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New Student Registration

Welcome to Round Lake School District 116! If your family is new to the district, or your children are new students in the district, the following registration process allows you to enter all the required information for enrolling your children for success!

To begin, please click on the blue button outlined in red below.

Registration

Welcome to Round Lake Area Schools! We are so happy to have you!

Returning Student

New Student

If you are a brand new family to Round Lake Area Schools, please create a new Infinite Campus Parent Portal account. This will allow you to register your student, view their schedule, and more!

Schools of the District do not refuse to enroll a student with a permanent or temporary record from a school attended in the past.

If you already have an Infinite Campus Parent Portal account in the District, please use that account to register your new student.

If you would like to learn more about Infinite Campus, please visit our website. If you need assistance, please contact your school's secretary.

REGISTER ONLINE

1. If you wish to change your preferred language for the registration process, you may click on the English or Spanish options shown below to switch between the two.



2. Enter the following information for the parent/guardian who will be completing the registration process:
 - First Name
 - Last Name
 - Email Address
 - Verify Email Address
3. Answer whether any student being entered has previously attended this district.
4. Enter the characters displayed in the CAPTCHA field.
5. Then, click Begin Registration.



OLR NEW STUDENT REGISTRATION INSTRUCTIONS

Please complete the information below to BEGIN the registration process.

Registration Year

26-27

Parent/Guardian First Name *

! This field is required

Parent/Guardian Last Name *

Parent/Guardian Email Address *

Verify Email Address *

Has any student being entered attended a school in this district in the past? *

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



Begin Registration



OLR NEW STUDENT REGISTRATION INSTRUCTIONS

An email containing a link to the Online Registration portal will then be sent to the provided email address. Please use that link to begin.

NOTE: The email will come from InfiniteCampus NoReply (icnoreply@rlas-116.org) and will be titled *Welcome to Online Registration*.

6. Once you have arrived at the portal, please select your preferred language for the application.
7. Enter your first name & last name for authorization.
8. Then click Submit.



* Indicates a required field

Application Number 35068
Application For 25-26

Welcome JACQUELINE TEST-HELP! 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 *

JACQUELINE TEST-HELP

Submit

9. Review and gather the following information:
 - Household Information – Address, Phone Numbers, Proof of Residency, etc.
 - Parent Information – Work/Cell Phone numbers, email addresses, etc.
 - Student Information – Demographics, Health/Medication Information, etc.
 - Emergency Contact Information – Addresses, and Phone Numbers.

10. When ready, click Begin Registration.

NOTE: Please write down your application number circled in red below for future reference.



* Indicates a required field

Application Number 35068
Application For 25-26

Welcome to the Infinite Campus Online 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.

If you need assistance, please call 847-270-9018 during business hours or leave a message and a representative will be back in touch with you the next business day.

Begin Registration

Student(s) Primary Household

11. Add a primary phone number.



OLR NEW STUDENT REGISTRATION INSTRUCTIONS

12. Then, click Next.

Primary Phone

Any phone number listed implies consent to be called and or texted using automatic dialing equipment. If you do not want to receive automated calls or texts to phone numbers listed, please contact your child's school office.

Primary Phone *

(123)456-7890

Next >

13. Enter the house number and first few letters of the street name, and a list of addresses to select from will appear below. Select your address from the results, and the remaining fields will be filled in automatically.

NOTE: If your address does not appear, you will not be able to continue with registration. Contact the Welcome Center as indicated on this screen.

14. Then, click Next.

Home Address

*Please verify or add the information below. Please update any information that is incorrect. If your address does not appear in the box, please contact your child's school. If you do not know your child's school, please contact the Welcome Center at 224-842-2065.

Number *

1234

Direction

▼

Street *

TES

Type

▼

Apartment

City *

State *

▼

Zip *

Ext.

County

Clear Address Fields

Click on your address if it appears in box

1234 TEST St. ROUND LAKE, IL 60073
1234 TEST RD ROUND LAKE BEACH, IL 62040

You must select an address from the list above.

< Previous

Next >

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

16. If not, enter the mailing address information as you entered your home address.

17. Then, click Next.



OLR NEW STUDENT REGISTRATION INSTRUCTIONS

Mailing Address

Does this household receive mail at a different address? *

Yes

Please use the address editor below to enter your mailing address if different from your home address. If your address does not appear in the box, contact your child's school. If you do not know your child's school, contact the Welcome Center at 224-842-2065. Please click "Save".

Post Office Box ☐ Number * 1234 Prefix Street * TEST Tag Direction Apartment

City * State * Zip * Ext. County

Clear Address Fields

Click on your address if it appears in box

1234 TEST St. ROUND LAKE, IL 60073
1234 TEST RD ROUND LAKE BEACH, IL 62040

< Previous Next >

18. Review the different payment options and select the option that best reflects your situation from the drop-down list.

The Round Lake Area School District #116 recognizes that while the registration fees charged to students are appropriate and authorized, some families are not financially able to pay. In order to provide families an opportunity to pay the fees without causing financial hardship, our District has four (4) options available to help pay for the fees.

- Option 1 - **Pay in Full**
I will pay my child/children's 2026-2027 school registration fees today in full.
- Option 2 - **Partial Payment**
I am able to make a partial payment toward my child/children's 2026-2027 school registration fees today.
- Option 3 - **Payment Plan**
I am unable to pay my child/children's 2026-2027 school registration fees and will contact my child's school to initiate a payment plan.
- Option 4 - **Pending Fee Waiver**
My family currently participates in Medicaid-eligible programs (SNAP/TANF) or I will be seeking a District Fee Waiver Application. This registration is **NOT** a fee waiver. Official fee waivers must be submitted every school year and will be available on the district website starting July 1, 2026.

Please select a payment option from the list. *

Option 4

Click here if you would like a fee waiver application emailed to you beginning July 1st.

☐

If available, please enter your Medicaid Direct Certification number:

Fee Waiver Applications will be available on the district's website starting July 1, 2026.

Please Mail in completed application to 811 Sunset Drive, Round Lake, IL 60073 or email the form to Diana Aguilar at daguilar@rlas-116.org

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19. If you select Option 4: Pending Fee Waiver, please check the box confirming that you would like a fee waiver application emailed to you if applicable.

- You will also be asked to enter your Medicaid Direct Certification number.
- If you do not have a Medicaid Direct Certification Number, please apply for a Fee Waiver application on our district website starting July 1st, 2026.
- Then Click Next

***Applications will be available online July 1, 2026. Please Mail in completed application to 811 Sunset Drive, Round Lake, IL 60073 or email the form to Diana Aguilar at daguilar@rlas-116.org**



OLR NEW STUDENT REGISTRATION INSTRUCTIONS

20. Review the residency documentation requirements by clicking the link outlined in red.
21. Upload your proof of residency documents.
22. Then, click Next.

Residency

[Please click here to review the Residency Documentation Requirements.](#)

Please upload a mortgage statement, property tax bill, or lease to prove residence in the district. You can use your phone to take a picture of the document, to upload as proof of residency. Please make sure the entire document is visible in the picture.

Upload Proof of Residency #1

Upload Proof of Residency #2

Upload Proof of Residency #3

Upload Proof of Residency #4

< Previous Next >

23. Review the Home Income Survey Information.
 - a Identify the number of individuals living in the household.
 - b Then select the annual income option that best represents your yearly income based upon all members within your household.
24. Then click Save/Continue

Home Income Survey

Directions:

1. Identify the number of individuals living in the household. (i.e. one (1) parent & one (1) child = Household Size of two (2); two (2) parents & three (3) children = Household Size of five (5).)

3

2. Once you have identified the household size, select the option that accurately confirms the annual income. (Including all income from Work, Welfare, Child Support, Alimony, Pensions, Retirement, Social Security, Worker's Compensation, Unemployment, etc.) *

\$34,646 - \$49,303

< Previous

Save/Continue



Parent/Legal Guardian

25. Enter demographic information for the primary guardian.
26. Then, click Next.

Parent/Legal Guardian Name: JACQUELINE TEST-HELP

Demographics

Please enter the primary parent/legal guardian information.

First Name *
JACQUELINE

Middle Name

Last Name *
TEST-HELP

Suffix
▼

Birth Date *
06/15/1987

Gender *
Female

Does this person live at the address listed below? *
Yes

1234 TEST RD
ROUND LAKE BEACH, IL 62040

Next >

27. Enter contact information for the primary guardian.
28. Then, click Save/Continue.

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 *
(555)111-2222

Work Phone
() - - - X

Other Phone
() - - - X

Email *
example@gmail.com

Secondary Email

Please select your preferred language for written communication. *
English

Please select your preferred language for oral communication. *
English

< Previous

Cancel Save/Continue

29. Click Add New Parent/Legal Guardian if you wish to add another Parent/Legal Guardian.
- NOTE: All Guardians must show "Completed" to move to the next step.**



OLR NEW STUDENT REGISTRATION INSTRUCTIONS

30. When finished, click Save/Continue.

Parent/Legal Guardian

FULL NAME	COMPLETED	
JACQUELINE TEST-HELP	COMPLETED	>
JONATHAN HELP	INCOMPLETE	>

Add New Parent/Legal Guardian

Please list all primary Parent/Legal Guardians in this area.

< Back

Save/Continue





Emergency Contact

NOTE: Although emergency contacts are not required, it is recommended to have an additional contact person in addition to the parent/legal guardian(s) in the event you can't be reached. If you wish to continue without the addition of an emergency contact, click Save/Continue.

- 31. Please review and make note of the areas outlined in red below.
- 32. When ready, click Add New Emergency Contact.

Emergency Contact

FULL NAME	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
JACQUELINE TEST-HELP	Already in this application as a Parent/Guardian
JONATHAN HELP	Already in this application as a Parent/Guardian

Add New Emergency Contact

In AN EMERGENCY, if parent/legal 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.

The maximum number of Emergency Contacts is 3

< Back

Save/Continue

- 33. Enter demographic information for the emergency contact - please do not list a parent/guardian as an emergency contact as they will be listed as the primary & secondary contacts.
- 34. Then, click Next.



OLR NEW STUDENT REGISTRATION INSTRUCTIONS

Contact Name: ALBERTO GOTEST

Demographics

Please complete the following information for each emergency contact for your students. Please do not list a parent/guardian as an Emergency Contact.

First Name *

ALBERTO

Middle Name

Last Name *

GOTEST

Suffix

Birth Date

08/24/2001

Gender *

Male

Next >

35. Enter contact information for the emergency contact.

36. Then, click Next.

Contact Information

Enter the contact information for this emergency contact.

At least one Phone Number is required.

Home Phone

(222)555-1212

Cell Phone

() - -

Work Phone

() - - X

Email

< Previous

Next >

37. Select whether this emergency contact lives at the address listed by selecting Yes or No from the dropdown list.

38. If you selected No, enter the emergency contact's address for verification purposes.

39. Then, click Save/Continue.



OLR NEW STUDENT REGISTRATION INSTRUCTIONS

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.

Does this emergency contact live at the address below? *

No

1234 TEST RD
ROUND LAKE BEACH, IL 62040

Address

555 EXAMPLE ST.

City, State Zip

ROUND LAKE, IL 60073.

Example
Address - 123 S Main St Apt 4
City, State Zip - Round Lake, IL 60073

< Previous

Cancel Save/Continue

40. If you wish to add another Emergency Contact (maximum of 3), click Add New Emergency Contact.
41. When ready, click Save/Continue.

Emergency Contact

FULL NAME	COMPLETED
ALBERTO GOTEST	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
JACQUELINE TEST-HELP	Already in this application as a Parent/Guardian
JONATHAN HELP	Already in this application as a Parent/Guardian

Add New Emergency Contact

In AN EMERGENCY, if parent/legal 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.

The maximum number of Emergency Contacts is 3

< Back Save/Continue



Non-Enrolled Household Members

NOTE: Please add household members who are not enrolled as students in the Round Lake Area School District including siblings and other family members who do not attend the district.

- 42. When ready, click Add New Household Member.
 - a If there are none to add, click Save/Continue.

Non-Enrolled Household Members

FULL NAME	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
JACQUELINE TEST-HELP	Already in this application as a Parent/Guardian
JONATHAN HELP	Already in this application as a Parent/Guardian
ALBERTO GOTEST	Already in this application as an Emergency Contact

Add New Household Member

Please add household members who are not enrolled as students in Round Lake Area Schools District 116 including siblings and other family members who do not attend the District.

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Save/Continue

- 43. Enter demographic information for the household member.
- 44. Then, click Save/Continue.

Name: : GRANNY JANE SMITH

Demographics

First Name *

GRANNY JANE

Middle Name

Last Name *

SMITH

Suffix

Birth Date *

01/01/1962

Gender *

Female

Cancel

Save/Continue

- 45. If you'd like to add another non-enrolled household member, click on Add New Household Member.



OLR NEW STUDENT REGISTRATION INSTRUCTIONS

46. When ready, click Save/Continue.

Non-Enrolled Household Members

FULL NAME	COMPLETED
GRANNY JANE SMITH	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
JACQUELINE TEST-HELP	Already in this application as a Parent/Guardian
JONATHAN HELP	Already in this application as a Parent/Guardian
ALBERTO GOTEST	Already in this application as an Emergency Contact

Add New Household Member

Please add household members who are not enrolled as students in Round Lake Area Schools District 116 including siblings and other family members who do not attend the District.

< Back

Save/Continue





OLR NEW STUDENT REGISTRATION INSTRUCTIONS

Student

NOTE: In the next student tabs, you will be asked for information regarding the student you are enrolling. You must complete all required information before continuing to the next screen. Please include all children who are to be enrolled in the district, rather than create separate applications for each child.

47. Click Add New Student.

Student

Please ensure that all your children that will be attending school are listed. This includes PreK, Kindergarten, Elementary (1-5), Middle School (6-8), and High School students. If you do not see one or more of your students, please contact the Welcome Center at 847-270-9018.

FULL NAME	SCHOOL	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
JACQUELINE TEST-HELP	Already in this application as a Parent/Guardian
JONATHAN HELP	Already in this application as a Parent/Guardian
ALBERTO GOTEST	Already in this application as an Emergency Contact
GRANNY JANE SMITH	Already in this application as an Other Household Member

Add New Student

Please include all students that need to be enrolled.

< Back

48. Enter demographic information for the student.

49. Then, click Next.

Student Name: : VIVIANNA HELP

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; and, update any information that is incorrect. Enter the student's name exactly as it appears on the birth certificate. If your student has two last names, enter both in the box marked **"Legal Last Name"**, without a dash in between.

Legal First Name *

VIVIANNA

Gender *

Female

Enrollment Grade *

10

Legal Middle Name

Birth Date *

MM/DD/YYYY

Boundary School:

Unable to determine boundary school

Legal Last Name *

HELP

Do you have internet access in your home? *

Yes

Suffix

Nickname

VIVI

Mother's Maiden Name *

TEST

Student Email Address

Student Cell Number

() - -

Staff may contact student at this number

Next >

50. Enter birth information for the student.

51. Upload the student's birth certificate.

52. Then, click Next.



OLR NEW STUDENT REGISTRATION INSTRUCTIONS

Birth Information

Birth Country *
United States of Amer... ▼

Birthplace (Please enter as City/State without commas) *
LIBERTYVILLE IL

Please upload a Birth Certificate.

Upload Birth Certificate

< Previous Next >

If you selected PK (Pre-K) as your student's enrollment grade on the Demographics pleat, the Pre-K pleat will appear for the collection of additional information. If you did not select PK for your student, please continue to Step 57.

53. Please click the link to the Preschool Screener to begin the preschool screening process. This must be completed prior to completing the remaining pleats. Once the process is complete, you will be notified as to whether your child is eligible for enrollment.
54. If you've completed the process and were notified that your child is eligible, select Yes from the drop-down list and enter the date you were notified and the additional required information.
 - a. If you selected No, please click the link to complete the process and then return to this application.
55. Once finished, click Next.



OLR NEW STUDENT REGISTRATION INSTRUCTIONS

Pre-K

Please click the following link to the preschool screening page to begin the preschool screening process. Once the preschool screening process is completed, you will be notified as to whether your child is eligible for enrollment.

[Link to Preschool Screener](#)

Did you complete the preschool screening process and were you notified that your child is eligible for enrollment? *

Yes

Please enter the date you were notified: *

06/15/2026

Please continue with your application by providing the following information.

Registration will only be approved upon the receipt of the following required documents:

- Birth Certificate
- Parent Identification
- Proof of Residency
- Proof of Income

Please enter your annual household income: *

65,000

Please list the number of people in your immediate family: *

5

Please list the number of people living in your household: *

5

Please check all that apply:

Is your family receiving TANF?

☐

Is your family receiving WIC?

☒

Is your family receiving a Housing Subsidy?

☐

Please select the option from the list that best represents your family structure: *

Both parents in home

Is there a custody agreement in place? *

No

Was your child previously enrolled in an early childhood program? (Please select an option from the list): *

Birth to Three: Early H...

Does your child attend a childcare program? (Please select an option from the list): *

Home Daycare

Please check this box if your child has an Individualized Education Plan (IEP).

☐

Please check this box if your child has an Individualized Family Service Plan (IFSP).

☐

< Previous Next >

If you selected KG (Kindergarten) as your student's enrollment grade on the Demographics pleat, the Kindergarten pleat will appear for the collection of additional information. If you did not select KG for your student, please continue on to Step 61.

56. Indicate if your student participates in before and/or after school care by checking the box.
57. If you need to request a change to your student's transportation, please use the linked Bus Adjustment Form.
58. If your student attended preschool, please check the box and complete the short survey about their experience. If they did not, then leave the box unchecked and continue to the next pleat.



OLR NEW STUDENT REGISTRATION INSTRUCTIONS

Kindergarten

My child participates in before and/or after school care
☒

Please fill out the short survey below regarding your child's preschool experience.

My child attended preschool
☒

1. Name of the preschool your child attended. *

EARLY EDUCATION CENTER

2. How many days per week did your child attend preschool? *

5

3. Did your child attend Whole Day, Half Day preschool or did your child receive at home day care? *

☒ Half Day
☐ Whole Day
☐ At Home Day Care

< Previous Next >

59. Select your student's preferred language.

60. Then, click Next.

Preferred Language

Please select your student's preferred language. *

English

< Previous Next >

61. Enter race/ethnicity information for the student.

62. Then, click Next.



OLR NEW STUDENT REGISTRATION INSTRUCTIONS

✓ Race Ethnicity

Every school district is required to report to the Department of Education each year student data by race and ethnicity categories that are set by the federal government. The Department of Education does not report individual student data to the federal government but does report the total number of students in various categories in each school. These reports help us keep track of changes in student enrollments and ensure that all students receive the education programs and services to which they are entitled. The federal government recently changed the reporting categories for student data. As a result, you have the opportunity to update the student data for your child. With the new reporting categories, you may now identify your child by ethnic group (either Hispanic/Latino or not Hispanic/Latino) and by one or more racial groups (American Indian/Alaska Native, Asian, Black/African-American, Native Hawaiian/Other Pacific Islander, White). Starting with the 2009-2010 school year, all schools began reporting student data to the Department of Education using the new categories.

Is Hispanic/Latino *

Yes ▼

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

☐ Middle Eastern or North African

< Previous

Next >

63. Complete the transportation section.

64. Then, click Next.

✓ Transportation

For the 2026-2027 school year, will your student: *

Bus (You must qualify ... ▼)

< Previous

Next >

65. Answer the Housing question. If yes, please select from the options that appear.

66. Then, click Next.



OLR NEW STUDENT REGISTRATION INSTRUCTIONS

Housing

Have you experienced an event that has forced you out of your home? The McKinney-Vento Act states that children and youth who lack a "fixed, regular and adequate nighttime residence" will be considered homeless.

☒ Yes, this student is homeless
☐ No, this student is not homeless

If yes, please select the option that best represents the student's current housing situation. *

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

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

67. Answer the Student Services questions.

68. Then, click Next.

Student Services

Does your student have a current Individualized Education Plan (IEP)? *

Does your student have a current 504 plan? *

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

69. Complete the Language Information section.

- a Answer if a Language other than English is spoken in your home. If Yes, please select the language from the dropdown menu.
- b Answer if your child speaks a language other than English. If Yes, please select the language from the dropdown menu.
- c If you answered yes to either of the questions, please complete the Home Language Survey using the link provided.
- d Complete the name and date fields.
- e Answer if your child has lived in another country within the last 3 years.
- f Complete the report card waiver by selecting if you request the child's report card in your home language or if you waive the right to receive the report card in your home language.
- i If you elect to receive the report card in your home language, please select the preferred language from the dropdown menu.

70. Then, click Next.



OLR NEW STUDENT REGISTRATION INSTRUCTIONS

Language Information

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

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

Yes

Select the other language spoken in your home from the list: *

Spanish

Does your child speak a language other than English? *

Yes

Select the other language spoken by your child from the list: *

Spanish

[Click here for Home Language Surveys in languages other than English.](#) *

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

Type your name to confirm your understanding of the above *

HUGH TEST

Enter today's date *

03/23/2026

Has your child lived in another country within the last 3 years? *

No

Report Card Waiver

The Illinois State Board of Education (ISBE) requires school districts to provide Parent Notification Letters and Report Cards to parents/guardians of English language learners in both English and in the student's home language unless a student's parents or legal guardian agree in writing to waive this requirement (Illinois Administrative Code, Subtitle A; CH I.S. 2289.40 Subchapter f). We need to keep your preference on file.

☐ I waive the right to receive a copy of my child's report card in our home language.

☒ I request a copy of my child's report card in our home language.

Report Card Waiver

The Illinois State Board of Education (ISBE) requires school districts to provide Parent Notification Letters and Report Cards to parents/guardians of English language learners in both English and in the student's home language unless a student's parents or legal guardian agree in writing to waive this requirement (Illinois Administrative Code, Subtitle A; CH I.S. 2289.40 Subchapter f). We need to keep your preference on file.

Spanish

< Previous Next >

71. Complete the Military Connected Families section.

72. Then, click Next.

Military Connected Families

Check the box if student is connected to a CURRENT active duty military parent/legal guardian. Pursuant to Public Act 97-505, school districts must now report the enrollment information concerning parents' or legal guardians' military service data to the Illinois State Board of Education. Your participation will help schools get U.S. Department of Defense assistance for children struggling with their parent's or legal guardian's military deployment. This information will help identify Illinois military families.

Parent/Legal Guardian in Military?

☒ Yes, one or both guardians are members of the military.

☐ No, neither guardians are members of the military.

< Previous Next >

73. Enter information about your child's previous school.

74. Answer whether your student is currently suspended or expelled from another school. If yes, please explain.

75. Then, click Next.



OLR NEW STUDENT REGISTRATION INSTRUCTIONS

Previous School

Please enter information regarding this student's prior school.

Last Year

School

City

State

Country

Phone

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

Yes

If Yes, please explain:

< Previous Next >

76. Enter parent/legal guardian relationship information.
77. Select the relationship type from the dropdown menu for each parent/guardian.
78. At least one parent/guardian must have the Guardian box checked.
79. Please select the Contact Sequence for each parent/guardian.
80. Then, click Next.

NOTE: Please make note of the highlighted text.

Relationships - Parent/Legal Guardians

Legal documentation is required for a guardian that is not listed on the student's birth certificate.

At least one person must be marked as 'Guardian'.

NAME	RELATIONSHIP TO STUDENT *	GUARDIAN	MAILING	PORTAL	MESSENGER	SECONDARY HOUSEHOLD	UNIQUE CONTACT SEQUENCE *
JONATHAN HELP	FATHER	☒	☒	☒	☒		2
JACQUELINE TEST-HELP	MOTHER	☒	☒	☒	☒		1

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

Unique 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.

Remove - 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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81. Enter emergency contact relationship information.
82. Enter the Relationship to Student by selecting the appropriate relationship from the dropdown menu.



OLR NEW STUDENT REGISTRATION INSTRUCTIONS

- 83. Select the appropriate Contact Sequence for the emergency contact. Note: the emergency contact sequence should start with 3.
- 84. Then, click Next.

NOTE: Please make note of the highlighted text.

Relationships - Emergency Contacts

NAME	RELATIONSHIP TO STUDENT *	CONTACT SEQUENCE BEGIN WITH 3 *
ALBERTO GOTEST	RELATIVE	3

Description of Contact Preferences
Contact Sequence begin with 3 - 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.
Remove - 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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- 85. Enter other household members’ relationship information by selecting the relationship type from the dropdown menu.
- 86. Then, click **Next**.

NOTE: Please make note of the highlighted text.

Relationships - Other Household

NAME	RELATIONSHIP TO STUDENT *
GRANNY JANE SMITH	No Relationship

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.

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- 87. If desired, check the box to allow the building nurse to contact your child’s health care provider, and then enter information regarding the student’s primary health care provider.
- 88. Review the health requirements and dental waiver links and then upload any health-related documents.
- 89. Then, click Next.



OLR NEW STUDENT REGISTRATION INSTRUCTIONS

Health Services - Emergency Information

By checking this box, I agree to allow the building nurse to contact my child's health care provider with questions regarding their health conditions and/or medications.

☒

Primary Health Care Provider Name

DR. ADAMS

Primary Health Care Provider Phone

(555)555-5555

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 prior to the first day of school.

[Please click here to review Health Requirements](#)

[Please click here to review the Dental Waiver](#)

Upload Health Related Documents

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90. Answer the question, “Does this student have any medical or mental health conditions” by selecting Yes or No from the dropdown list.
- a If you select Yes, please select the condition from the dropdown Condition list and enter any comments or instructions about the condition.
- b To add another condition, click the “Add Condition” button.
91. Then click Next.

Health Services - Medical or Mental Health Conditions

Please indicate below if your child has any health conditions that may affect them at school. The nurse will contact you if further information is required. If your child needs medication related to their health condition, please complete the medication authorization form attached to the Health Services-Medications section.

Does this student have any medical or mental health conditions? *

Yes

Condition *

Allergies

Comments and Instructions

Peanut Allergy

Remove Condition

Add Condition

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92. List any medications by entering the name of the medication, selecting where it is taken, the medication type, and any comments/instructions. If none, then check the No medications box.
93. Then, click Next.

NOTES: If your child requires medication to be given during the school day, you must complete the form linked below and have it signed by your health care professional.

Medication must be dropped off by a parent/guardian to the nurse in the original, unopened packaging and/or original pharmacy container with label and the completed medication authorization form.

Health Services - Medications

If your child requires medication to be given during the school day, you must complete the form linked below and have it signed by your health care professional. Medication must be dropped off by a parent/ guardian to the nurse in the original, unopened packaging and/or original pharmacy container with label and the completed medication authorization form.

Does this student take any medications? *

Yes

Medication *

EPIPEN

Where Taken *

Both

Medication Type *

As needed

Comments and Instructions

Remove Medication

Add Medication

Round Lake Area School District 116 participates in stock emergency medication programs. I acknowledge that my student may receive Albuterol, Epinephrine or Narcan in the event of an emergency if deemed medically necessary by a nurse or trained personnel. *

☐

[Click here to print the Medication Authorization Form](#)

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OLR NEW STUDENT REGISTRATION INSTRUCTIONS

94. If you wish to give permission for your student’s information to be shared between the Round Lake Area Public Library and RLAS District 116 for the purpose of obtaining a Round Lake Area Public Library card for your student and allow them to use the library’s online resources through the school district’s website, check the box.

Round Lake Library Data Sharing

I give permission for my student's information (name, address, birthday, phone, grade, guardian name and email, and Round Lake Area Public Library card number) to be shared between the Round Lake Area Public Library and RLAS District 116 for the purpose of obtaining a Round Lake Area Public Library card for my student and to allow them to use the library's online resources through the school district's website. As guardian of the above-named student, I also agree to comply with all rules and regulations of Round Lake Area Public Library and immediately report any change of address or loss of card. I am aware that if my student currently has a Round Lake Area Public Library card that they will be given a new number going forward, and the pre-existing card number will be replaced.

☐

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95. If you wish to consent for your child to receive services at the Round Lake Health and Wellness Center, then select Yes from the drop down. Then, review the highlighted portion and enter the requested information. If not, then select No.
96. Then, click Next.

NOTE: You must view the Notice of Privacy Practices link before moving on.



Round Lake Area Student Health and Wellness Center Consent

Consent for Care:

I, hereby consent for my child to receive the services offered by Lake County Health Department and Community Health Center at the Round Lake Area Student Health and Wellness Center at Round lake High School. I understand that physicians, nurses and other health care providers in training may, under the supervision of appropriate personnel, participate in the treatment and I consent to such student involvement in care.

All students under the age of 18 are eligible for services if they have obtained written parental consent or if they are otherwise permitted under Illinois law to consent on their own behalf to such care. In addition, a parent, legal guardian, or student who is permitted under Illinois law to consent on his/her own behalf has a right to refuse any health care services.

I have read the above information and have had the opportunity to have my questions answered. I understand that I may revoke this consent at any time¹. I do hereby give my consent for my child to receive services offered by the Student Health and Wellness Center, except for those services excluded above.

[1] Illinois State law requires a parent's or legal guardian's consent to provide medical treatment to a minor child except for family planning, sexually transmitted infection services, and certain mental health services when the minor is 12 years of age or older (Consent by Minors to Medical Procedures Act).

I consent for my child to receive services at the Round Lake Health and Wellness Center. *

Yes

Release of Information:

I give permission to the Lake County Health Department and Community Health Center programs to exchange protected medical information between the Student Health and Wellness Center and the appropriate Round Lake School District 116 personnel. This authorization shall remain in effect through the student's enrollment unless revoked. This release does not include releasing privileged information concerning treatment for drug and alcohol use, sexually transmitted infection information or HIV status. An additional release will be required for these services.

Authorization for Release of Information for Payment:

Services will be billed to Medicaid, Medicare or other third-party payer. We do charge a usual and customary fee for services. You are responsible for payment regardless of any insurance company's determination of usual and customary rates. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under the Medicare Program and/or other medical insurance. Your insurance policy is a contract between you and your insurance company. No one will be refused services because of an inability to pay.

I authorize the Lake County Health Department and Community Health Services to release and/or send any medical information necessary for the processing and payment of my medical bills to any insurance company or third-party payer who may be responsible for paying any part of my medical treatment. This includes release to my employer for employment related injuries under worker's compensation claim. We will make every effort to ensure confidentiality in all transactions.

I, the undersigned, also give my consent to the Lake County Health Department and Community Health Center to release all information necessary, including my name, date of birth and Social Security Number (SSN), family income and number of dependents, to the Illinois Department of Human Services (IDHS) and the Illinois Department of Healthcare and Family Services, in order to establish my eligibility for funding for my treatment. I understand that the release of my SSN is voluntary. Failure to provide my SSN may jeopardize funding for my treatment from state agencies and may make me responsible for payment for treatment. If I am required to provide toxicology testing as part of my care, I understand that my SSN may be used to report the results to IDHS.

Acknowledgement of Receipt of Notice of Privacy Practices:

My signature on this form acknowledges that I have received a copy of Lake County Health Department and Community Health Center Round Lake Area Student Health and Wellness Center's Notice of Privacy Practices. I understand that this document provides an explanation of the ways in which my health information may be used or disclosed by the Lake County Health Department and Community Health Center's Student Health and Wellness Center and my rights with respect to my health information. I have been provided with the opportunity to discuss any concerns I may have regarding the privacy of my health information.

I have read the above information and have had the opportunity to have my questions answered. I do hereby give consent and permission to the above

[Notice of Privacy Practices](#) *

I have read and agree to the provided Notice of Privacy Practices. *



Type name to confirm your understanding of the above

*

JACQUELINE TEST-HELP

Enter today's date

*

03/23/2026



Please select your insurance Type

*

☒ None

☐ All-Kids

☐ Private

Family Size

*

6

Does your child have a primary health care provider?



Name of the Doctor

*

DR. ADAMS

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OLR NEW STUDENT REGISTRATION INSTRUCTIONS

97. If you selected 12th grade as your student's enrollment grade on the Demographics pleat, the FAFSA Non-Participation Form pleat will appear. This form is for parents who wish to opt-out of the Financial Aid Application graduation requirement for their student(s). If you did not select 12th grade for your student, please continue to Step 98.

FAFSA Non-Participation Form

Starting in school year 2020-21, to receive a diploma from a public high school a student must complete the Free Application for Federal Student Aid (FAFSA®)¹ or, if applicable, the Alternative Application for Illinois Financial Aid². Local school district staff must provide support and assistance to students and parents/guardians in the application process. Additional assistance with completing an application is available from the Illinois Student Assistance Commission³. Alternatively, a parent/guardian must file a waiver if they choose to opt a child out of this graduation requirement by completing this Nonparticipation form; students who are at least 18 years of age or legally emancipated may complete the form themselves. If you wish to opt yourself or your student out of the Financial Aid Application graduation requirement, please complete this form. Otherwise, please continue on to the next pleat.

¹ Illinois School Code (105 ILCS 5/22-87)
² Most students should file the FAFSA (fafsa.gov). For details on who is eligible to file the Alternative Application, see <https://www.isac.org/students/before-college/financial-aid-planning/retention-of-illinois-rise-act/>
³ See <https://www.isac.org/students/> for more resources

School Name:

District Name:

Student Name:

Birth Date:

Parent or Legal Guardian Name:

Home Address:

City, State, Zip:

Phone Number:

Parent or Legal Guardian Email:

I have read the information on the reverse, I understand what the FAFSA and Alternative Application for Illinois Financial Aid are, and I choose not to submit a completed financial aid application. I certify that I am the parent or legal guardian of the student listed above, or I am the student and I am either at least 18 years of age, or a legally emancipated minor.

Please check here if you agree to the statement in bold above
☐

Parent or Legal Guardian Name:

Date:

Frequently Asked Questions about the Free Application for Federal Student Aid (FAFSA®)
"What is the FAFSA?" The Free Application for Federal Student Aid (FAFSA) is the online application that allows a student to apply simultaneously for federal student aid (including the Pell Grant, work-study opportunities, and federal student loans) and the Illinois Monetary Award Program (MAP) grant. Many colleges and universities use it for their aid programs, too. The Alternative Application for Illinois Financial Aid is a similar application that provides a path for some students who do not qualify for federal aid to apply for state and school-funded assistance. The maximum state MAP grant for the 2020-21 school year is \$5,340. The maximum federal Pell grant for the 2020-21 school year is \$6,345.
"Isn't the application too long and difficult to complete?" Most applicants complete the FAFSA in about 30 minutes. If you have questions, talk to your school counselor. Help is also available for FREE from the Illinois Student Assistance Commission (studentportal.isac.org).
"If I want to learn a trade, can the FAFSA still be of assistance to me?" The FAFSA isn't just for associate's or bachelor's degree programs! Students can receive need-based Pell grants, federal student loans, and other federal student aid for technical, trade, and vocational programs at community colleges and at many other schools and training programs. Students can check with the school they want to attend or use the federal government's online College Navigator tool to find out which institutions participate in the programs: <https://nces.ed.gov/collegenavigator/>
"Does my family make too much money to benefit from the FAFSA?" Financial aid is left on the table every year by students who didn't apply because they erroneously thought they were ineligible. You really don't know until you apply! Income and assets are factors in determining your eligibility, but so are things like the number of students in the family who are in school and the age of the parent(s). For students from families that do make too much to qualify for need based grant aid, the FAFSA can still be helpful, since it's needed for work-study, an AIM HIGH grant from one of our public universities, or a federal student loan (usually at competitive rates and with more borrower protections than private loans, including options for income-based repayment and forgiveness programs for some careers). Your college may offer aid based on your FAFSA info too, and your eligibility may be different depending on your school. Additionally, some scholarship programs use information from the FAFSA as part of the application process. As most financial aid is awarded in date order based on FAFSA filing date, it is a very good idea to complete the FAFSA as early as possible. This "place in line" can be used for opportunities that come up later, and also can be used if family financial circumstances suddenly change.
"What if I don't want a student loan?" Filing the application doesn't commit you to anything. You'll just find out whether you might be eligible for aid!
"How is FAFSA data protected?" I don't want my information sold, and I don't want my school to have it." By law, your personally identifiable Information (PII) in the FAFSA can only be used in furtherance of administering financial aid, including research. Although your high school will know whether you completed the FAFSA, it will not have access to the information that you provide on your FAFSA.
"If I choose to file an application, how will I know that my application is complete?" Once you submit the FAFSA or the Alternative Application for Illinois Financial Aid, you will receive a confirmation of receipt at the email address you provided in the application. This will allow you to demonstrate that you've met the requirement of filing an application even if there are circumstances that will need to be addressed with the college/university's financial aid office later.

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OLR NEW STUDENT REGISTRATION INSTRUCTIONS

98. If your student is entering 6th or 9th grade, you will see a variation of the following screen. Please enter your student's preferred size for the PE uniform. If you want to order sweatpants, please select 'Yes' under the last question and a dropdown will appear asking for a size:

Wellness Uniforms

Middle School Students:

All middle school students are required to wear a school-issued PE shirt and PE shorts daily in their Physical Education classes. Students entering 6th grade, or new students to the district, will be required to purchase a new uniform at the time of registration. All returning 7th and 8th grade students may use their previously purchased PE uniform from the 2025-2026 school year if they are staying in the same middle school. Optional PE sweatpants will be available for purchase to use as an alternative pants option.

Please select shirt size: *

Please select shorts size: *

Do you want to order sweatpants for the 2026-2027 school year? (\$13) *

☐ Yes

☐ No

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- a For students in 7th or 8th grade, you will need to indicate that you want to order a shirt or shorts before being prompted to select a size:

99. If your student is between 6-12th grade, the Yearbook section will be available for you to complete.

Yearbook

I would like to purchase a 2026-2027 school yearbook (Middle School \$30)

☐

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100. Review the release agreements and required links. When finished, check the boxes.

101. A digital signature is required. Click the box that says, "Click Here to Sign." A pop-up window will open with a digital signature. Click Sign on the pop-up window.

102. Then, click Save/Continue.

Release Agreements

I affirm that all information is accurate. I understand that I assume the responsibility of notifying the school in writing of any changes in the information. A person is guilty of Class C misdemeanor if (a), that person knowingly enrolls or attempts to enroll in the school of a district, on a tuition free basis, a pupil known by that person to be a nonresidents of the district, or (b) that person knowingly or willingly presents to any school district any false information regarding the residency of a pupil to attend any school district without payment of a non-resident tuition charge.

Additionally, by choosing yes in previous steps, my signature consents to Tuberculosis Screening and services at the Round Lake Health and Wellness Center.

[Click here to review the required registration information *](#)

I have read and accept the above referenced documents. *

☒

[Click here to review the Student Handbook *](#)

I understand that I assume responsibility for reviewing the Student Handbook at the link provided. *

☒



This field is required

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OLR NEW STUDENT REGISTRATION INSTRUCTIONS

- 103. Review the Consent to Bill Medicaid pleat and select whether you Agree or Do Not Agree to consent.
- 104. Then click Save/Continue.

Consent to Bill Medicaid

The purpose of this letter is to ask for your permission (also known as consent) to share records and information about your child with Medicaid. The school district needs to share information with Medicaid pertaining to your child, including name, date of birth, gender, and type of services provided. With your permission, the school district will be able to seek partial reimbursement for services provided by Medicaid. Each year, the district will provide you with notification regarding your permission; you do not need to sign a form every year.

Under Federal law, the school district cannot share with Medicaid information about your child without your permission. (34 C.F.R.99.30(b); 34 CFR 300.154(d)(2)(iv)(A)-(B)). As you consider giving permission, please be advised of the following:

1. The school district cannot require you to sign up for Medicaid for your child to receive the health-related and/or special education services to which your child is entitled.
2. The school district cannot require you to pay anything towards the cost of your child's health-related and/or special education services. This means that the school district cannot require you to pay a co-pay or deductible so that it can charge Medicaid for services provide. The school district can agree to pay the co-pay or deductible if any such cost is expected.
3. If you give the school district permission to share information with and request reimbursement from Medicaid:
 - a. This will not affect your child's available lifetime coverage or other Medicaid benefit; nor will it in any way limit your own family's use of Medicaid benefits outside of the school.
 - b. Your permission will not affect your child's special education services or IEP/IFSP rights in any way, if your child is eligible to receive them.
 - c. Your permission will not lead to any changes in your child's Medicaid rights; and
 - d. Your permission will not lead to any risk of losing eligibility for other Medicaid or Medicare funded programs.
4. If you give permission, you have the right to change your mind and withdraw your permission at any time.
5. If you withdraw your permission or refuse to allow the school district to share your child's records and information with Medicaid for the purpose of seeking reimbursement for the cost of services, the school district will continue to be responsible for providing your child with the services, at no cost to you. *

☒ I AGREE and give permission to the School to share with Medicaid records and information concerning my child and their health-related services, as necessary. I have read the notice and understand it. Any questions I had were answered.

☐ I DO NOT give permission for the School to release information for Medicaid billing purposes and I DO NOT give consent for the School to access/bill Medicaid insurance for provided services.

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Cancel

Save/Continue

Delete

- 105. Click Add New Student if you have another student to add. Otherwise, click Save/Continue. Again, please include all children who are to be enrolled in the district, rather than create separate applications for each child.

NOTE: All students must show as Completed under the Completed column. If any student shows as Incomplete, please go back and review that you have completed all the required fields.

Student

Please ensure that all your children that will be attending school are listed. This includes PreK, Kindergarten, Elementary (1-5), Middle School (6-8), and High School students. If you do not see one or more of your students, please contact the Welcome Center at 847-270-9018.

FULL NAME	SCHOOL	COMPLETED	
VIVIANNA HELP	Not Assigned	COMPLETED	>
SOPHIA TEST-HELP	Not Assigned	COMPLETED	>
SALVADOR TEST-HELP	Not Assigned	COMPLETED	>
SIMON TEST-HELP	Not Assigned	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
JACQUELINE TEST-HELP	Already in this application as a Parent/Guardian
JONATHAN HELP	Already in this application as a Parent/Guardian
ALBERTO GOTEST	Already in this application as an Emergency Contact
GRANNY JANE SMITH	Already in this application as an Other Household Member

Add New Student

Please include all students that need to be enrolled.

< Back

Save/Continue



OLR NEW STUDENT REGISTRATION INSTRUCTIONS

106. You may now review and edit any data you’ve entered so far by clicking the green check marks above the section names to navigate to that section.

Infinite Campus Online Registration

Application Number 34983
Application For 26-27

English | [Spanish](#)

✓

Student(s) Primary Household

✓

Parent/Legal Guardian

✓

Emergency Contact

✓

Non-Enrolled Household Members

✓

Student

6

Completed

107. Once you’ve verified that all information is complete and accurate, click Submit on the Completed tab.

NOTE: You will receive an email notification that your application was received after you click Submit.

A link to a summary of this application is available via PDF for your records.

Infinite Campus Online Registration

Application Number 34980
Application For 26-27

English | [Spanish](#)

✓

Student(s) Primary Household

✓

Parent/Legal Guardian

✓

Emergency Contact

✓

Non-Enrolled Household Members

✓

Student

6

Completed

PLEASE NOTE: Prior to submitting your application you may verify all of the data you have entered by going back to the area in question or click on the PDF link below. Your information is not submitted until you click the submit button above. You will receive an email notification that you application was received after clicking submit application.

You must submit your application by clicking the following button.

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Application Summary PDF

Submit