



Scan or click to watch a video!

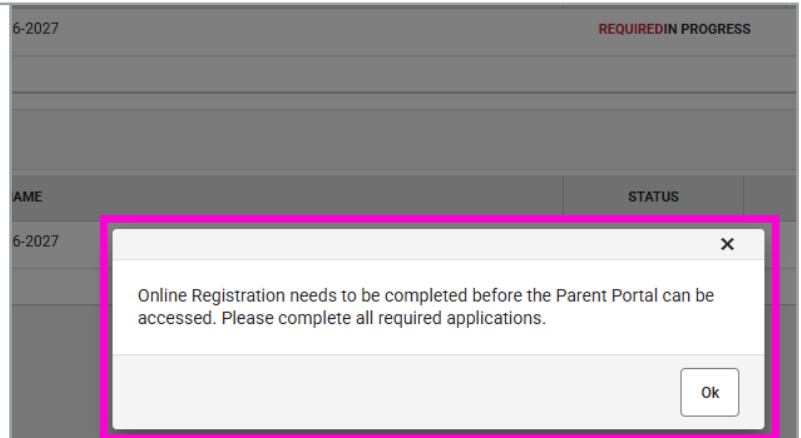


Scan or click to view the interactive player!

Infinite Campus - Yearly Information Verification

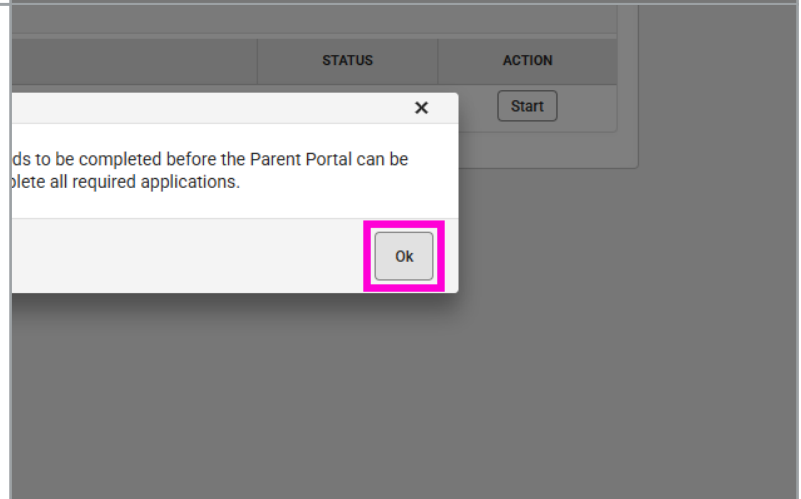
1. 

When you login to Infinite Campus, you'll be told that Online Registration needs to first be complete before accessing the Parent Portal.



2. 

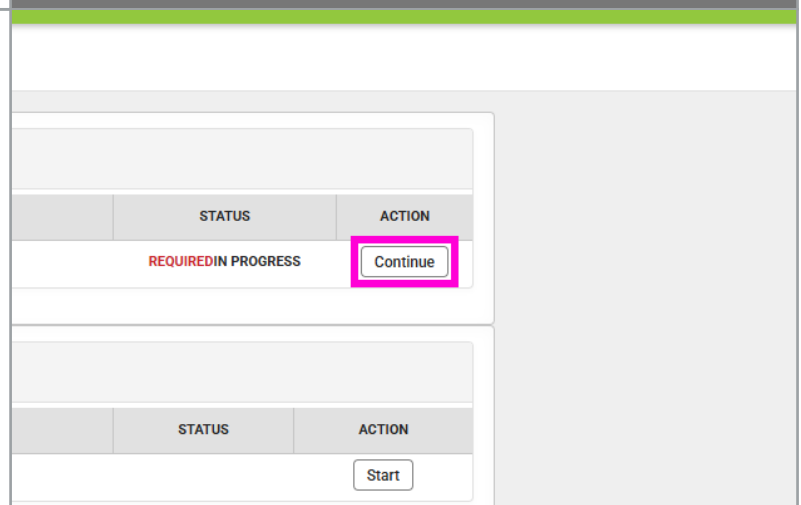
Click **Ok**



3. 

You'll notice a line in Existing Student Registration for 2026-2027 that is required and in progress.

Click **Continue**





Scan to go to the interactive player

4. 

Review the children attached to your account.

<Back|Existing Student Registration

This editor is to update data for students that are currently enrolled in the District. You may also use this editor to register new students for the selected year at this time. If you only want to register new students for the selected year at this time, please use the "New Student Registration" link.

STUDENT NAME	GRADE	INCLUDED IN NEW APP?
[REDACTED]	02	Yes
[REDACTED]	KG	Yes

You will load into application number 10 for existing student registration.

[Begin Registration](#)

5. 

Click **Begin Registration**

ge Center

STUDENT NAME	GRADE	INCL
[REDACTED]	02	
[REDACTED]	KG	

You will load into application number 10 for existing student registration.

[Begin Registration](#)

6. 

Type your first and last name in the box.

Campus ECASD Online Registration

English

* Indicates a required field

Welcome [REDACTED]! 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 data you are entering/verifying is accurate and true to the best of your knowledge.

Type Your First and Last Name to Continue *

[Submit](#)



Scan to go to the interactive player

7. 
 Click **Submit**

* indicates a required field

STUDENT NAME	GRADE
[REDACTED]	02
[REDACTED]	KG

ad into application number 10 for existi

tration

Welcome [REDACTED]! Please type in your first and last name into the box below you attest that your data you are entering/verifying is accurate and true to the best of your knowledge.

Type Your First and Last Name to Continue *

[REDACTED]

Submit

8. 
 Review the information which outlines the information you'll be asked to provide.

Instructions | ECASD Online Registration - School - Microsoft Edge

https://eauclairewi.infinitecampus.org/campus/apps/olr/application/instructions/70

Infinite Campus ECASD Online Registration
 English

* Indicates a required field

Welcome to the 2026-2027 school year!

Annual Data Verification
 Eau Claire Area School District

This process is for **current and returning** students. We ask that you review and update your information as needed.

To ensure our records are accurate and your student's needs are fully supported, please provide the following information:

What You'll Need

Household Information
 -Address and phone numbers

Family Information
 -Parent/guardian phone numbers and email addresses

Student Information
 -Demographic details, health information, and any medications

Emergency Contact Information
 -Names, addresses, and phone numbers

Important Reminders
 -Required fields are marked with a red asterisk (*)
 -Information is submitted exactly as entered - please double check for spelling, capitalization, and punctuation
Please use the following formats:
 Dates: MM/DD/YYYY



Scan to go to the
interactive player

9. 
Click **Begin**

English

If you would like a person to translate this into Spanish t

Spanish

Si desea que una persona le traduzca esta carta en esp

Begin

10. 
Review or change the **Home Phone**.

GRADE
02
KG

Application number 10 for existi

1

2

3

Student(s) Primary Household Parent/Guardian Emergency

* Indicates a required field

Home phone

Home Phone *

Communication Delivery Preference *

Does your household need an interpreter to communicate with your child's s

☐ Household interpreter IS required

☐ Household interpreter is NOT required

Next >

11. 
Use the dropdown to select your preferred
communication delivery methos; **Digital/**
Electronic or Paper/Hard Copies.

GRADE
02
KG

Application number 10 for existi

1

2

3

Student(s) Primary Household Parent/Guardian Emergency

* Indicates a required field

Home phone

Home Phone *

Communication Delivery Preference *

Digital/Electronic

Paper/Hard Copies

Home Address

Save/Continue



Scan to go to the interactive player

12.



Select an option to indicate whether you **need an interpreter** to communicate with the school.

Home phone

Home Phone *

Communication Delivery Preference *

Paper/Hard Copies

Does your household need an interpreter to communicate with your child's school? *

- ☐ Household interpreter IS required
☐ Household interpreter is NOT required

Next >

Home Address

Save/Continue

13.



Click **Home Address** to open the information pane.

Paper/Hard Copies

Does your household need an interpreter to communicate with your child's school? *

- ☒ Household interpreter IS required
☐ Household interpreter is NOT required

Next >

Home Address

Save/Continue

14.



Review the address currently on file.

Enter new students for the selection

GRADE
02
KG
Application number 10 for existing

Student(s) Primary Household

Parent/Guardian

Emergency

* Indicates a required field

Home phone

Home Address

Your address as listed in the portal

Is this address current? *

Please upload a Proof of Residency to prove residence in the district. *

Upload Proof of Residency



Scan to go to the
interactive player

15.



Use the dropdown to indicate if the address is current.

02
KG
Application number 10 for existing

* Indicates a required field

Home phone

Home Address

Your address as listed in the portal

Is this address current? *

Yes

No

Save/Continue

16.



Click Upload Proof of Residency.

Acceptable documents include a photo or scanned copy of a utility bill, lease agreement, mortgage statement, or the front of a mailed letter showing your name and address.

Your address as listed in the portal

Is this address current? *

Yes

Please upload a Proof of Residency to prove residence in the district. *

Upload Proof of Residency

This field is required

< Previous

Save/Continue

17.



Note the file ready to submit.

Is this address current? *

Yes

Please upload a Proof of Residency to prove residence in the district. *

Upload Proof of Residency

.png
18.27 KB

< Previous

Save/Continue



Scan to go to the
interactive player

18.



Click **Save/Continue**

Upload Proof of Residency

 .png
18.27 KB

< Previous

Save/Continue

19.



Click **INCOMPLETE** to begin the user validation process.

COMPLETED

INCOMPLETE >

INCOMPLETE >

Create new records in this section for the following people:

REASON

Already in this application as a Student

Already in this application as a Student



Scan to go to the
interactive player

20.



Review the user information that has pre-populated, including name and birth date.

the sele

for existi

Campus ECASD Online Registration

English



Student(s) Primary
Household



Parent/Guardian



Emergency Contact

Non-En

* Indicates a required field

Parent/Guardian Name: [REDACTED]

Demographics

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

First Name *

[REDACTED]

Middle Name

[REDACTED]

Last Name *

[REDACTED]

Suffix

[REDACTED]

Birth Date *

[REDACTED]

Preferred Language *

[REDACTED]



Scan to go to the interactive player

21.



Choose a preferred language.

This will also flow to systems like ParentSquare.

Enter new students for the selected

GRADE
02
KG
Application number 10 for existing

Enter the parent/guardian you wish to enter. Please review and confirm.

First Name *

Middle Name

Last Name

Hebrew
 Herero
 Hiligaynon
 Himachali languages;
 Western Pahari languages
 Hindi

This field is required

Does this person live at the address listed below? *

Yes

22.



Indicate if the user lives at the address listed below.

Birth Date *

09/24/1984

Preferred Language *

English

Does this person live at the address listed below? *

Yes

Next >

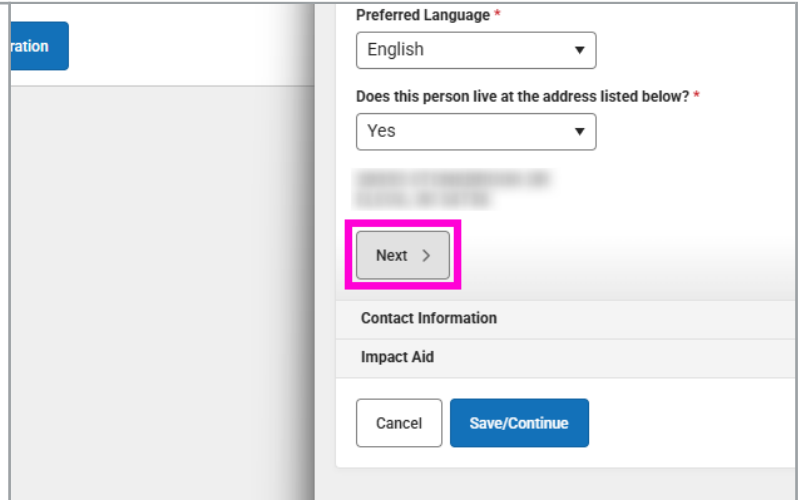


Scan to go to the interactive player

23.



Click **Next** to begin validating the user's Contact Information.



Preferred Language *

English

Does this person live at the address listed below? *

Yes

Next >

Contact Information

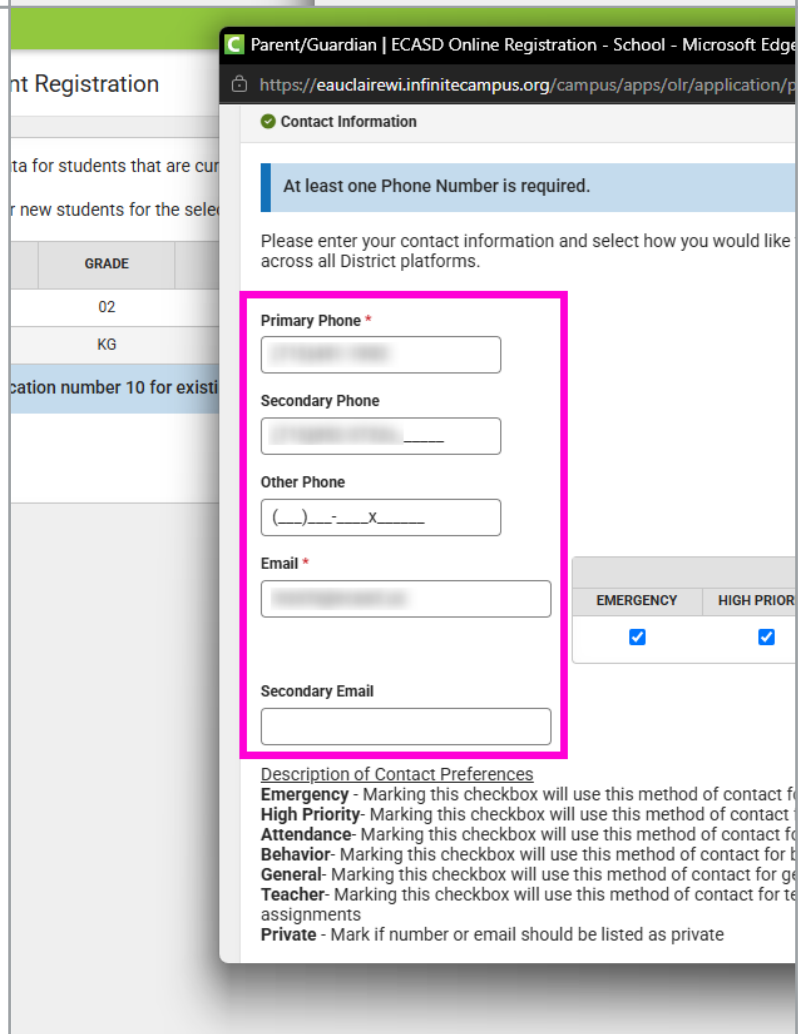
Impact Aid

Cancel Save/Continue

24.



Validate the user's contact information.



Parent/Guardian | ECASD Online Registration - School - Microsoft Edge

<https://eauclairewi.infinitecampus.org/campus/apps/olr/application/p>

✓ Contact Information

At least one Phone Number is required.

Please enter your contact information and select how you would like across all District platforms.

Primary Phone *

Secondary Phone

Other Phone

() - - X

Email *

Secondary Email

EMERGENCY HIGH PRIOR

✓ ✓

Description of Contact Preferences

Emergency - Marking this checkbox will use this method of contact for

High Priority - Marking this checkbox will use this method of contact for

Attendance - Marking this checkbox will use this method of contact for

Behavior - Marking this checkbox will use this method of contact for

General - Marking this checkbox will use this method of contact for

Teacher - Marking this checkbox will use this method of contact for

assignments

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



Scan to go to the interactive player

25.



Check the boxes for the types of messages the user wishes to receive.

Contact Preferences					
EMERGENCY	HIGH PRIORITY	ATTENDANCE	BEHAVIOR	GENERAL	TEACHER
☒	☒	☒	☒	☒	☐

Preferences

checkbox will use this method of contact for emergency messages
 checkbox will use this method of contact for messages labeled as High Priority Notification
 checkbox will use this method of contact for attendance messages
 checkbox will use this method of contact for behavior messages

26.



Note the table below for a description of each type.

Email *

EMERGENCY	HIGH PRIORITY	ATTENDANCE
☒	☒	☒

Secondary Email

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
Teacher - Marking this checkbox will use this method of contact for teacher-sent messages and assignments
Private - Mark if number or email should be listed as private

27.



Use the dropdown to indicate the user's **Communication Preference**.

Application number 10 for existing

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
Teacher - Marking this checkbox will use this method of contact for teacher-sent messages and assignments
Private - Mark if number or email should be listed as private

Communication Preference *

< Previous

Next >

Impact Aid

Cancel

Save/Continue



Scan to go to the interactive player

28.



Click **Next** to review the user's Impact Aid.

Or click **Back** to return to the previous information pane.

Attendance- Marking this checkbox will use this method of contact for at
Behavior- Marking this checkbox will use this method of contact for beha
General- Marking this checkbox will use this method of contact for gener
Teacher- Marking this checkbox will use this method of contact for teach
 assignments
Private - Mark if number or email should be listed as private

Communication Preference *

Digital/Electronic ▼

< Previous **Next** >

Impact Aid

Cancel Save/Continue

29.



Indicate whether the user is a member of the military.

for existi

Parent/Guardian Name: [REDACTED]

- Demographics
- Contact Information
- Impact Aid**

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

30.



Click **Save/Continue** to complete the validation for this user.

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**



Scan to go to the interactive player

31.



Back on the Parent/Guardian information pane, you'll now see the parent's information is marked COMPLETED.

Parent/Guardian

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

In order to help prevent the creation of duplicate records, please do not create new record

FULL NAME	
[Redacted]	Already
[Redacted]	Already

32.



Repeat the steps to validate the information for the other Parent/Guardian user.

Non-Enrolled Children Student Completed

	COMPLETED
[Redacted]	INCOMPLETE >
[Redacted]	COMPLETED >

Create new records in this section for the following people:

REASON
Already in this application as a Student

33.



Click **Save/Continue** to begin validating Emergency Contact Information.

FULL NAME
[Redacted]
[Redacted]

Please list all primary Parent/Guardian's in this area.

< Back **Save/Continue**



Scan to go to the
interactive player

34.



Click **Add New Emergency Contact**

Add New Emergency Contact

In an emergency, if parent/guardian cannot be contacted, please call before a student is released to emergency contacts.

The maximum number of Emergency Contacts is 3

< Back

Save/Continue

35.



Enter the Emergency Contact's demographic information.

Emergency Contact | ECASD Online Registration - School - Microsoft Edge
https://eauclairewi.infinitecampus.org/campus/apps/olr/application/emergency-contact

Contact Name: GEORGE GLASS

Demographics

Please complete the following information for each emergency contact for your student

First Name *

Middle Name

Last Name *

Suffix

Birth Date

Gender *

Male

Next >

Contact Information

Verification

Cancel Save/Continue

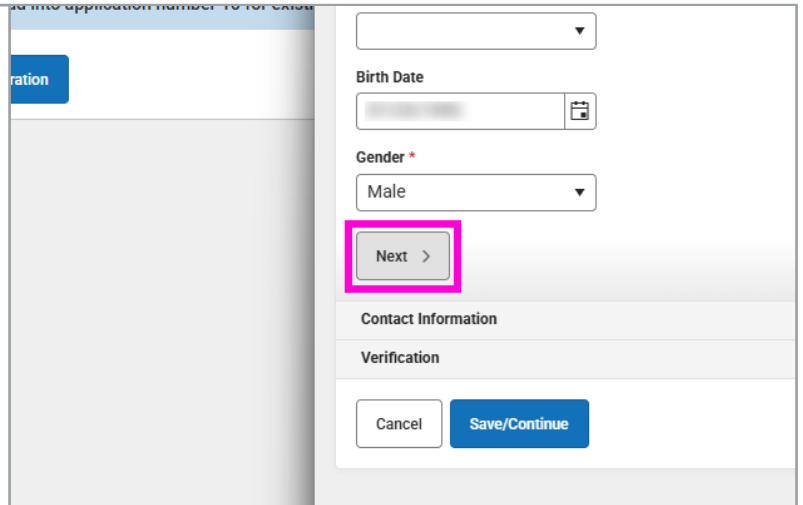


Scan to go to the
interactive player

36.



Click **Next**



Birth Date

Gender *

Male

Next >

Contact Information

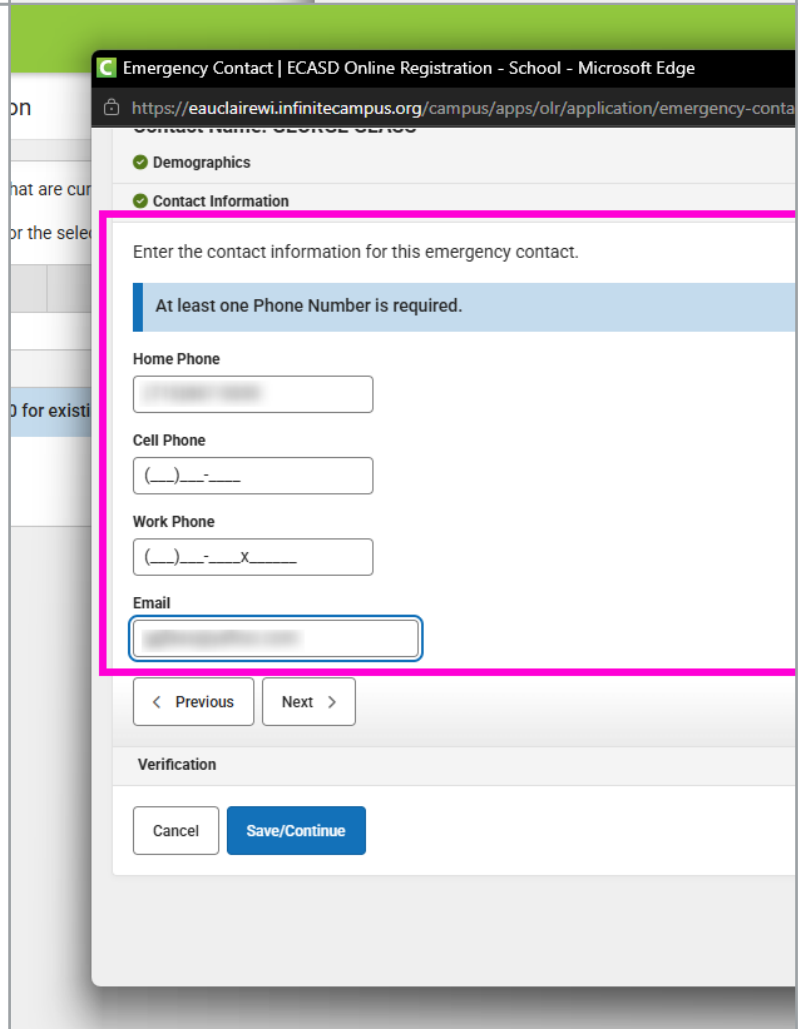
Verification

Cancel Save/Continue

37.



Enter the Emergency Contact's contact information.



Emergency Contact | ECASD Online Registration - School - Microsoft Edge

<https://eaudclairewi.infinitecampus.org/campus/apps/olr/application/emergency-contact>

Contact Name: GEORGE GELLES

Demographics

Contact Information

Enter the contact information for this emergency contact.

At least one Phone Number is required.

Home Phone

Cell Phone

Work Phone

Email

< Previous Next >

Verification

Cancel Save/Continue



Scan to go to the interactive player

38.



Click **Next**

() - -

Work Phone

() - - X

Email

[Redacted]

< Previous **Next >**

Verification

Cancel **Save/Continue**

39.



Indicate if the Emergency Contact lives at the Parent/Guardian home.

If not, enter their home address.

Emergency Contact | ECASD Online Registration - School - Microsoft Edge

https://eauclairewi.infinitecampus.org/campus/apps/olr/application/emergency-contact

- Demographics
- Contact Information
- Verification

Please enter the address for this emergency contact. This information will only be used for verification purposes.

Does this emergency contact live at the address below? *

No

Address Line 1

Address Line 2

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

< Previous

Cancel **Save/Continue**



Scan to go to the interactive player

40.



Click [Save/Continue](#)

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

< Previous

Cancel

[Save/Continue](#)

41.



Click [here](#)

Student(s) Primary Household Parent/Guardian Emergency Contact Non-Enroll

* Indicates a required field

Emergency Contact

FULL NAME

RECORD TYPE

New

In order to help prevent the creation of duplicate records, please do not create new records if a contact already exists.

FULL NAME

Already in this

Already in this

42.



Click [Save/Continue](#)

Add New Emergency Contact

In an emergency, if parent/guardian cannot be contacted, please call one before a student is released to emergency contacts.

The maximum number of Emergency Contacts is 3

< Back

[Save/Continue](#)



Scan to go to the interactive player

43.



Review the Non-Enrolled Children.

existi

Student(s) Primary Household Parent/Guardian Emergency Contact Non-Enroll

* Indicates a required field

Non-Enrolled Children

FULL NAME	RECORD TYPE
No records available.	

In order to help prevent the creation of duplicate records, please do not create new records.

FULL NAME	
[REDACTED]	Already in this
[REDACTED]	Already in this

44.



Click **Save/Continue**

[REDACTED]

[REDACTED]

[REDACTED]

Please list all other children of the Primary Household not currently enrolled.

< Back **Save/Continue**

45.



Next, you'll be validating your child-student information.

existi

Student(s) Primary Household Parent/Guardian Emergency Contact Non-Enroll

* Indicates a required field

Student

FULL NAME	SCHOOL
[REDACTED]	Meadowview Elementary
[REDACTED]	Meadowview Elementary

In order to help prevent the creation of duplicate records, please do not create new records.

FULL NAME	
[REDACTED]	Already in this
[REDACTED]	Already in this



Scan to go to the
interactive player

46.



Click **INCOMPLETE** to begin validating the first student's information.

RECORD TYPE	COMPLETED
Existing	INCOMPLETE >
Existing	INCOMPLETE >

Records in this section for the following people:

REASON
for this application as a Parent/Guardian

47.



Review and revise the student's information.

<https://eauclairewi.infinitecampus.org/campus/apps/olr/application/student/detail/700>

Infinite Campus ECASD Online Registration
English

☒ Student(s) Primary Household
 ☒ Parent/Guardian
 ☒ Emergency Contact
 ☐ Non-Enrolled

* Indicates a required field

Student Name : [REDACTED]

Demographics

There will be a few steps for each student you enter. The first is general demographic information. If any information that is incorrect. Please enter the student's name exactly as it appears on their birth certificate. Please enter both in the box marked "Legal Last Name". Please enter both names without a dash.

Legal First Name * [REDACTED]
 Enrollment Grade * 02

Legal Middle Name [REDACTED]
 Enrolled School: Meadowview Elementary

Legal Last Name * [REDACTED]

Suffix [REDACTED]

Student Cell Number
 (Used only for communications to students through ParentSquare for sports, clubs, field trips, etc.)

[REDACTED]



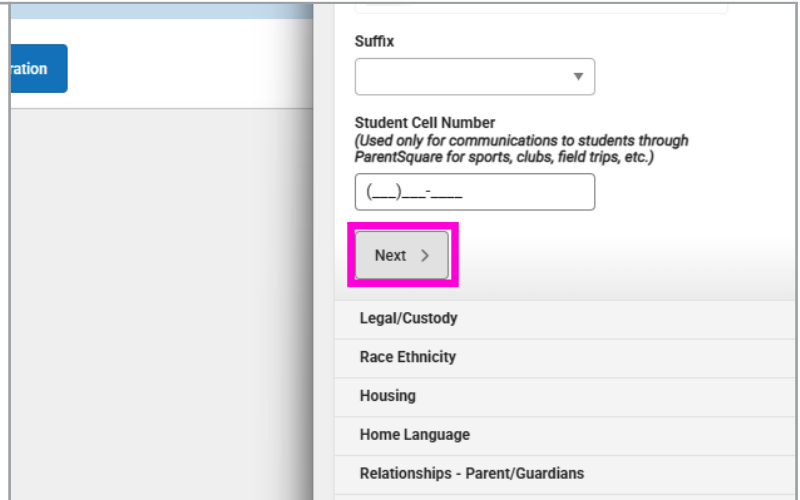
Scan to go to the interactive player

48.



Click **Next**.

You'll repeat this process to verify and complete the information for Legal/Custody, Race Ethnicity, Housing, Home Language, Relationships, and Health Services.



Suffix

Student Cell Number
(Used only for communications to students through ParentSquare for sports, clubs, field trips, etc.)

Next >

Legal/Custody

Race Ethnicity

Housing

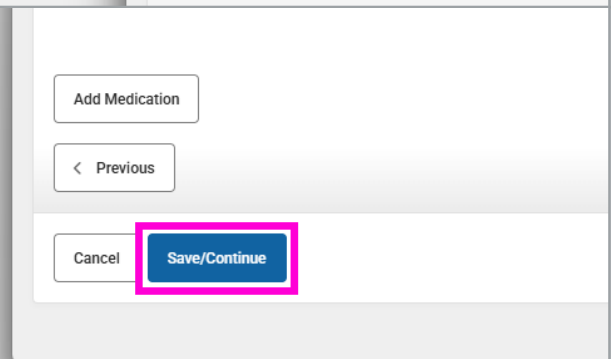
Home Language

Relationships - Parent/Guardians

49.



Click **Save/Continue** when you've completed all the sections.



Add Medication

< Previous

Cancel **Save/Continue**

50.



Complete the Student information verification for each incomplete student.

RECORD TYPE	COMPLETED	
Existing	COMPLETED	>
Existing	INCOMPLETE	>

Records in this section for the following people:

REASON
this application as a Parent/Guardian
this application as a Parent/Guardian



Scan to go to the interactive player

51.



To return to a previously completed section, simply click the step on the progress tracker.

Microsoft Edge

campus/apps/olr/application/student/list/700666A2-7022-4002-A6FD-9B3CC1A2FC4C

Application Number 10
Application For 2026-2027

Guardian Emergency Contact **Non-Enrolled Children** Student 5

SCHOOL	RECORD TYPE	COMPLETE

52.



Click **Save/Continue**

Add New Student

Please include all students that need to be enrolled.

< Back **Save/Continue**

53.



Click **Application Summary PDF** to view or print the information you've provided.

Click Here To Sign

PLEASE NOTE: Prior to submitting your application you may verify all of the PDF link below. Your information is not submitted until you click the submit received after clicking submit application.

You must submit your application by clicking the following button.

Back **Application Summary PDF** Submit

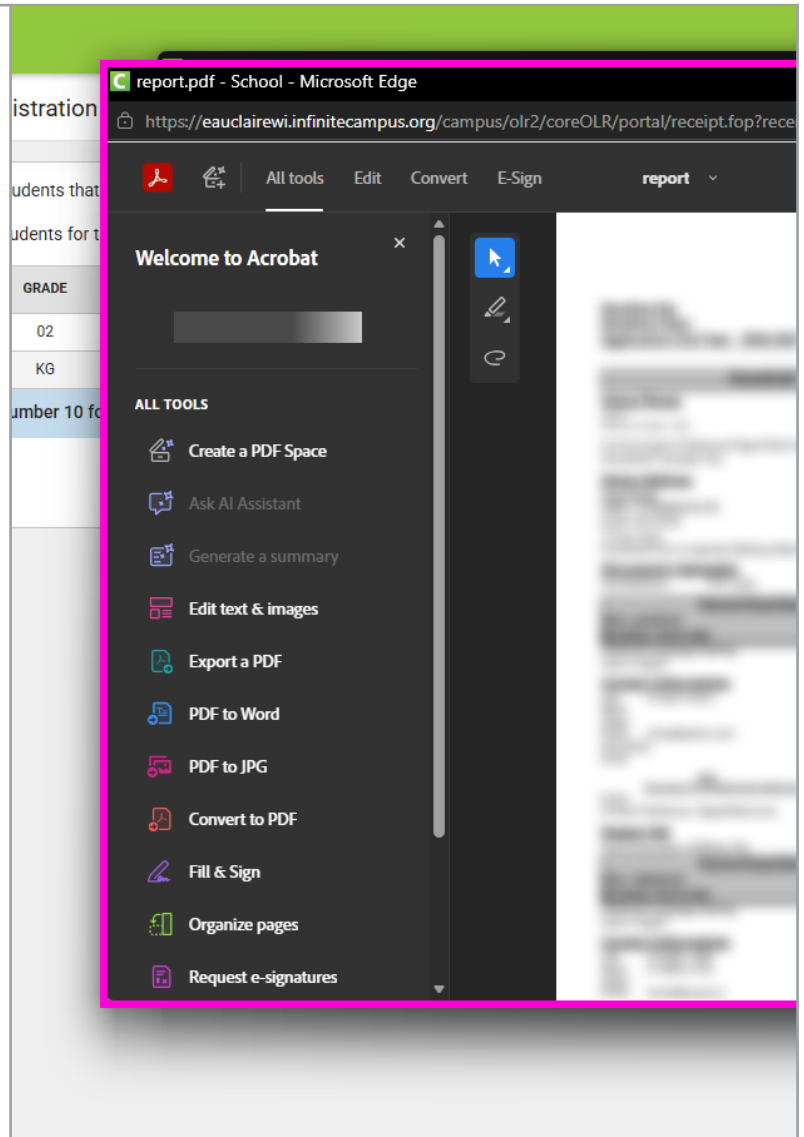


Scan to go to the
interactive player

54.



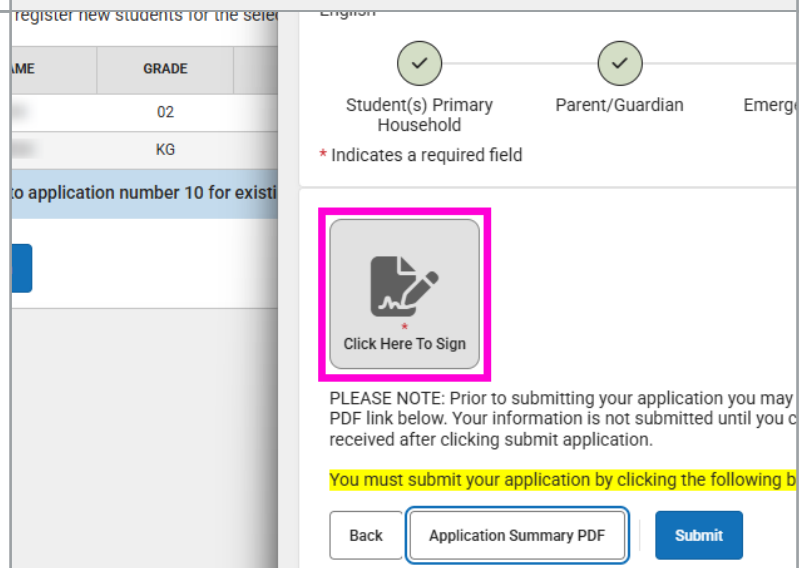
Review the report.



55.



Click the **Click Here to Sign** button to provide final verification of the information you've provided.





Scan to go to the
interactive player

56.



Click **Sign** to confirm your signature.

Signature



By clicking Sign, I agree that the below signature will be the electronic
representation of my signature, just the same as a pen-and-paper signature.

[Signature]

Sign

Decline

area in question or click on the
information that you application was

following button.

57.



Click **Submit**

Remove Signature

PLEASE NOTE: Prior to submitting your application you may verify all of the data you have entered
PDF link below. Your information is not submitted until you click the submit button above. You will
received after clicking submit application.

You must submit your application by clicking the following button.

Back

Application Summary PDF

Submit

58.



You can, again, download a PDF summary of
your submission.

on

<https://eauclairewi.infinitecampus.org/campus/apps/olr/application/submitted/new/70>

that are cur
for the sele

**Infinite
Campus** ECASD Online Registration
English

Thank you for completing Online Registration! For a PDF copy of the submitted data, p

Application Summary PDF

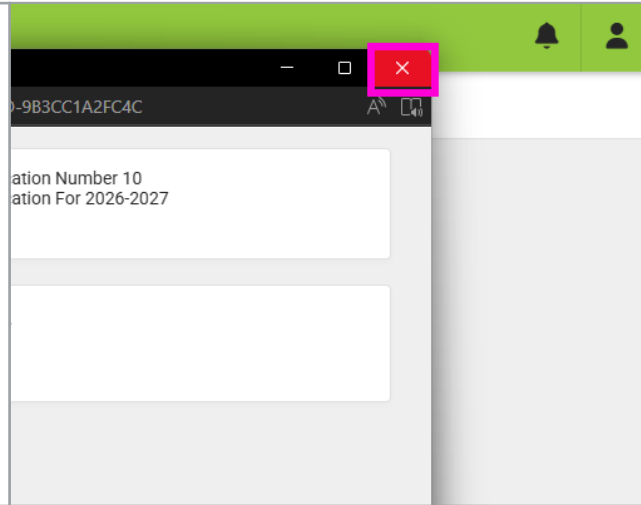
0 for existi

Scan to go to the
interactive player

59.



Click the X to exit the process.



60.



If you have any questions about Infinite Campus, please contact your school's secretary.

For support with this form, please call IT411 at 715-852-3411 or the District Office at 715-852-3000.

We hope you have a wonderful school year!

If you have any questions about Infinite Campus, please contact your school's secretary.

For support with this form, please call IT411 at 715-852-3411 or the District Office at 715-852-3000.