

Instructions for Accessing Online Registration for EXISTING Parents of West Irondequoit School District

If during the Online Registration process you need assistance or have a question: Please contact the district registrar at registrar@westiron.monroe.edu or call district office at (585) 342-5500.

If you need assistance completing the Online Registration, please contact Sara Cadirao at 585-342-5500 to set up an appointment for further assistance.

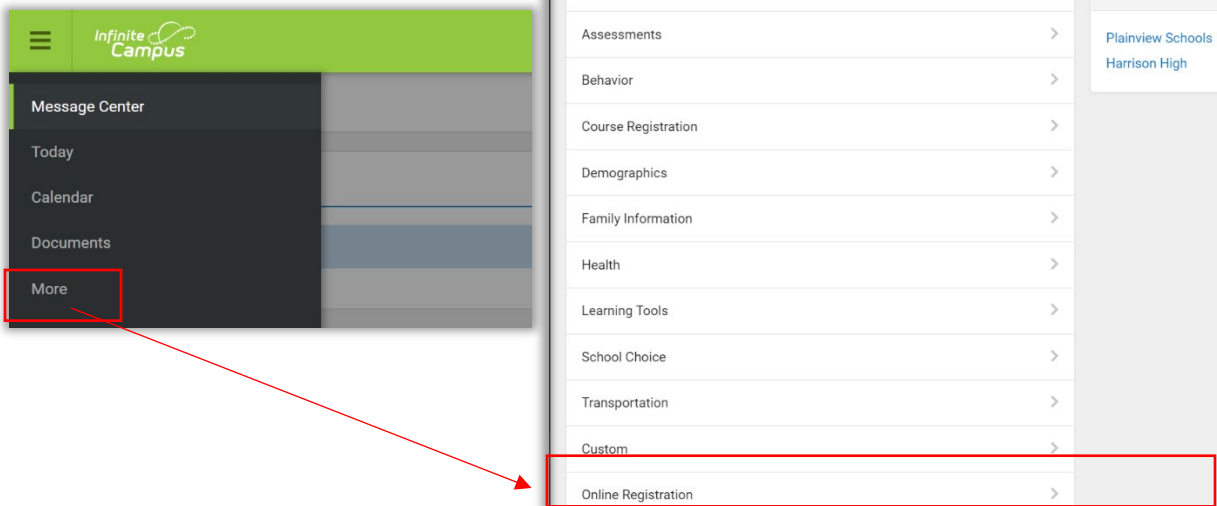
These are instructions for Parents who have a child currently enrolled in West Irondequoit School District.

For best performance, access Online Registration using a desktop or laptop computer.

1. Log into your Parent Portal account to access Online Registration. If you do not have an account, please contact:
UPK - 6 Diane Bretz – Diane_Bretz@westiron.monroe.edu
7 – 8 Jane Csaszar – Jane_Csaszar@westiron.monroe.edu
9 - 12 Howard Dutton – Howard_Dutton@westiron.monroe.edu

2. Once you have logged into the portal account, select “**More**” from the menu. **Note:** the menu may be hidden. Click on the menu button (three lines) to view the menu.

3. Click “Online Registration”.



4. A new browser tab will open with the Registration Introduction page. Read it carefully then select the correct registration year. Click **“Begin Registration”**.

Online Registration

Welcome to Online Registration. You will see the household, Parent/Guardian and Emergency Contact information and will be able to change it if necessary. Press the Begin Registration to continue.

New Student Registration

This editor is to update data for students that have never been enrolled in the District.

Registration Year *



Welcome Please type in your first and last name in the box below.
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.

Type Name *

Please sign on the line below.

Application Number 7

Make note of the application number for future reference

Use your mouse to sign

5. Make note of the **Application Number**. You will need this number to:
 - a. stop and return to the application at a later date
 - b. request assistance regarding the application
6. An instruction page will appear. Read it carefully and follow the instructions. Once finished reading the instructions and gathering necessary documents, click **“Begin”**.



Application Number 21

Welcome to West Irondequoit Online Registration!

If you need assistance, please call (585) 342-5500 during business hours or leave a message and a representative will return your call as soon as possible.

If your student is an Urban Suburban candidate, home schooled, or attending a private/parochial or charter school you cannot use this form. Please contact the District Registrar by calling (585) 342-5500.

- Please carefully **review and edit** anything that needs to be updated. You must review and/or complete all of the forms in the order presented. Any field with an * (red asterisk) is required. You will not be able to move on in the application without reviewing and/or completing all required fields. Click **“Next”** to move to the next pleat.

* Indicates a required field

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

▼ Primary Phone

Primary Phone
(585) 746 - 8884 *

Next ▶

▶ Home Address

Save/Continue

You will receive a validation error as shown below if you leave a required field blank

* Indicates a required field

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

▼ Primary Phone

Primary Phone
()) - *
[For more information click on this link.](#)

Next ▶

▶ Home Address

▶ Mailing Address

Save/Continue

If you try to click “Next” before filling out required fields, you will see these validation errors. Complete all required fields before clicking “Next”

* Indicates a required field

▼ Student(s) Primary Household ▶ Parent/G

* Not a Minin allowed * Not a Minim allowed * Not a valid integer * Minimum 4 characters allowed

Next ▶

▶ Home Address

▶ Mailing Address

Save/Continue

- On the **Home Address** pleat of the application review, the address currently on file for you will appear.
 - If it is current, upload the required documents and click **“Next”**.
 - If it is not current, check the “The home address listed is no longer current” checkbox. You will be prompted to complete the new home address information and provide proof(s) of residency. If you are unable to electronically provide the documents, please contact the district registrar at

registrar@westiron.monroe.edu or call district office at (585) 342-5500

▼ **Primary Home Address**

Your address as listed in the portal
4321 109th Ave NE
Blaine, NY 55449

The home address listed is no longer current

Please enter the date that the mailing address became inactive for this household.

*Please verify or add the information below. Please update any information that is incorrect.

Number * Prefix Street * Tag * Direction Apartment

City * State * Zip * Ext. County

Click on your address if it appears in box

Your address as entered above

9. Once you have completed a section of the application, it will turn **green** and have a white checkmark next to it. You may return to the section at any time before submitting the application by clicking on it. Reasons you may want to return to a section:
- Information provided is incorrect and needs to be corrected
 - Documents were not available for upload at the time you completed the section but now you have them to upload



10. The next section is the **Parent/Guardian** section. Review any parent/guardian listed on the list. Update information as necessary. Click **“Edit/Review”** to begin.
- If the selected parent lives with the student, click **“Next”**.
 - If the selected parent does not live with the student, uncheck the “Please check this box if the person lives at the address listed below” checkbox and complete the information for where the selected parent lives. Click **“Next”**.

First Name	Last Name	Gender	Completed	Record Type	
██████	██████	M	✓	Existing	<input type="button" value="Edit/Review"/>
██████	██████	F	✓	Existing	<input type="button" value="Edit/Review"/>

Lives with Student

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

Parent/Guardian Name: Michele Custom

▼ Demographics

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

First Name: Michele *
Middle Name: *
Last Name: Custom *
Suffix: *
Birth Date: *
Gender: Female *

Please check this box if this person lives at the address listed below.
123 Blessing St
Baltimore, MD 21223

[For more information click...](#)

Next >

▶ Contact Information
▶ Migrant Worker

Cancel Save/Continue

Does Not Live with Student

Please check this box if this person lives at the address listed below.
123 Blessing St
Baltimore, MD 21223

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,Bldv,etc. field.

Street Number	N,S,E,W	Street Name	Street Abbreviation	N,S,E,W	Apartment
<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:

Phone Number: () - -

11. **Review and update** Contact Information and Contact Preferences. At least one phone number is required. When completed, click **“Next”**.

▼ 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.

Cell Phone () - () - () x

Work Phone () - () - () x

Other Phone () - () - () x

Email *mom@email.com

Has no e-mail

Secondary Email

Contact Preferences

Emergency High Priority Attendance Behavior General Teacher Private

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.

Teacher - Marking this checkbox will use this method of contact for teacher-sent messages, including messages regarding falling grades and missing assignments.

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

12. Indicate whether you are a **Migrant Worker**. When finished, click **“Next”**.
13. Indicate whether the selected parent is a **member of the Military**. When finished, click **“Save/Continue”**.
14. Review the next parent or guardian, if applicable. If you need to add a Parent/Guardian, click the **“Add New Parent/Guardian”** button and repeat steps 10-14. Once finished with reviewing/adding Parent/Guardians, click **“Save and Continue”**.

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

Parent/Guardian

First Name	Last Name	Gender	Completed	
Michele	Custom	F	✓	Edit/Review
Marvin	Custom	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

If a parent is missing required information or has not been reviewed, the parent will be highlighted in yellow. Click the **“Edit/Review”** button to go into the parent/guardian’s information to add what is required.

Parent/Guardian

First Name	Last Name	Gender	Completed	
Michele	Custom	F	✓	Edit/Review
Marvin	Custom			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.

! 'One or more parent/guardian(s) are missing required information. This information must be entered before moving forward.'

15. **Review** the Emergency Contacts.

- a. To Review Existing Emergency Contacts: Click **“Edit/Review”** to review and/or update the information.
 - i. If the person you are reviewing is no longer an emergency contact, please indicate it by clicking the **“This person is no longer an Emergency Contact for any students in this family”** checkbox.

This person is no longer an Emergency Contact for any students in this family.

- b. To **Add** a new Emergency Contact: Click **“Add New Emergency Contact”** to add the person who is to be contacted in the event a parent/guardian cannot be reached. *Parent/Guardians should not be entered in this section.* Repeat for any additional Emergency Contacts who need to be added. Click **“Save/Continue”**.

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>Green checkmark - Indicates that person is completed.</small>			

Add New Emergency Contact

Back

Name and Contact Information are required (at least one).

The Verification pleat is where you indicate where the **Emergency Contact** lives.

- a. If the person lives in the household with the student, check the **“Please check this box if this person lives at the address listed below”** checkbox.
- b. If the person does not live in the household, enter their address in the address fields.

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.

3672 GALTIER Rd.
Blaine, NY 55449

OR

Address Line 1
Address Line 2

123 Main St
Blaine NY 12345

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

16. If children live with the student and are not yet of age to attend school (Ages 0-4 years), please enter their information in the Other Household section. Otherwise, click “Save/Continue”. *This is NOT where you enter the Student’s information.*

17. Click “Add New Student” to enter the information for the student(s) to be enrolled. You will add students one at a time, completing one student before adding any additional students to be enrolled. **DO NOT ENTER STUDENTS WHO ARE ALREADY ENROLLED!!**

18. Complete the **Housing Information** pleat. When the Housing pleat has been completed, click “Next”.

19. **Complete the Demographics** pleat. Be sure to fill in all required fields.
20. **Upload** a copy of proof of the student’s age and identity (birth certificate, birth registration).
21. When the Demographics pleat has been completed, click **“Next”**.

Continue completing the application. Complete all sections with necessary information and when available, upload necessary documents.

22. Review the **Race/Ethnicity** pleat. If the student’s data is incorrect, correct it. All students must provide a race, regardless of whether they are Hispanic/Latino or not. When the Race/Ethnicity pleat has been completed, click **“Next”**.

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

◀ Previous Next ▶

23. Complete the **Student Services** pleat. When finished click **“Next”**.

Student Services

Does your student have a current IEP? **No** *

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

◀ Previous Next ▶

24. Complete the **Language Information** pleat.

Language Information

Please enter language information for your student below.

What is the language most often spoken at home? English

What was the first language spoken by the student? English

Student Language English

Parent/Guardian 1 Language English

Parent/Guardian 2 Language English

What language does your child speak? English

What language does your child read? English

What language does your child write? English

Has your child ever received English as a Second Language (ESL/ELL) services? No

◀ Previous Next ▶

25. If the student is transferring from another school district, please provide the information for the **Previous School**, including whether the student is currently expelled or suspended from a school. If the student is suspended or expelled from another school, please explain.

▼ Previous School

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? | No ▼ *

The records release form is required for all transfer students.

[Click here for the records release form](#)

Upload Records Release Form

◀ Previous Next ▶

26. Define the **Relationships the Parents/Guardians** have to the student.

- a. Indicate which parents have guardian rights, who should receive mail, have access to the student’s information via the parent portal, and who should receive messenger messages.
- b. If a parent does not live in the Primary household, click the **“Secondary Household”** button.
- c. Select the **“Contact Sequence”**. Sequence numbers must be unique for each person.
- d. **DO NOT SELECT** “No Relationship” if the parent/guardian listed has a relationship to the student. This will delete all of the relationship fields for that parent. Once finished, click **“Next”**

▼ 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
Donald Abegg	Father	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		1		<input type="checkbox"/>
Millie Abegg	Step Parent	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		2		<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. 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 ▶

27. Define the relationship the Emergency Contact has to the student as well as the contact sequence. Click **“Next”**.

▼ Relationships - Emergency Contacts

A minimum of (1) Emergency Contacts are required*

Name	Relationship*	Contact Sequence*	OR	No Relationship
Mabel Example	Grandparent ▼	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 ▶

28. If applicable, **define the relationship** the Other Household members have with the student.

▼ Relationships - Other Household

Name	Relationship*	OR	No Relationship
Little Example	Sibling ▼		<input type="checkbox"/>

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.

29. Enter **Health Services - Emergency Information** pleat. Click **“Next”**.

▼ Health Services - Emergency Information

Primary Care Provider

Primary Care Phone () -

Dentist Name

Dentist 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 ▶

30. When you get through to the **Health Services – Health Conditions and Document Upload Pleat**, indicate whether the student has a medical or mental health condition.
- If no condition exists, click the “No medical or mental health conditions” check box.
 - If a student has a condition:
 - Click the “**Add Condition**” button.
 - Select the appropriate Condition from the drop list.
 - Enter any comments/instructions (if necessary).
 - Repeat for any other conditions.

c. Upload Required Documents. Click “Next”.

▼ Health Services - Health Conditions and Document Upload

No Medical or Mental Health Conditions.

or

Condition*	Comments and Instructions	Remove Condition
------------	---------------------------	------------------

Add Condition

Did you have any complications at birth? If yes, please explain:

Please upload a copy of immunization records.

Upload Immunizations

Please upload a copy of the most recent medical exam. You can use the form from your doctor or [the form we provide](#).

Upload Health Exam

Please upload the completed [confidential student health information form](#).

Upload Confidential Student Health Information

Please upload the completed [disclosure of protected health form](#).

Upload Disclosure of Protected Health

31. For students **Kindergarten through grade 6 only**, please complete the Development History Pleat. Click “Next”.

▼ Health Services - Development History (K-6 only)

Yes No **Is your child shy or timid?**

Yes No **Does your child play well with others?**

Yes No **Does your child follow directions?**

Yes No **Does your child bite their nails?**

Yes No **Does your child suck their thumb?**

Yes No **Does your child have temper tantrums?**

Yes No **Does your child wet their bed?**

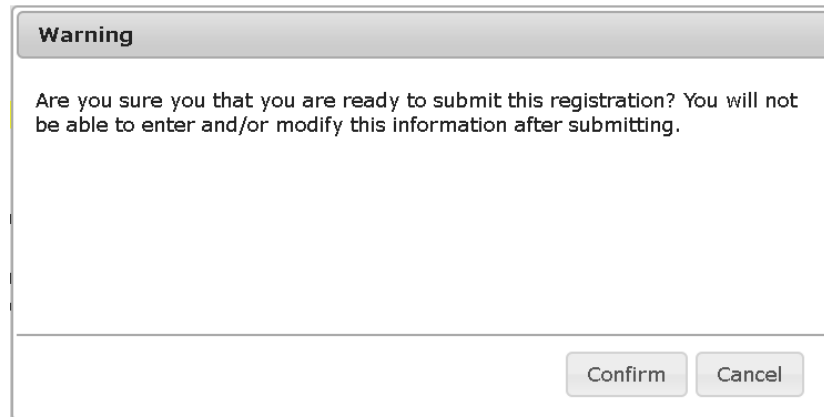
Yes No **Did your child attend pre-school?**

32. Complete the **Health History and Medical History** Pleat. Then click **“Next”**.
33. Indicate if the student takes medications or if not, click **“No Medications”**. To add Medications: Click **“Add Medication”** and enter in the required data. Repeat if there are multiple medications a student takes.

34. The student will be listed in the Student section of the application. Repeat steps 17-33 for any other students you wish to enroll. When finished click **“Save/Continue”**.

36. Click Submit to submit the application. A warning pop up will appear informing you that you will not have access to the application once you click submit. Click “Confirm” to submit or “Cancel” to go back into the application.

ONCE THE APPLICATION IS SUBMITTED YOU WILL NOT HAVE ACCESS TO MAKE ANY MODIFICATIONS!



37. **WAIT FOR THE CONFIRMATION SCREEN!** If you do not wait for the confirmation screen before closing the browser window your application may not submit and will not be processed. You must see the screen below before you close the browser window.



38. You will receive an email indicating the application has been submitted. If you do not receive this email, check your junk/spam folder. If it is not in the junk/spam folder, please contact the district registrar at registrar@westiron.monroe.edu or call district office at (585) 342-5500.

A representative will be in touch if any additional information or documentation is required.

Saving and Returning to an Application:

1. If you cannot complete the application all at one time, click **“Save/Continue”**. This will save where you are currently in the application.
2. To access the application again, follow instructions 1-4.
3. When you return to the application, it will highlight where you left off for you to go back in to complete the missing required information. Click the appropriate area and click **“Edit/Review”**

The screenshot displays the Infinite Campus Online Registration interface. At the top, it shows the application number 1099 and a progress bar with steps: Student(s) Primary Household, Parent/Guardian, Emergency Contact, Other Household, Student, and Completed. The Student step is highlighted in blue, indicating the current position. Below the progress bar, the student name is Eleanor Example. The main form area shows the Relationships - Emergency Contacts section, which is currently empty. A warning dialog box is overlaid on the form, stating: "Warning: You must view all forms for this person before saving." The dialog box has a Confirm button. In the background, the Save/Continue button is highlighted with a red box, and a red arrow points from it to the Confirm button. Below the warning dialog, the Student list is visible, showing a table with columns: First Name, Last Name, Gender, School, and Completed. The row for Eleanor Example is highlighted in yellow, and an Edit/Review button is visible next to it. The bottom of the page shows buttons for Add New Student, Back, and Save/Continue.

Application Number 1099

* Indicates a required field

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

Student Name: Eleanor Example

Demographics

Race Ethnicity

Language Information

Housing

Transportation Information

Previous Schools

Student Services

Relationships - Parent/Guardians

Relationships - Emergency Contacts

A minimum of (1) Emergency Contacts are required*

Name: Mabel Example Relationship*: Grandparent Contact Sequence*: 3 OR No Relationship

Description of Contact Preferences

Contact Sequence - Adding a sequence number on contact. Emergency Contacts should also start at a sequence of 1.

No Relationship - Marking this checkbox will indicate that relationship to the student. The relationship will be ended if

Previous Next

Relationships - Other Household

Health Services - Emergency Information

Health Services - Medical or Mental Health Conditions

Health Services - Medications

Release Agreements

Delete Cancel Save/Continue Confirm

Student

First Name	Last Name	Gender	School	Completed
Eleanor	Example	F		

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