

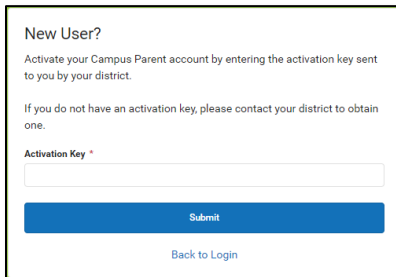


Campus Parent: First-Time Setup Process

Following are the steps parents will need to complete to activate their Campus Parent account and complete the Emergency and Yearly Review process.

First Time Access: Create an Account

1. In a web browser (not the app), go to the following URL: <https://tinyurl.com/196ParentKey>
2. Enter the activation code provided by the school.



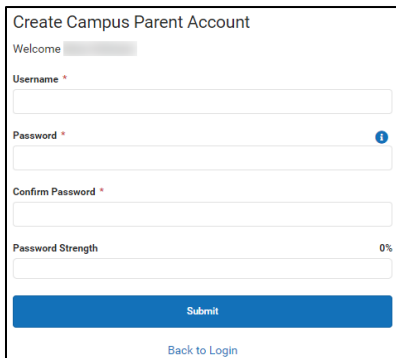
New User?
Activate your Campus Parent account by entering the activation key sent to you by your district.
If you do not have an activation key, please contact your district to obtain one.

Activation Key *

Submit

[Back to Login](#)

3. Choose a user name and password (Password Strength meter must reach 100%).



Create Campus Parent Account

Welcome [Name]

Username *

Password *

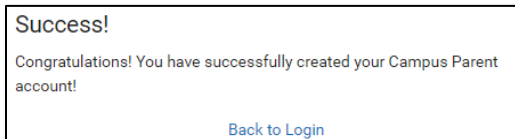
Confirm Password *

Password Strength 0%

Submit

[Back to Login](#)

4. Click on the **Back to Login** link then log in using the credentials created above.

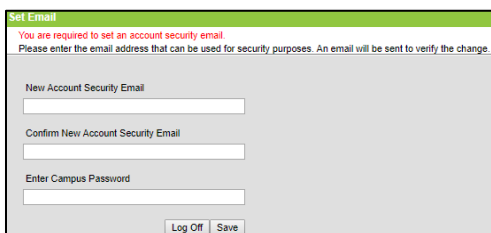


Success!

Congratulations! You have successfully created your Campus Parent account!

[Back to Login](#)

5. Align an email address to this account for password recovery, enter your new password then click **Save**.



Set Email

You are required to set an account security email.
Please enter the email address that can be used for security purposes. An email will be sent to verify the change.

New Account Security Email

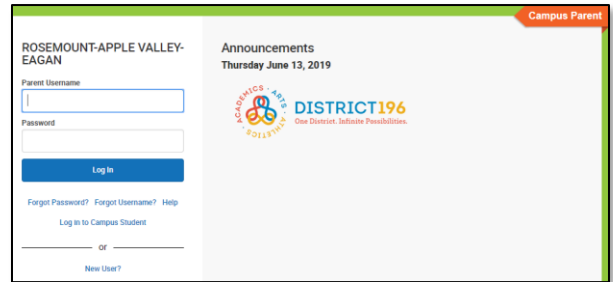
Confirm New Account Security Email

Enter Campus Password

[Log Off](#) [Save](#)

Subsequent Access: Log In

1. In a web browser, go to the following URL: <http://www.district196.org/parents> and click on the **Campus Parent Login** button.
2. Enter your user name and password, and click **Log In**.



ROSEMOUNT-APPLE VALLEY-EAGAN

Announcements
Thursday June 13, 2019

Parent Username

Password

Log In

[Forgot Password?](#) [Forgot Username?](#) [Help](#)

[Log In to Campus Student](#)

OR

[New User?](#)

3. The first time in you will be directed to complete the annual Emergency/Health Information Review process. See following pages for instructions.

Mobile Apps: Download and Setup

1. Once you have created your account and completed the online Emergency/Health Review process, you can download the **Campus Parent** iPhone or Android app from the iTunes Store or Google Play Store by searching for "Campus Parent" at the respective store.
2. The first time you use the app, you will be asked to enter the district name and state. Type **Rosemount** for the district name and select **Minnesota** for the state then press **Search**.
3. Select **Rosemount-Apple Valley-Eagan** from the resulting list then log in using the credentials created earlier.



Completing the Emergency Update Process

Once the Campus Parent account is created, you will need to complete the Emergency and Account Information Update process. Following are step-by-step screenshots of that process.

Home | Infinite Campus

< Back | Annual Student Information Review / New Student Pre-Registration

To the Parent or Guardian: Your student's welfare is our first consideration. In case of serious injury or illness of a student in school, the following steps will be taken immediately:

NAME	STATUS	ACTION
Current School Year - 2025-26	REQUIRED	Start

New Student Pre-Registration

NAME	STATUS	ACTION
Current School Year		Start
Early Childhood School		Start

Click Start.

Home | Infinite Campus

< Back | To the Parent or Guardian: Your student's welfare is our first consideration. In case of serious injury or illness of a student in school, the following steps will be taken immediately:

- The school nurse will be called
- Emergency line 911 will be called, if deemed necessary
- You or the person designated as the emergency contact will be called

If none of the persons listed can be reached, school personnel will implement emergency procedures to protect the health and safety of your child. It is your responsibility to make arrangements for proper care in case your child is injured or becomes too ill to stay in school when you are away from home. There have been instances when we could not reach parents or guardians of injured or ill children because the information in our system was not current. To ensure your information is current, please carefully review/update the requested information for your family and enrolled child(ren) listed below by clicking the "Begin" button. Throughout the process, you will be presented with a variety of information to enter. Many steps will have required fields marked by an asterisk (*). You must enter information into these fields before you will be allowed to continue. Your completion acknowledges that this information will be maintained both at school and on the bus (if applicable.) If there is a change in your contact information, please notify the school nurse informed. Thank you for taking the time to complete this annual process so we can better serve your child.

If you only want to pre-register new students for the selected year at this time, please click the "Begin" button.

STUDENT NAME	GRADE	INCLUDED IN NEW APP?	REASON IF NOT INCLUDED	ONLINE REGISTRATION SUBMITTED?
Student Name	Grade	Yes	Included	No
Student Name	Grade	Yes	Included	No

[Begin](#)

Click Begin.

Infinite Campus Online Registration

English | [Espanol](#)

* Indicates a required field

Welcome [Name] 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 Your First and Last Name to Continue *

[Submit](#)

Type your first and last name then click Submit.



English | [Espanol](#)

* Indicates a required field

Welcome to the Infinite Campus Online Pre-Registration. Before you begin, please gather the following:

- Household information -- address and phone numbers
- Parent information -- work and cell phone numbers, email addresses
- Student information -- demographic and health/medication information
- Emergency Contact - addresses and phone numbers

Note: Required fields are marked with a red asterisk, and the district will receive the data exactly as it is entered. Please be careful of spelling, capitalization and punctuation. Dates should be entered as MM/DD/YYYY and phone numbers as xxx-xxx-xxxx.

Minnesota law requires the school district to keep accurate, updated records for all students. The information collected on this form will be used for purposes of enrollment, program eligibility, educational services and state and federal reporting. Some of the information requested is voluntary, such as the state/federal reporting and language information section, however, failure to provide some or all of the requested information may limit the school district's ability to enroll and serve your student. This information will be used within the school district on a need-to-know basis, and may also be shared with the Minnesota Department of Education, released pursuant to a subpoena or court order and shared as otherwise permitted by state and federal law. Some of the information may be classified as directory (public) information.

For assistance:

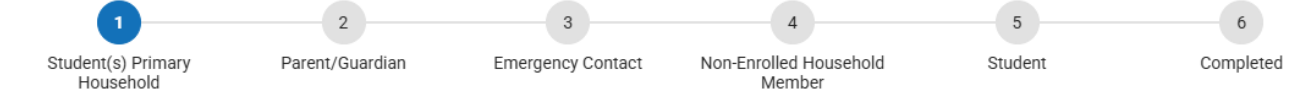
K-12 Students -- Please contact your child's school.

Pre-K -- Please contact the program for which you are registering.

Begin

Click **Begin**.

English | [Espanol](#)



* Indicates a required field

Home phone

This phone number will be used for Emergency calls from the District.

Home Phone *

Next >

Enter your home phone number.
This number will be used for
building/district-wide Emergency
calls then click **Next**.

Home Address

+

Mailing Address

+

Save/Continue

1 Student(s) Primary Household 2 Parent/Guardian 3 Emergency Contact 4 Non-Enrolled Household Member 5 Student 6 Completed

* Indicates a required field

✓ Home phone

• Home Address

Your address as listed in the portal

Is this address current? *

< Previous Next >

Mailing Address

Save/Continue

Verify your home address is correct. Answer the question correctly. Enter your current address then click **Next**.

1 Student(s) Primary Household 2 Parent/Guardian 3 Emergency Contact 4 Non-Enrolled Household Member 5 Student 6 Completed

* Indicates a required field

✓ Home phone

✓ Home Address

✓ Mailing Address

Does this household receive mail at a different address? *

No

< Previous

Save/Continue

Verify your mailing address is the same as your home address. If not, answer the question correctly. **Save/Continue**.



✓

Student(s) Primary Household

!

Parent/Guardian

3

Emergency Contact

4

Non-Enrolled Household Member

5

Student

6

Completed

* Indicates a required field

Parent/Guardian

FULL NAME	RECORD TYPE	COMPLETED
	Existing	INCOMPLETE
	Existing	INCOMPLETE

In order to help prevent the creation of duplicate records, please do not create new records in this section for the following:

FULL NAME	
	Already in
	Already in
	Already in this application as a Student
	Already in this application as a Student

Add New Legal Parent/Guardian

Please list all Legal Primary Parent/Guardian's living in your Household.
Do not list a Parent/Guardian not living in your household.

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

Click on **Full Name** for each parent/guardian highlighted in yellow and complete the next four steps for each.

✓

Student(s) Primary Household

!

Parent/Guardian

3

Emergency Contact

4

Non-Enrolled Household Member

5

Student

6

Completed

* Indicates a required field

Parent/Guardian Name:

Demographics

Below is the information we have on record for you. For changes, please contact census@district196.org

First Name *

Middle Name

Last Name *

Suffix

Birth Date

MM/DD/YYYY

Gender *

Female

Primary Language

English

Does this person live at the address listed below? *

Yes

Next >

Verify parent demographic information. If changes are needed that you cannot make, click the email link to send a message indicating necessary changes. Click **Next**.



Progress bar: 1. Student(s) Primary Household (✓), 2. Parent/Guardian (!), 3. Emergency Contact, 4. Non-Enrolled Household Member, 5. Student, 6. Completed

* Indicates a required field

Parent/Guardian Name: [Redacted]

Demographics [✓] +

Contact Information [•] -

At least one Phone Number is required.

Update / Review the contact information for this parent/guardian. Check the Contact Preferences box for message types you want to receive via Email.

Cell Phone [Redacted]

Work Phone [Redacted]

Other Phone [Redacted]

Email [Redacted]

Secondary Email [Redacted]

Preferred Language
What is your preferred language for school communications pertaining to your child's education?
En que idioma prefiere recibir información escolar acerca de la educación de su estudiante?
Waa maxay luqada aad rabtid in iskuulku kugula soo xiriir ee ku saabsan waxbarashada ilmahaaga?
[Redacted]

Description of Contact Preferences
Emergency - Marking this checkbox will use this method of contact for emergency messages
General - Marking this checkbox will use this method of contact for general school messages, s
Teacher - Marking this checkbox will use this method of contact for teacher-sent messages, inc

Navigation: < Previous, Next >

Contact Preferences

EMERGENCY	GENERAL	TEACHER
☒	☒	☒

Verify/add phone numbers / emails. Select the options above for the types of notifications you wish to receive via email. Enter your Preferred Language. Click **Next.**

Progress bar: 1. Student(s) Primary Household (✓), 2. Parent/Guardian (!), 3. Emergency Contact, 4. Non-Enrolled Household Member, 5. Student, 6. Completed

* Indicates a required field

Parent/Guardian Name: [Redacted]

Demographics [✓] +

Contact Information [•] +

Seasonal Employment [•] -

Has this person, within the past 36 months, relocated with the intent to obtain seasonal or temporary employment in agriculture, fishing, and dairy or food processing work?
 *
☐ Yes
☐ No

Navigation: < Previous, Next >

Choose the appropriate option then click **Next.**

Military Connections [•] +



Progress bar: 1 Student(s) Primary Household (✓), 2 Parent/Guardian (!), 3 Emergency Contact, 4 Non-Enrolled Household Member, 5 Student, 6 Completed

* Indicates a required field

Parent/Guardian Name: [Redacted]

☒ Demographics +
☒ Contact Information +
☒ Seasonal Employment +
☒ Military Connections -

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

Choose the appropriate option then click **Save/Continue**.

Progress bar: 1 Student(s) Primary Household (✓), 2 Parent/Guardian (2), 3 Emergency Contact, 4 Non-Enrolled Household Member, 5 Student, 6 Completed

* Indicates a required field

Parent/Guardian

FULL NAME	RECORD TYPE	COMPLETED
[Redacted]	Existing	COMPLETED >
[Redacted]	Existing	COMPLETED >

In order to help prevent the creation of duplicate records, please do not create new records in this section for the following people:

FULL NAME	REASON
[Redacted]	Already in this app
[Redacted]	Already in this app
[Redacted]	Already in th
[Redacted]	Already in this application as a Student

Add New Legal Parent/Guardian

Please list all Legal Primary Parent/Guardian's living in your Household.
 Do not list a Parent/Guardian not living in your household.

< Back Save/Continue

When all listed parents/guardians show as completed, click **Save/Continue**.



✓

Student(s) Primary Household

✓

Parent/Guardian

!

Emergency Contact

4

Non-Enrolled Household Member

5

Student

6

Completed

* Indicates a required field

Emergency Contact

FULL NAME	RECORD TYPE	COMPLETED
	Existing	INCOMPLETE
	Existing	INCOMPLETE

In order to help prevent the creation of duplicate records, please do not create new records in this section for the following people:

FULL NAME	REASON
	Already in this application as a Parent/Guardian
	Already in this application as a Student
	Already in this application as a Non-Enrolled Household Member
	Already in this application as an Emergency Contact

Add New Emergency Contact

In AN EMERGENCY, if parent/guardian cannot be contacted, please call one of the following Emergency Contacts. If no emergency contacts are listed, please call the District 196 Emergency Contact Center at (708) 485-1234.

< Back

Save/Continue

Update/review the Emergency Contacts highlighted in yellow by clicking on **Full Name**. To add an Emergency Contact, click **Add New Emergency Contact** or click **Save/Continue** if you don't want to add one and skip the next four steps.

✓

Student(s) Primary Household

✓

Parent/Guardian

!

Emergency Contact

4

Non-Enrolled Household Member

5

Student

6

Completed

* Indicates a required field

Contact Name:

Demographics

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

First Name *

Middle Name

Last Name *

Suffix

Gender *

Is this person still an emergency contact for at least one student in this household? *

Yes

Next >

Enter/review the requested information and click **Next**.



Progress bar: 1. Student(s) Primary Household (✓), 2. Parent/Guardian (✓), 3. Emergency Contact (!), 4. Non-Enrolled Household Member, 5. Student, 6. Completed

* Indicates a required field

Contact Name: [Redacted]

Demographics (✓) +

Contact Information (✓) -

Enter the contact information for this emergency contact.

At least one Phone Number is required.

Home Phone: [Redacted]

Cell Phone: () - -

Work Phone: () - - x

Email: [Redacted]

< Previous Next >

Enter / Review the requested information. Enter at least one phone number then click **Next.**

Progress bar: 1. Student(s) Primary Household (✓), 2. Parent/Guardian (✓), 3. Emergency Contact (!), 4. Non-Enrolled Household Member, 5. Student, 6. Completed

* Indicates a required field

Contact Name: [Redacted]

Demographics (✓) +

Contact Information (✓) +

Verification (✓) -

Please enter the address for this emergency contact. This information will only be used to verify the contact.

Does this emergency contact live at the address below? *

No

[Redacted Address]

Address Line 1: [Redacted]

Address Line 2: [Redacted]

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

< Previous

Cancel Save/Continue

Enter/review the address for this Emergency Contact or select the correct answer if they live at the same address shown then click **Save/Continue.**



Emergency Contact

FULL NAME	RECORD TYPE	COMPLETED
[Redacted]	Existing	COMPLETED >
[Redacted]	Existing	COMPLETED >

In order to help prevent the creation of duplicate records, please do not create new records in this section for the following people:

FULL NAME	REASON
[Redacted]	Already in this application as a Parent/Guardian
[Redacted]	Already in this application as a Parent/Guardian
[Redacted]	Already in this application as a Parent/Guardian
[Redacted]	Already in this application as a Student

Once all Emergency Contacts are completed click **Save/Continue.**

Add New Emergency Contact

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.

< Back **Save/Continue**

Non-Enrolled Household Member

FULL NAME	RECORD TYPE	COMPLETED
No records available.		

In order to help prevent the creation of duplicate records, please do not create new records in this section for the following people:

FULL NAME	REASON
[Redacted]	Already in this application
[Redacted]	Already in this application
[Redacted]	Already in this application
[Redacted]	Already in this application
[Redacted]	Already in this application
[Redacted]	Already in this application
[Redacted]	Already in this application

Enter/review any Non-Enrolled Household Members. Do not enter any people that are listed in this area.

Click **Edit/Review for each person listed highlighted in yellow and complete the next step for each.**

Once all listed are reviewed, click **Save/Continue.**

Add New Household Member (DO NOT add students)

Please use 'Add New Household Member' link below to add a new member living in the Primary Household. DO NOT add students as they are listed / added on the Student tab.

< Back **Save/Continue**



Student(s) Primary Household
* Indicates a required field

Parent/Guardian

Emergency Contact

Non-Enrolled Household Member

Student

Completed

Student

FULL NAME	SCHOOL	RECORD TYPE	COMPLETED
[Redacted]	Rosemount Middle School	Existing	INCOMPLETE >
[Redacted]	Rosemount Elementary	Existing	INCOMPLETE >

In order to help prevent the creation of duplicate records, please do not create new records in this section for the following people:

FULL NAME	REASON
[Redacted]	Already in this application as an Emergency Contact
[Redacted]	Already in this application as an Emergency Contact
[Redacted]	Already in this application as an Emergency Contact
[Redacted]	Already in this application as an Emergency Contact

Please include all students that need to be enrolled.

< Back
Save/Continue

Click on **Student Full Name** for each child listed highlighted in yellow and complete the next 9 steps for each.

Student(s) Primary Household

Parent/Guardian

Emergency Contact

Non-Enrolled Household Member

Student

Completed

* Indicates a required field

Student Name: [Redacted]

● Demographics

Please verify the information below. For changes, please contact census@district196.org
You are able to update Nickname and Student Cell Phone on this form.

Legal First Name *

Gender *

[Dropdown]

Legal Middle Name

Birth Date *

[Calendar Icon]

Legal Last Name *

Suffix

[Dropdown]

Nickname

Student Cell Number

Was your child born outside of the USA, Puerto Rico or U.S. Territories?

[Dropdown]

Review demographic data. Do NOT change the Enrollment Grade! If necessary, send an email of requested changes using the email link. For students in grades 11 or 12, select Yes or No to the Foreign Exchange Student question then click **Next**.

Progress bar: Student(s) Primary Household (✓), Parent/Guardian (✓), Emergency Contact (✓), Non-Enrolled Household Member (✓), Student (!), Completed (6)

* Indicates a required field

Student Name: [Redacted]

Demographics (+)

Race Ethnicity (-)

Is Hispanic/Latino *
 No

Please check all that apply. At least one is required. *

American Indian or Alaska Native
☐

Asian
☐

Black or African American
☐

Native Hawaiian or Other Pacific Islander
☐

White
☒

State Race / Ethnicity *
 Not North American I...

< Previous Next >

Select the appropriate options then click **Next**.

Progress bar: Student(s) Primary Household (✓), Parent/Guardian (✓), Emergency Contact (✓), Non-Enrolled Household Member (✓), Student (!), Completed (6)

* Indicates a required field

Student Name: : [Redacted]

Demographics (+)

Race Ethnicity (+)

Relationships - Parent/Guardians (-)

Please review/update Relationship and Contact Sequence.

NAME	RELATIONSHIP TO STUDENT *	GUARDIAN	MAILING	PORTAL	MESSENGER	CONTACT SEQUENCE *
[Redacted]	Mother	☒	☒	☒	☒	1
[Redacted]	Father	☒	☒	☒	☒	2

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 mail from the district.

Portal - Marking this checkbox will flag this person as a portal account holder.

Messenger - Marking this checkbox will flag this person to receive messages from the district.

Contact Sequence - Adding a sequence number on contacts will provide a sequence of 1.

No Relationship - Selecting this relationship will indicate that this person no longer has a relationship to the student. The relationship will be removed from the system.

< Previous Next >

Select the appropriate options for each listed parent/guardian using the descriptions provided. Select the contact sequence you would like each to be contacted then click **Next**.



Progress bar: Student(s) Primary Household (✓), Parent/Guardian (✓), Emergency Contact (✓), Non-Enrolled Household Member (✓), Student (!), Completed (6)

* Indicates a required field

Student Name: [Redacted]

- Demographics
- Race Ethnicity
- Relationships - Parent/Guardians
- Relationships - Emergency Contacts

Select the appropriate relationship for each listed emergency contact. Select the contact sequence you would like each to be contacted. This sequence includes the parent/guardians from the previous screen. Click **Next**.

NAME	RELATIONSHIP TO STUDENT *	CONTACT SEQUENCE *
[Redacted]	Grandparent	4
[Redacted]	Grandparent	3

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.
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 >

Progress bar: Student(s) Primary Household (✓), Parent/Guardian (✓), Emergency Contact (✓), Non-Enrolled Household Member (✓), Student (!), Completed (6)

* Indicates a required field

Student Name: [Redacted]

- Demographics
- Race Ethnicity
- Relationships - Parent/Guardians
- Relationships - Emergency Contacts
- Relationships - Other Household

Select the appropriate relationship for each listed other household member (if any) then click **Next**.

NAME	RELATIONSHIP TO STUDENT *
[Redacted]	Sibling

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

< Previous Next >



Progress bar: Student(s) Primary Household (✓), Parent/Guardian (✓), Emergency Contact (✓), Non-Enrolled Household Member (✓), Student (!), Completed (6)

* Indicates a required field

Student Name: [Redacted]

- ✓ Demographics
- ✓ Race Ethnicity
- ✓ Relationships - Parent/Guardians
- ✓ Relationships - Emergency Contacts
- ✓ Relationships - Other Household
- ✓ Health Conditions / Medications

Please contact your child's school nurse directly if:
Your child has any new health conditions or changes to existing health conditions AND/OR
Your child will need medication or procedures administered at school

A list of school health office phone numbers can be found at www.district196.org/services/health-services
The link above will open a new tab in your browser. Please navigate back to this window to continue.

< Previous Next >

Contact your student's school if needed.
Click **Next**.

Progress bar: Student(s) Primary Household (✓), Parent/Guardian (✓), Emergency Contact (✓), Non-Enrolled Household Member (✓), Student (!), Completed (6)

* Indicates a required field

Student Name: [Redacted]

- ✓ Demographics
- ✓ Race Ethnicity
- ✓ Relationships - Parent/Guardians
- ✓ Relationships - Emergency Contacts
- ✓ Relationships - Other Household
- ✓ Health Conditions / Medications
- Student Self-Carry of Medication Authorization

1. My child has my permission to self-carry and self-administer Emergency Medications. *

[Pull-down menu]

2. My child has my permission to self-carry and self-administer Nonprescription Pain Medications. *

[Pull-down menu]

< Previous Next >

Indicate if you allow your student to self-carry medication by answering Yes or No using the pull-down list. Click **Next**.



✓
Student(s) Primary Household

✓
Parent/Guardian

✓
Emergency Contact

✓
Non-Enrolled Household Member

!
Student

6
Completed

* Indicates a required field

Student Name :

- ✓ Demographics
- ✓ Race Ethnicity
- ✓ Relationships - Parent/Guardians
- ✓ Relationships - Emergency Contacts
- ✓ Relationships - Other Household
- ✓ Health Conditions / Medications
- ✓ Student Self-Carry of Medication Authorization
- Release Agreements

Instructional Release Agreement - To review the Instructional Release Agreement , please click [here](#)

My child has permission to participate in photographed, audiotaped or videotaped math and literacy projects. *

iPad Student User Agreement - To review the iPad Student User Agreement, please click [here](#)

By clicking this box, I acknowledge that I have reviewed the iPad Student User Agreement.

NOTE: This does NOT sign you up for the Optional Protection Plan! To sign up for the Optional Protection Plan, click [here](#) *

< Previous
Next >

Using the pull-down list, select Yes or No to giving permission for this child for each listed item (click link to review).

Click **Next**.

● Student Digital Access Survey

Thank you for participating in the Student Digital Access Survey. This survey collects information on student access to the Internet and electronic devices used for schoolwork in the student's home. Independent School District 196 may use this information to identify students that could benefit from additional supports to make sure they can access learning opportunities outside the classroom or school building. It is important that we gather accurate information from every student so that each student and family has the equipment, help and support needed.

The information you provide in this survey will be reported to the Minnesota Department of Education (MDE). MDE may provide state- or school-level summary data—without personal, identifying information—to the Governor, legislators, agency staff and external partners who have established data sharing agreements and protocols. Independent School District 196 will not share your personal, identifying information provided in this survey with others without your consent.

Today's Date: (MM/DD/YYYY) *

MM/DD/YYYY

1. What type of electronic device does the student usually use to complete homework? (select only one) *
2. Is the electronic device (from question 1) provided by the school, personal or other? *
3. Is the electronic device (from question 1) shared with anyone else in the home? *
4. Can the student access the Internet on their electronic device at home? *
5. What kind of Internet service do you have at home? *
6. Can the student stream a video on their electronic device without pauses? *

< Previous

Cancel
Save/Continue

Answer each required question.

Click **Save/Continue**.



Progress bar: Student(s) Primary Household, Parent/Guardian, Emergency Contact, Non-Enrolled Household Member, **5 Student**, 6 Completed

* Indicates a required field

Student

FULL NAME	SCHOOL	RECORD TYPE	COMPLETED
[Redacted]	[Redacted]	Existing	COMPLETED >
[Redacted]	[Redacted]	Existing	COMPLETED >

In order to help prevent the creation of duplicate records, please do not create new records in this section for the following people:

FULL NAME	REASON
[Redacted]	Already in
[Redacted]	Already in
[Redacted]	Already in the
[Redacted]	Already in this application as an Emergency Contact

Once all children listed indicated they are completed, click **Save/Continue**.

Add New Student

Please include all students that need to be enrolled.

< Back **Save/Continue**

Progress bar: Student(s) Primary Household, Parent/Guardian, Emergency Contact, Non-Enrolled Household Member, Student, **6 Completed**

* Indicates a required field

PLEASE NOTE: Prior to submitting your application you may verify all of the data you have entered by going back to information is not submitted until you click the Submit button above. You will receive an email notification that your

You must submit your application by clicking the following button.

Back Application Summary PDF **Submit**

The process is now completed and can be reviewed by clicking on the section titles at the top or downloading a PDF copy. Once satisfied with responses, click **Submit**.

NOTE: Submitted changes may need to be reviewed by district staff before being applied to Infinite Campus. We appreciate your patience as we work through all requests.

