GA 30350					
1535 Chicory WAY Alpharetta, GA 30005	0004				
You must select an address from the list ab	0VP				

If the address is not listed, follow the instructions in the box. Click Next and complete the remaining information regarding the addresses especially mailing if different that physical address. Press SAVE/CONTINUE.

- Parent Guardian Tab Complete the information for all parent(s)/guardian(s).
  - Add all parents and guardians for the student. Include all parents and guardians for the student, regardless of whether the student lives with them. Ensure the information entered is accurate. Click SAVE/CONTINUE.

Parent/Guardian					
Changes to Pick-up Per O.C.G.A. 20-2-780, only the person who enrolled the student may make changes to a student's emergency contact information/authorized pick-up list. The enrolling person may give permission to another person or persons to make changes to the emergency contacts/pick-up list.					
FIRST NAME	LAST NAME	GENDER	COMPLETED		
Example	Parent	F	COMPLETED		
Exmaple	Parent	М	COMPLETED		
Add New Parent/Guardian         Please list all primary Parent/Guardians in this area.					
< Back Save/Continue					

Emergency Contacts - Enter ALL emergency contact information of individuals OTHER THAN the parent/guardian. This includes name, gender, and phone as required information. Enter only emergency contacts that have authorization to pick up the student if parent/guardian is not available. At least one emergency contact is required. If you do not have someone local, please enter the information for someone who can make decisions on your behalf should you not be available and there is an emergency.

Emergency Contact					
Changes to Pick-up Per O.C.G.A. 20-2-780, only the person who enrolled the student may make changes to a student's emergency contact information/authorized pick-up list. The enrolling person may give permission to another person or persons to make changes to the emergency contacts/pick-up list.					
FIRST NAME	LAST NAME	GENDER	COMPLETED		
Emergency	Contact	F	COMPLETED		
In order to help prevent the creation of duplic	ate records, please do not create new reco	ords in this section for the followin	g people:		
FULL NAME	REASON				
Example Parent		Already in this application as a	Parent/Guardian		
Example Parent		Already in this application as a	Parent/Guardian		
Add New Emergency Contact Please enter information for at least one emergency contact. Do not include anyone listed in the parent/guardian section of the application. If the school is unable to reach a parent/guardian in the event of an emergency, emergency contacts will be called in order of priority. Please be sure to note if any of these people are allowed to make changes to the emergency contact list in the event we are unable to reach the enrolling parent/guardian. Proper identification will be required before a student is released to emergency contacts. The maximum number of Emergency Contacts is 4					
< Back Save/Continue					

Student - Please enter all the information for each student you want to enroll. You can enter all
your students within the same application. Select NEXT to move between sections.

Student

Save/Continue

< Back

FIRST NAME	LAST NAME	GENDER	SCHOOL	COMPLETED	
Example	Student	F	Hembree Springs Elementary School	COMPLETED	
In order to help prevent the	creation of duplicate reco	rds, please do not crea	te new records in this section for the following people:		
FULL NAME		REASON			
Example	e Parent		Already in this application as a Parent/Guardian		
Example	e Parent	Already in this application as a Parent/Guardian			
Emergenc	ey Contact	Already in this application as an Emergency Contact			
Add New Student					
Please include all students that need to be enrolled.					

After entering the information for all students, click Save/Continue and affirm the information is correct. After reviewing the information, sign the application and Submit.

## After the form is submitted, contact the enrolling school for each student with the application number to complete the enrollment process.