



NEW SAN TAN CHARTER SCHOOL STUDENTS STUDENT REGISTRATION 2020 – 2021 SCHOOL YEAR

LOGIN

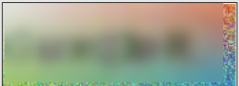
1. Using the kiosk link provided by our Registrar, login and begin the online registration process
2. Select Start New Registration. You will be able to save and continue later, if needed.
3. Answer the initial Parent/Guardian questions and select Begin Registration.



Please complete the information below to begin registration

Parent/Guardian First Name	
Parent/Guardian Last Name	
Date of Birth (MM/DD/YYYY)	
Registration Year	
Email Address	
Previously Attended this District	
Confirmation Number	

Please type the letters you see displayed in the image below



[Begin Registration](#)

ONLINE REGISTRATION KIOSK


Welcome to the district's Online Registration Kiosk!
Please select whether you are starting a new application or if you are returning to finish an existing application.

[Start New Registration](#) [Return to Saved Registration](#)

BEGIN REGISTRATION PROCESS

1. Confirm your identity and note your Application Number

Application Number 

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

By typing your name into the box below you attest that you are the person authenticated into this application or an authorized user of this account, and the data you are entering/verifying is accurate and true to the best of your knowledge.

[Submit](#)



2. A list of information you will need to provide is listed as well as tips for updating information and contact information
3. Select Begin



Application Number

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. You may save the information you have added at any time, and return to complete the application at a later time.

If you need assistance, please call (480) 222-0811. Select your campus (Power or Recker) and select "registrar" during business hours or leave a message or email enrollment@santancs.com. A representative will be back in touch with you within 24 hours of receiving your inquiry.

Note: Incomplete applications will be deleted on December 30, 2019.

Begin

PLEASE NOTE: *Save/Continue will be available throughout the process so that you may complete items at a later Date/Time if necessary.*

STUDENT(S) PRIMARY HOUSEHOLD INFORMATION

1. Parent information will be pre-populated along with default communication methods. Update as needed.
2. Select Next



* Indicates a required field

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

▼ Home phone

Home Phone	Voice	Emergency	High Priority	Attendance	General	Teacher	Private
() - - *		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Text(SMS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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.

General - Marking this checkbox will use this method of contact for general school messages, such as those sent by the school or district.

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

Private - Mark if number should be listed as private

[For more information click on this link.](#)

Next >

► Home Address

► Mailing Address

Save/Continue

3. Home address is pre-populated along with an option to update by selecting the button "The home address listed is no longer current"
4. Update as needed and select Next



* Indicates a required field

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

► Home phone

▼ Home Address

Your address as listed in the portal

☐ The home address listed is no longer current

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

◀ Previous Next ▶

► Mailing Address

Save/Continue

5. Confirm Mailing Address

- By default “The household has no separate Mailing Address” box is checked.

6. If this is correct select Save/Continue

* Indicates a required field

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

► Home phone

► Home Address

▼ Mailing Address

Please use the address editor below to enter your address. You will see the formatted postal address below in the viewer. Once your address appears as it should on U.S. Postal Mail, please click “Save”.

☒ The household has no separate Mailing Address

[For more information click on this link.](#)

◀ Previous

Save/Continue

7. If you have a separate Mailing Address, uncheck the box and update the fields.

8. Select Save/Continue



* Indicates a required field

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

► Home phone

► Home Address

▼ Mailing Address

Please use the address editor below to enter your address. You will see the formatted postal address below in the viewer. Once your address appears as it should on U.S. Postal Mail, please click "Save".

☐ The household has no separate Mailing Address

Post Office Box ☐ Number * Prefix Street Name * Tag (Rd, St, Ln) Direction Apartment #

City * State * Zip * Ext. County

[Clear Address Fields](#)

Click on your address if it appears in box

Your address as entered above

[For more information click on this link.](#)

[Previous](#)

[Save/Continue](#)

You have now completed the Student(s) Primary Household information.

PARENT/GUARDIAN INFORMATION

1. Parent/Guardian information will be pre-populated. Yellow sections indicate that information needs to be updated.



* Indicates a required field

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

Parent/Guardian

First Name	Last Name	Gender	Completed	Record Type	
				Existing	Edit/Review
				Existing	Edit/Review

[Please list all primary Parent/Guardian's in this area.](#)

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

✓ - Indicates that person is completed.

[Add New Parent/Guardian](#)

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



2. Select the Edit/Review button to update the missing information
3. Update required Demographic information
4. Confirm this person lives at the listed address

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

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] *
 Gender [Redacted] *

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

[Redacted Address]

Next >

▶ Contact Information

Cancel Save/Continue

5. If they don't, uncheck the box and update requested information

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

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] *
 Gender [Redacted] *

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

4653 S Burma Rd
 Gilbert, AZ 85297

☐ I will not provide an address for this parent.

Number [Redacted] * Prefix [Redacted] Street [Redacted] * Tag [Redacted] Direction [Redacted] Apartment [Redacted]
 City [Redacted] * State [Redacted] Zip [Redacted] * Ext. [Redacted] Country [Redacted]

Clear Address Fields

Click on your address if it appears in box [Redacted]

Phone Number () - [Redacted]

Next >

▶ Contact Information

Cancel Save/Continue

6. Select Next



7. Update Missing information and select preferred communication methods

* Indicates a required field

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

Parent/Guardian Name: [Redacted]

Demographics

Contact Information

Enter the contact information and how you'd prefer to receive the different types of messages we will send you. Don't forget to indicate (SMS)Text options for us to provide you with the most up-to-date information.

Cell Phone	() - - *	Emergency	High Priority	Attendance	General	Teacher	Private
Work Phone	() - - x *	Voice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other Phone	() - - x *	(SMS)Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	* [Redacted]		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Secondary Email	[Redacted]						<input type="checkbox"/>

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.

General - Marking this checkbox will use this method of contact for general school messages, such as those sent by the school or district.

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

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

[For more information click on this link.](#)

◀ Previous

Cancel Save/Continue

8. Select Save/Continue

9. Repeat process for all Parent/Guardian's listed

10. If Error messages show up around phone number, click on them to close them and then you can update the phone number

Parent/Guardian Name: [Redacted]

Demographics

Contact Information

Enter the contact information and how you'd prefer to receive the different types of messages we will send you. Don't forget to indicate (SMS)Text options for us to provide you with the most up-to-date information.

* This field is required

* This field is required

* Not a valid integer

* Minimum 4 characters allowed

Cell Phone	() - - *	Emergency	High Priority	Attendance	General	Teacher	Private
Work Phone	() - - x *	Voice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other Phone	() - - x *	(SMS)Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	* [Redacted]		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Secondary Email	[Redacted]						<input type="checkbox"/>

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.

General - Marking this checkbox will use this method of contact for general school messages, such as those sent by the school or district.

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

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

[For more information click on this link.](#)

◀ Previous

Cancel Save/Continue

11. Once all Parent/Guardian information is updated, "Completed" will have a green checkmark



12. Select Save/Continue

* Indicates a required field



Parent/Guardian

First Name	Last Name	Gender	Completed	Record Type	
			✓	Existing	Edit/Review
			✓	Existing	Edit/Review

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

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

✓ - Indicates that person is completed.

[Add New Parent/Guardian](#)

[Back](#)

[Save/Continue](#)

You have now completed the Parent/Guardian Information

EMERGENCY CONTACT INFORMATION

- Select the Add New Emergency Contact Button
 - A minimum of two emergency contacts are required

* Indicates a required field



Emergency Contact

First Name	Last Name	Gender	Completed	Record Type	Remove Existing Contact
<p><u>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.</u></p> <p>Yellow - Indicates that person is missing required information. Select the highlighted row to continue.</p> <p>✓ - Indicates that person is completed.</p>					

[Add New Emergency Contact](#)

[Back](#)



2. Emergency contacts are non Parent/Guardians. Confirm understanding by selecting Ok.

* Indicates a required field

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

Contact Name:

▼ Demographics

Please enter Emergency Contacts. Do not enter Parent/Guardian(s) here if already entered in Parent/Guardian section.

First Name
Middle Name
Last Name
Suffix
Birth Date
Gender

For more information click on this link.

Next >

Ok

> Contact Information

> Verification

Cancel Save/Continue

3. Add Demographic information

* Indicates a required field

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

Contact Name: [Redacted]

▼ Demographics

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

First Name [Redacted] *

Middle Name [Redacted]

Last Name [Redacted] *

Suffix [Redacted]

Birth Date [Redacted]

Gender [Redacted] *

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

[For more information click on this link.](#)

Next >

> Contact Information

> Verification

Cancel Save/Continue

4. Select Next



5. Add Contact Information

- a. At least one phone number is required for Emergency Contact
- b. Adding an Email is also an option

* Indicates a required field

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

Contact Name: [Redacted]

> Demographics

▼ Contact Information

Enter the contact information for this emergency contact.

At least one Phone Number is required.*

Home Phone () - -

Cell Phone () - -

Work Phone () - - X

Email [Redacted]

[For more information click on this link.](#)

< Previous Next >

> Verification

Cancel Save/Continue

6. Select Next

7. Update Verification information

- a. Check the box if the Emergency Contact lives at the listed address
- b. Otherwise, add their address in the fields, following the example provided

* Indicates a required field

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

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 doesn't already appear in our system.

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

or

Address Line 1 [Redacted]

Address Line 2 [Redacted]

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

[For more information click on this link.](#)

< Previous

Cancel Save/Continue

8. Select Save/Continue

9. Add a second Emergency Contact, as it's a district minimum to have two.

10. Select Save/Continue



Add New Emergency Contact

Back

Save/Continue

i The District requires a minimum of 2 emergency contacts for a student. This information must be entered before moving forward.

* Indicates a required field

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

Emergency Contact

First Name	Last Name	Gender	Completed	Record Type	Remove Existing Contact	
			✓	New		Edit/Review
			✓	New		Edit/Review

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.

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

✓ - Indicates that person is completed.

Add New Emergency Contact

Back

Save/Continue

1. Select Save/Continue

You have now completed the Emergency Contact Information

STUDENT INFORMATION

1. Select Add New Student

* Indicates a required field

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

Student

First Name	Last Name	Gender	Completed	Record Type
<u>Please include all students that need to be enrolled.</u>				
Yellow - Indicates that person is missing required information. Select the highlighted row to continue.				
✓ - Indicates that person is completed.				

Add New Student

Back



2. Add all required Student Information

* Indicates a required field

✓ Student(s) Primary Household

✓ Parent/Guardian

✓ Emergency Contact

▼ Student

Completed

Student Name:

▼ Demographics

There will be a few steps for each student you enter. The first is general demographic information. Please verify or add the information below. Please update any information that is incorrect. **Please enter the student's name exactly as it appears on the birth certificate.** If your student has two last names, please enter both in the box marked "last name". Please enter both names without a dash in between.

Legal First Name *	Gender *	Enrollment Grade *
Legal Middle Name	Birth Date *	
Legal Last Name *	Date Entered U.S.	
Suffix	Foreign Exchange*	
Nickname	<input type="radio"/> Yes, this is a foreign exchange student	
Student Cell Number () -	<input type="radio"/> No, this is not a foreign exchange student	
Student Email Address		

Next >

▶ Race Ethnicity
 ▶ Previous School
 ▶ Relationships - Parent/Guardians
 ▶ Relationships - Emergency Contacts
 ▶ Health Services - Medical or Mental Health Conditions
 ▶ Health Services - Medications

Cancel Save/Continue

* Indicates a required field

✓ Student(s) Primary Household

✓ Parent/Guardian

✓ Emergency Contact

▼ Student

Completed

Student Name:

▼ Demographics

There will be a few steps for each student you enter. The first is general demographic information. Please verify or add the information below. Please update any information that is incorrect. **Please enter the student's name exactly as it appears on the birth certificate.** If your student has two last names, please enter both in the box marked "last name". Please enter both names without a dash in between.

Legal First Name *	Gender *	Enrollment Grade *
Legal Middle Name	Birth Date *	
Legal Last Name *	Date Entered U.S.	
Suffix	Foreign Exchange*	
Nickname	<input type="radio"/> Yes, this is a foreign exchange student	
Student Cell Number () -	<input checked="" type="radio"/> No, this is not a foreign exchange student	
Student Email Address		

Next >

▶ Race Ethnicity
 ▶ Previous School
 ▶ Relationships - Parent/Guardians
 ▶ Relationships - Emergency Contacts
 ▶ Health Services - Medical or Mental Health Conditions
 ▶ Health Services - Medications

Cancel Save/Continue

a. Select Next



3. Update Race Ethnicity
 - a. Most information will be pre-populated
 - b. Select Next

* Indicates a required field

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

Student Name: [Redacted]

Demographics

Race Ethnicity

Is Hispanic/Latino ☐ *

*Please check all that apply. If not Hispanic, at least one is required.

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

[For more information click on this link.](#)

Previous Next

Previous School
 Relationships - Parent/Guardians
 Relationships - Emergency Contacts
 Health Services - Medical or Mental Health Conditions
 Health Services - Medications

Cancel Save/Continue

4. Add Previous School Information
 - a. Select Next

* Indicates a required field

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

Student Name: [Redacted]

Demographics

Race Ethnicity

Previous School

Please enter information regarding this student's prior schools.

Last Year

School
 City
 State
 Country
 Phone () -

[For more information click on this link.](#)

Previous Next

Relationships - Parent/Guardians
 Relationships - Emergency Contacts
 Health Services - Medical or Mental Health Conditions
 Health Services - Medications

Cancel Save/Continue



5. Confirm Relationships – Parent/Guardians
 - a. Update Parent/Guardians using dropdown, if necessary
 - b. Update communication methods
 - c. Confirm Contact Sequence
 - d. Review Descriptions of Preferences to ensure updating correctly
 - e. Select Next

* Indicates a required field

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

Student Name: [Redacted]

Demographics

Race Ethnicity

Previous School

Relationships - Parent/Guardians

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

Name	Relationship*	Guardian	Mailing	Portal	Messenger	Secondary Household	Contact Sequence*	or	No Relationship
[Redacted]	Father	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		1		<input type="checkbox"/>
[Redacted]	[Redacted]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		2		<input type="checkbox"/>

Description of Relationship:
 Guardian - Marking this person as legal guardian to the student.
 Mailing - Marking this person to receive mailings for the student.
 Portal - Marking 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 person to receive messages from the District's messenger system.
 Secondary Household - Marking this person indicates that the student has a secondary household membership with this person.
 Contact Sequence - Marking on contacts will prompt district staff to contact these persons in the order that you specify. Parent/Guardians should start with 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 the relationship to the student. The relationship will be ended if one exists.

[For more information click on this link.](#)

< Previous Next >

Relationships - Emergency Contacts
 Health Services - Medical or Mental Health Conditions
 Health Services - Medications

Cancel Save/Continue



6. Confirm Relationships – Emergency Contacts

- Prior created emergency contacts will be seen here. Any contact removed in prior step will not be in this list
- Confirm/Update Relationships with Dropdown
- Confirm/Update Contact Sequence
- Reference Descriptions of Preferences to ensure updating correctly
- Select Next

* Indicates a required field

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

Student Name: [Redacted]

> Demographics
 > Race Ethnicity
 > Previous School
 > Relationships - Parent/Guardians
 ▼ Relationships - Emergency Contacts

A minimum of (2) Emergency Contacts are required*

Name	Relationship*	Contact Sequence*	or	No Relationship
[Redacted]	[Dropdown]	[Dropdown]		<input type="checkbox"/>
[Redacted]	[Dropdown]	[Dropdown]		<input type="checkbox"/>

Description of Contact Preferences
Contact Sequence - Adding a sequence number on contacts will prompt district staff to contact these persons in the order that you specify. Parent/Guardians should start with a sequence of 1.
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.

[For more information click on this link.](#)

< Previous Next >

> Health Services - Medical or Mental Health Conditions
 > Health Services - Medications

Cancel Save/Continue

7. Update Health Services – Medical or Mental Health Conditions

- If there are no Medical or Mental Health issues, check the box labeled “No medical or mental health conditions”
- If there are issues, select Add Condition
- Use the dropdown menu to choose condition
 - Add comments and instructions
- Select Next



* Indicates a required field

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

Student Name: [Redacted]

▶ Demographics
 ▶ Race Ethnicity
 ▶ Previous School
 ▶ Relationships - Parent/Guardians
 ▶ Relationships - Emergency Contacts
 ▼ Health Services - Medical or Mental Health Conditions

No medical or mental health conditions ☐

or

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

Add Condition

[For more information click on this link.](#)

< Previous Next >

▶ Health Services - Medications

Cancel Save/Continue

8. Update Health Services – Medications

- Update if student is taking any medication
- Select No Medication
- Or Select Add Medication
- If Adding, use dropdowns to update where medication is taken and medication type
- If Adding, include comments and instructions
- Select Save/Continue

* Indicates a required field

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

Student Name: [Redacted]

▶ Demographics
 ▶ Race Ethnicity
 ▶ Relationships - Parent/Guardians
 ▶ Relationships - Emergency Contacts
 ▶ Relationships - Other Household
 ▶ Health Services - Medical or Mental Health Conditions
 ▼ Health Services - Medications

No medications ☐

or

Medication*	Where Taken*	Medication Type*	Comments and Instructions	Remove Medication
-------------	--------------	------------------	---------------------------	-------------------

Add Medication

[For more information click on this link.](#)

< Previous

Cancel Save/Continue

9. Repeat process for all new students



10. Select Save/Continue after all students have checkmarks in Completed

* Indicates a required field

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

Student

First Name	Last Name	Gender	Completed	Record Type	
			✓	New	Edit/Review

Please include all students that need to be enrolled.

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

✓ - Indicates that person is completed.

[Add New Student](#)

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

You have now completed the Student Information

COMPLETED INFORMATION

1. In order to submit the application, you must select Submit and then Confirm.
 - a. Information cannot be modified after submission

Infinite Campus Online Registration

* Indicates a required field

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

You must submit your application by clicking the following button.

[Submit](#)

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.

[Back](#)

[Application Summary.PDF](#)

Warning

Are you sure you that you are ready to submit this registration? You will not be able to enter and/or modify this information after submitting.

[Confirm](#) [Cancel](#)

Infinite Campus Online Registration

Thank you for completing Online Registration! For a PDF copy of the submitted data, please click the link below.

[Application Summary.PDF](#)

[Application Summary.PDF](#)

2. You will receive a confirmation email following the submission to confirm status change.

You have now completed the Online Registration Process