

Instructions for Accessing Online Registration NEW to West Irondequoit Schools

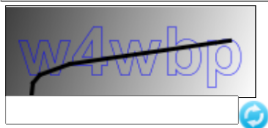
If during the Online Registration process, you have a question that can be answered by phone or email, please contact the district registrar at registrar@westiron.monroe.edu or call district office at (585) 342-5500.

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

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

1. If you are **NEW** to the district or returning from another school district continue to the next step. *If you have a child currently enrolled in West Irondequoit Schools, log into your Parent Portal account to access Online Registration.*
2. Enter the parent/guardian's First Name, Last Name, and the parent/guardian's valid email address. You will have to enter the email address twice. This email address will receive a message with the link to begin the application. *If you do not provide a valid email address you will not be able to complete the registration process.*
3. Indicate if a student you are registering has attended West Irondequoit School District in the past.
 - a. If any student is RETURNING to the West Irondequoit School District from another district check the box and continue to the next step.
 - b. If any of your children are currently enrolled in the West Irondequoit District, do not complete this form. You must log into the Parent Portal to access Online Registration.

Please complete the information below to BEGIN the registration process.	
Parent/Guardian First Name	<input type="text"/>
Parent/Guardian Last Name	<input type="text"/>
Registration Year	<input type="text"/>
Parent/Guardian Email Address	<input type="text"/>
Verify Email Address	<input type="text"/>
Please check this box if any student being entered has attended a school in this district in the past.	<input type="checkbox"/>
Please type the letters you see displayed in the image below.	

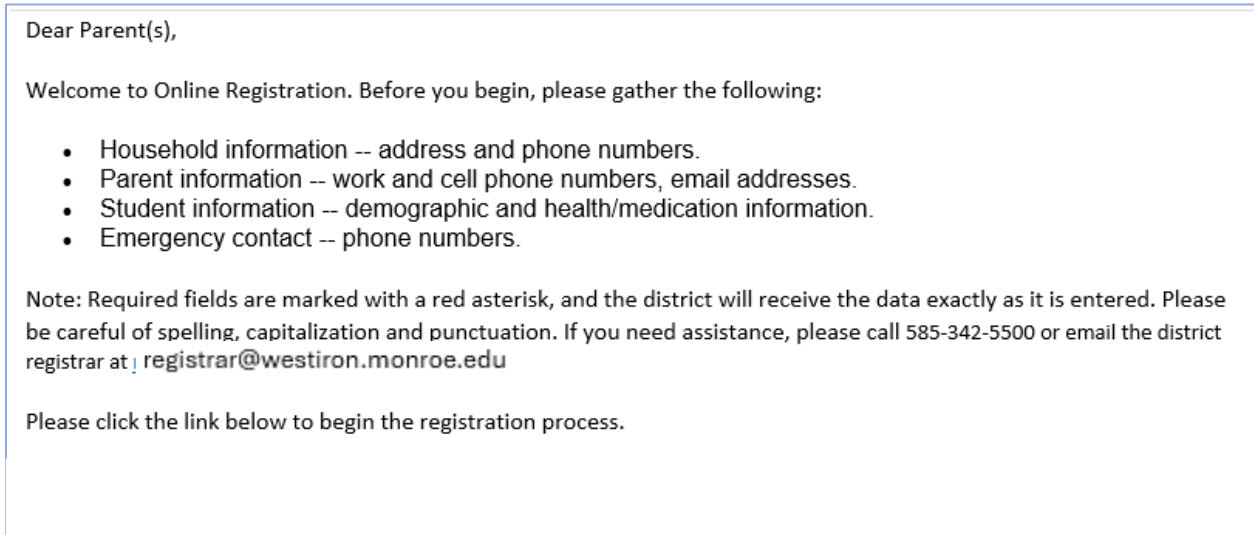


[Begin Registration](#)

4. After completing all necessary fields, click **“Begin Registration”**. You will receive a confirmation page informing you that an email with the link to the application was sent to that email. Open your email to view the message. If you do not see it in your inbox check your spam/junk folder.

Thank you for starting the Online Registration process. The email address you entered will receive an email shortly. That email will contain a link that will lead you to the official registration page. Thank you

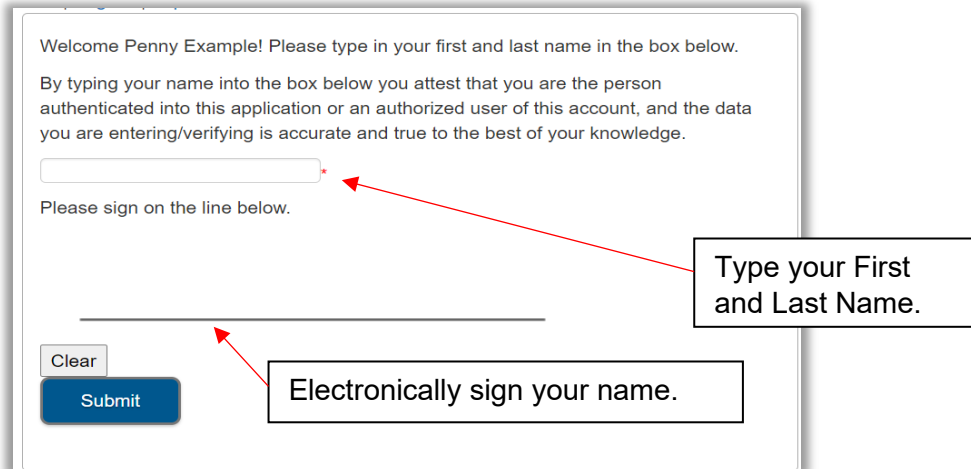
5. The email message will include an instruction page along with a link to the application. Click



on the link or copy the URL to your browser to begin the application.

<https://westirondequoitny.infinitecampus.org/campus/OLRLogin/westIrondequoit>

6. Verify you are the person who is authorized to complete the application and the data you enter will be accurate and true to the best of your knowledge. Type your first and last name and then electronically sign on the signature line. Click “**Submit**”.

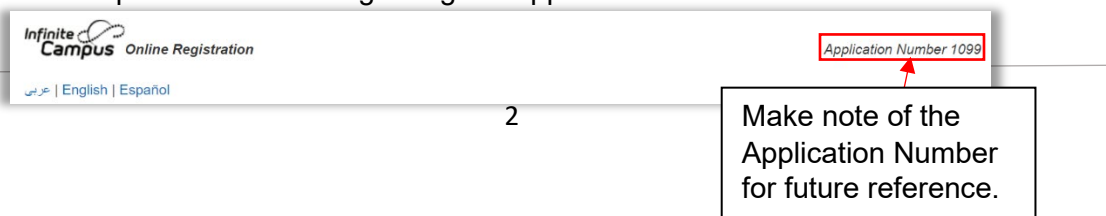


(Use the mouse to sign your name.)

7. Click “**Begin Online Registration/Update**” to begin the application. You may need to make the window full screen.

8. 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



9. You must complete all 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 completing all required fields. Click “Next” to move to the next pleat.

* Indicates a required field

▼ Student(s) Primary Household

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

Primary Phone

* Not a Minimum allowed

* Not a Minimum allowed

* Not a valid integer

* Minimum 4 characters allowed

For more information click on this link.

Next ▶

Home Address

Mailing Address

Save/Continue

10. Enter Home Address information

▼ 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

Rochester * NY * 14617 * Monroe

Clear Address Fields

Click on your address if it appears in box.

- 5 Oneta Rd, Rochester, NY 14617 Monroe
- 6 Oneta Rd, Rochester, NY 14617 Monroe
- 1 Hoover Rd, Rochester, NY 14617 Monroe
- 2 Hoover Rd, Rochester, NY 14617 Monroe
- 5 Barons Rd, Rochester, NY 14617 Monroe

You must select an address from the list above.

Your address as entered above.

Rd
Rochester, NY 14617
Monroe

11. 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.

Completed Section Current Section Unavailable Section

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

12. The next section is the **Parent/Guardian section**. Enter your information as the Parent/Guardian first.

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

Parent/Guardian Name:

▼ 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.

Oneta Rd
Rochester, NY 14617

Next ▶

- If you live with the student, click **“Next”**.
- If you do 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 you live. Click **“Next”**.

Lives with Student

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

Parent/Guardian Name: Penny Example

▼ Demographics

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

First Name Penny *

Middle Name

Last Name Example *

Suffix

Birth Date 01/01/1981 *

Gender Female *

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

Next ▶

Does Not Live with Student

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

Parent/Guardian Name: Penny Example

▼ Demographics

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

First Name Penny *

Middle Name

Last Name Example *

Suffix

Birth Date 01/01/1981 *

Gender Female *

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

3672 GALTIER Rd.
Blaine, NY 55449

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.

Number * Prefix

Street * Tag Direction Apartment

City * State Zip Ext.

Clear Address Fields

Click on your address if it appears in box

Phone Number () - -

- Enter 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

- Indicate whether you are a **Migrant Worker**. When finished, click **“Next”**.
- Indicate whether the selected parent is a member of the military. When finished, click **“Save/Continue”**.
- To add another Parent/Guardian click the **“Add New Parent/Guardian”** button and repeat steps 14-16. Once finished with adding Parent/Guardians, click **“Save/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, 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.'

17. 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. Click **“Save/Continue”**.

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

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

- 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.
- If the person does not live in the household, enter their address in the address fields.

18. 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.*

Example Other Household

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

Name: : Little Brother Example

▼ Demographics

First Name *

Middle Name

Last Name *

Suffix

Birth Date

Gender *

19. 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.
20. Complete the **Housing** information pleat. Click” **Next”**.

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

Student Name:

▼ Housing

*Please select the option that best represents the student’s current housing situation.

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

21. Complete the **Demographics** pleat. Be sure to fill in all required fields uploading birth certificate and custody documents (if applicable). Click **“Next”**.

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

Student Name:

▶ Housing

▼ 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 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".

Legal First Name * Gender * Enrollment Grade *
 Legal Middle Name * Birth Date *
 or Date Entered U.S. *
 Has no middle name
 Legal Last Name *
 Suffix
 Nickname
 Student Cell Number () -

Please upload a Birth Certificate.

[Upload Birth Certificate](#)

If you have custody documents for this student, please upload them here.

[Upload Custody Docs](#)

[◀ Previous](#) [Next ▶](#)

22. Complete the **Race/Ethnicity** pleat. If the student is Hispanic/Latino, please answer “Yes” to the question. 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

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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. Click “Next”.

▼ **Language Information**

Please enter language information for your student below.

What is the language most often spoken at home? ▼

What was the first language spoken by the student? ▼

Student Language ▼

Parent/Guardian 1 Language ▼

Parent/Guardian 2 Language ▼

What language does your child speak? ▼

What language does your child read? ▼

What language does your child write? ▼

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

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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? ▼ *

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.

- 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.
- If a parent does not live in the Primary household, click the **“Secondary Household”** button.
- Select the **“Contact Sequence”**. Sequence numbers must be unique for each person.
- 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
Penny Example	Mother	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		1		<input type="checkbox"/>
Ebenezer Example	Father	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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.

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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.

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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.

▼ **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* <input type="text"/>	Comments and Instructions <input type="text"/>	Remove Condition
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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

◀ Previous Next ▶

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.

▼ **Health Services - Medications**

No medications

or

or

Medication* Albuterol	Where Taken* Both	Medication Type* As needed	Comments and Instructions Student carries inhaler at all times	<input type="button" value="Remove Medication"/>
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34. The student will be listed in the Student section of the application. Repeat steps 19-33 for any other students you wish to enroll. When finished click **“Save/Continue”**.

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

Student

First Name	Last Name	Gender	School	Completed	
Student	Example	M		✓	<input type="button" value="Edit/Review"/>

Please include all new and returning student who are not active in city schools

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

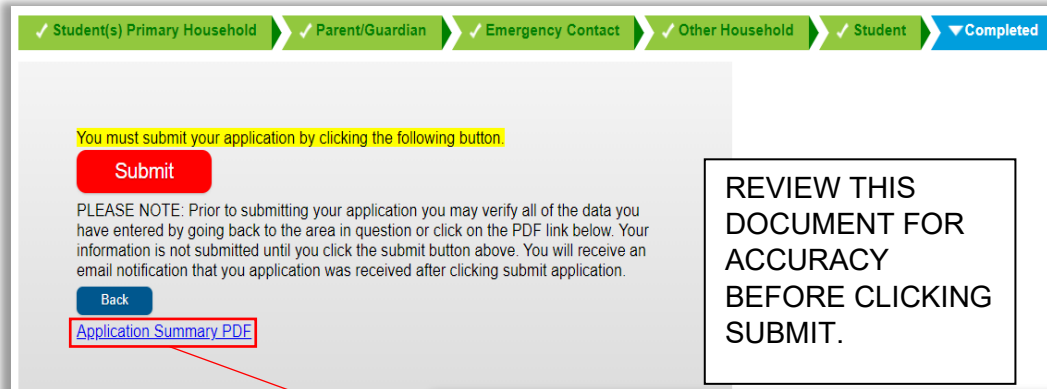
✓ - Indicates that person is completed.

Enroll another student. →

→ **Continue to next section (no additional students).**

35. **Before clicking Submit**, click the ‘Application Summary PDF’ to generate a copy of the application. Print or save this copy for your records. **Once the application is submitted you will not have access to make any modifications!**

- Review the information for accuracy. If any part of the application is incorrect, click into the section where the information is inaccurate and correct it. You will not have access to correct the information after you click Submit!



Click here to review all the information provided in the application.

If it is inaccurate, click into the area of the application to make the necessary changes before submitting.

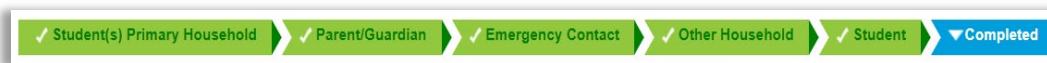
Once Submit is selected, you will NOT have access to modify the application.

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Example, Eleanor | 1099

Online Registration Summary

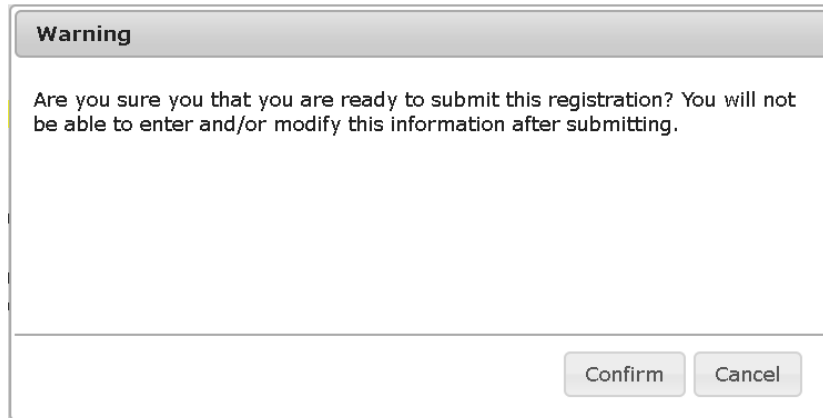
Modified By: Application Number: # 1099
 Modified Date: Application Created By: Penny Example
 Application End Year: 2021

Household	Emergency Contact
Home Phone Home Phone: (555)555-5555 High: Emergency Priority Attendance Behavior General Teacher Private Home Phone: Voice X X X X X X X X Text Home Address 3672 GALTIER Rd. Blaine, NY 55449 Household has no separate Mailing Address Parent/Guardian Example, Penny Gender: F Birthdate: 01/01/1981 Household: Yes Contact Information Cell: (555)555-5555 Work: Other: mmbaker@customonline.com Secondary Email: High: Emergency Priority Attendance Behavior General Teacher Private Cell: Voice X X X X X X X X Text Email: X X X X X X X X Impact Aid Parent/Guardian in Military: No Parent/Guardian Example, Ebenezer Gender: M Birthdate: 01/01/1981 Household: No 489 SUBURBAN Ave. Blaine, NY 55449 Phone: (555)544-5555 Contact Information	Example, Mabel Gender: F Birthdate: Household: Yes Contact Information Home: Mobile: (555)554-5544 Work: Email: Verification Information Address Line 1: Same as student Address Line 2: Same as student Other Household Example, Esther Gender: F Birthdate: 01/01/2019 Household: Yes No further data for this household member Student Example, Eleanor Gender: F DOB: 01/01/2014 Nickname: Ella Student Number: Demographics Student Cell Number: Student Email: Foreign Exchange: No Enrollment Grade: 02 Test field 1 starting literal: No Test field 2 starting literal: Race Ethnicity Asian Is Hispanic/Latino: No Language Information Language most often spoken at home: English Student language: Spanish Parent/Guardian language: Spanish First language spoken by student: Spanish



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**, click on the link in the original email.
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 shows the Infinite Campus Online Registration interface. At the top, the application number is 1099. A progress bar indicates the following 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.

The main form area is titled 'Student Name: Eleanor Example'. It contains several sections, including Demographics, Race Ethnicity, Language Information, Housing, Transportation Information, Previous Schools, Student Services, Relationships - Parent/Guardians, and Relationships - Emergency Contacts. The 'Relationships - Emergency Contacts' section is currently active, showing a form for adding an emergency contact. The form includes fields for Name (Mabel Example), Relationship (Grandparent), Contact Sequence (3), and a checkbox for 'No Relationship'. 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.

At the bottom of the form, there are buttons for 'Delete', 'Cancel', and 'Save/Continue'. The 'Save/Continue' button is highlighted with a red box, and a red arrow points from it to the 'Confirm' button in the warning dialog box.

Below the main form, there is a table of students. The table has columns for First Name, Last Name, Gender, School, and Completed. The first row is highlighted in yellow, indicating that the student is missing required information. The 'Edit/Review' button is located to the right of the highlighted row. Below the table, there is a legend: 'Yellow - Indicates that person is missing required information. Select the highlighted row to continue.' and 'Green checkmark - Indicates that person is completed.' At the bottom of the page, there are buttons for 'Add New Student', 'Back', and 'Save/Continue'.

First Name	Last Name	Gender	School	Completed
Eleanor	Example	F		