



Washoe County School District

Every Child, By Name And Face, To Graduation

WCSD Online Registration for Existing Students

WCSD Mission

To create an education system where all students achieve academic success, develop personal and civic responsibility, and achieve career and college readiness for the 21st century.

Online Registration—Existing Households

Registration of existing students:

- Parents with Infinite Campus accounts will log into Parent Portal.
- If you have been assigned an Activation Key or do not have one, click **HELP** to expand screen.

If

Infinite Campus Transforming K12 Education®

Campus Portal

Washoe County

User Name

Password

Sign In >>

HELP ▾

District Notices

2011-04-25
What do I do if I'm having trouble logging-in to the Infinite Campus Parent Portal?
Call your child's school. [Click Here for School Directory](#)

- Click on Online Registration under **Inbox**.

▶	District Notices - 1 message	
▶	School Notices - 0 messages	
▼	Inbox - 1 message	
✕	!Date	Subject
✕	02/11/2014	Online Registration

- You will see data for your children currently enrolled in the District. Choose the ending year of next school year for enrollment beginning next year. Choose ending year of current year if registering for current school year. If Infinite Campus support has switched to next year, you may only see one year.
- Click **Begin Registration**

Existing Student Registration
 This editor is to update data for students that are currently enrolled in the District. You may add new students that are registering for the selected

Student Name	Gr
[REDACTED]	03

Registration Year *

Begin Registration

- Click the language link in which you would like to complete the application.

Infinite Campus Online Registration

[English](#) | [Español](#)

Please pick your preferred language.
 Por favor, elija su idioma preferido.

- Type your name in the box provided and click **Submit**.

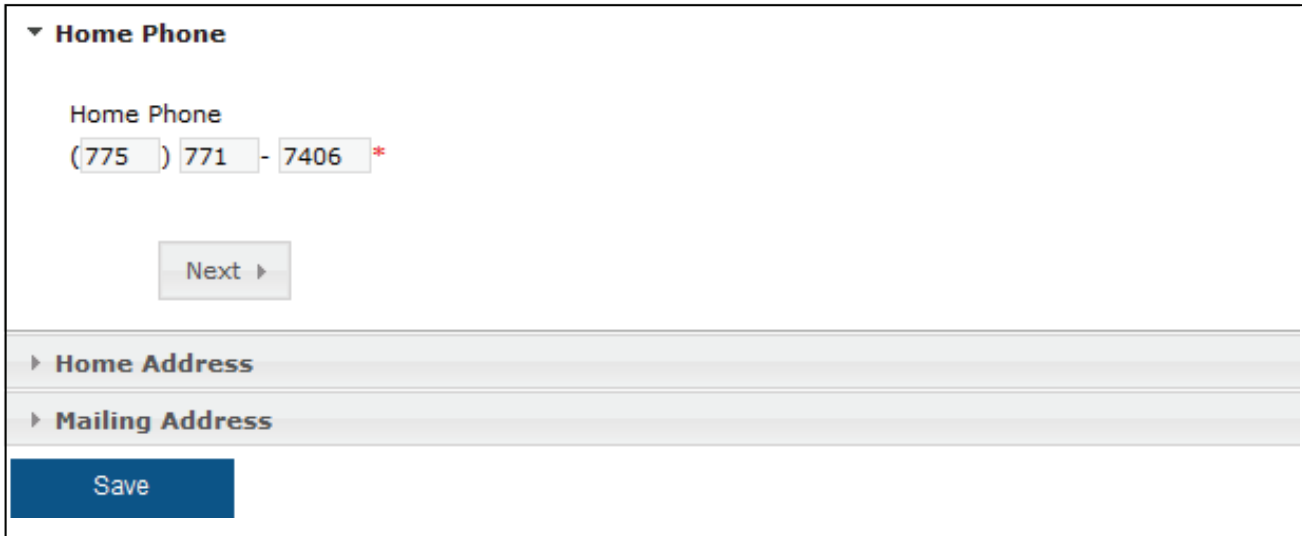
Welcome [REDACTED]! Please type in your first and last name in the box below.

By typing your name into the box above 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

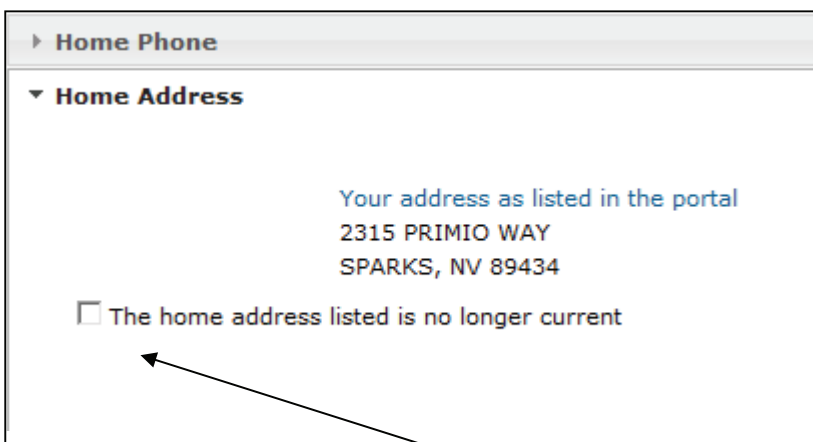
Data Verification

- You may see a Message From Webpage recommending you use Internet Explorer 8, Firefox 19, Chrome 24 or higher. Click OK to continue your application.



A screenshot of a web form titled "Data Verification". The form has a section for "Home Phone" which is currently expanded. It contains three input fields for the phone number: "(775)", "771", and "7406" followed by an asterisk. Below these fields is a "Next >" button. Underneath the phone number section are two collapsed sections: "Home Address" and "Mailing Address". At the bottom of the form is a blue "Save" button.

- Verify the Household (Home) phone number. If the information is incorrect, type in a new number.
- Click **Next**.
- Review the Household (Home) address information.
- If the address information is correct, click **Next**, then **Save**.



A screenshot of a web form showing the "Home Address" section expanded. The text "Your address as listed in the portal" is displayed in blue, followed by the address "2315 PRIMIO WAY" and "SPARKS, NV 89434". Below this is a checkbox with the label "The home address listed is no longer current". An arrow points from the bottom right of the page towards this checkbox.

- If the address listed is incorrect, click in the check box.

- An address input window will appear. Enter the date the address changed then enter the correct address information.
- **PLEASE ENTER ALL DATA IN CAPITAL LETTERS.**
- A red asterisk notes required data. Enter only the requested data in each field. Each part of the street address is entered in a separate field.

▼ **Home Address**

Your address as listed in the portal
2315 PRIMIO WAY
SPARKS, NV 89434

The home address listed is no longer current

Please enter the date that the mailing address became inactive for this household *

*Please verify or add the information below. Please update any information that is incorrect.

Number	Prefix	Street	Tag	Direction	Apartment
7225 *	S	ANYWHERE *	DR		
City	State	Zip	County		
SPARKS *	NV *	89434 *			

Your address as entered above
7225 S ANYWHERE DR
SPARKS, NV 89434

◀ Prev Next ▶

- Click Next.
- **If there is an additional mailing address such as a post office box, click in the check box to remove the check mark.**

▼ **Mailing Address**

Please use 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

◀ Prev

- An address input window will appear. Enter the date the address changed then enter the correct address information.

▼ Mailing Address

Please use 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

Your address as entered above

- A red asterisk notes required data. Enter only the requested data in each field. Each part of the street address is entered in a separate field. You may see as you start typing your address appear in a drop-down. There may be 2, choose one and it will fill out the rest of your address.
- Prefix usually notes a direction N,S,E,W etc. Tag notes ST, WAY, BLVD, etc.
- Make sure to check **Post Office Box** if the mailing address is a PO Box.
- Click **SAVE**.

Review Parent/Guardian Information

- Click on each person's name and verify all information

First Name	Last Name	Gender	Completed	Record Type	
[REDACTED]	[REDACTED]	F	✓	EXISTING	<input type="button" value="EDIT"/>

Description of Add Parent/Guardian

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

✓ - Indicates that person is completed.

Each name is a link to the person's personal information.

- Enter **Gender** if missing.

Parent Name: RICHARD RICHARDSON

▼ **Demographics**

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

First Name *

Middle Name

Last Name *

Birth Date

Gender *

Please check this box if this person lives in the address entered previously for this student.

- Check in the checkbox if the person being reviewed lives at the same address as the student.
- Click **Next**.
- Enter phone numbers and email information. (You must enter an e-mail address or check “Has no e-mail”.)

▶ **Demographics**

▼ **Contact Information**

Enter the contact information and how you'd prefer to receive the different types of messages we will send you.

	Emergency	High Priority	Attendance	Behavior	General Teacher
Cell Phone <input type="text" value="(775) 333 - 3333"/>					
Work Phone <input type="text" value="() - x"/>					
Email <input type="text" value="*TEST@WASHOESCHOOLS.NET"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OR					
Has no e-mail <input type="checkbox"/>					
Secondary Email <input type="text"/>					

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, such as those sent by the Attendance Dialer Wizard.

Behavior - Marking this checkbox will use this method of contact for behavior messages, such as those sent by the Behavior Messenger Wizard.

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

- Contact Preferences will be checked if you have an email address.
- Click **Next**.

- Enter Connect Ed phone information. Read descriptions for additional information.
- Select the appropriate Language to receive calls and texts.
- Click **Next**

▼ **Cell Phone Texting Information**

The Parent Cell Phone Texting Information provides parents/guardians another means to receive messages from your child's school and Washoe County School District. If you would like to be notified of information and events by receiving text messages, provide your cell phone number below for this purpose. Because of the limited space in Connect-Ed, only one cell phone number may be used for texting messages.

Parents: Please note! By providing us your cell phone number for text messages, you agree to receive text messages from your child's school and the Washoe County School District. The Washoe County School District is not responsible for any charges that you would receive from your cell phone carrier. Please check your cell phone plan before providing us your cell number for text messages.

Cell Phone Texting Number

Connect Ed /Emergency Notification: Please provide a phone number where you would like to receive emergency notification. This number may be a local, long distance, or cell phone number and must be a direct line. The system can only call direct numbers. If you want it to be your daytime work number and you work for a large company, please DO NOT give us the switchboard or operator number of your employer. We need a number that will reach you or a trusted friend directly.

Daytime Emergency Contact Number

Language preference for calls, emails and texts

- Click in the correct circle for Migrant Worker information.
- Click **Next**

▼ **Migrant Worker**

Yes, this individual is a migrant worker
 No, this individual is not a migrant worker

- Select the appropriate circle on whether or not the parent is in the Military.
- Click **Save**

Check this box if this parent is in the military. If the parent is not in the military, click Save.

Yes, this individual is a member of the military
 No, this individual is not a member of the military

- When the review is completed, the parent name will appear in the list with a green check.
- You may edit any information by clicking **Edit**

Parent

First Name	Last Name	Gender	Completed	Record Type	
██████	██████	F	✓	EXISTING	<input type="button" value="EDIT"/>

Description of Add Parent/Guardian

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

✓ - Indicates that person is completed.

- To add a new parent, click on the Add New Parent link.

- Enter the personal information in each field.
- **PLEASE ENTER ALL DATA IN CAPITAL LETTERS.**
- All fields with a red asterisk are required fields.
- Click **Next** at the bottom of each window.
- If no **Next** button is available, choose **Save**.
- Upon completion of personal information, the new parent/guardian should have a green check mark next to their name.

Parent Name:

▼ **Demographics**

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

First Name *

Middle Name

Last Name *

Birth Date

Gender *

Get Sample Data

Please check this box if this person lives in the address entered previously for this student.

Next >

▶ **Contact Information**

▶ **Cell Phone Texting Information**

▶ **Migrant Worker**

▶ **Impact Aid**

Save

Cancel

- When all the Parent/Guardian members of the household have green check marks next to their names, click **Save and Continue**.

First Name	Last Name	Gender	Completed	Record Type
DEANNA	SNELL	F	✓	Existing
MARIE	SNELL	F	✓	Existing
RICHARD	RICHARDSON	M	✓	Existing
FRANK	SNELL	M	✓	New

Add New Parent

Back

Save/Continue

EMERGENCY CONTACTS

- Click on a name in the contacts list. These emergency contacts rolled over from last year's registration. You may delete an emergency contact by clicking on their name and clicking **Delete**.

First Name	Last Name	Gender	Completed	Record Type
MIRANDA	CAMPBELL	F		Existing

Add New Emergency Contact

Back

Save/Continue

- Verify personal data. Please enter Legal name and birthdate. This helps us match up records.

Contact Name: MIRANDA CAMPBELL

▼ **Demographics**

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

First Name *

Middle Name

Last Name *

Birth Date

Gender *

Next ▶

- You can add more emergency contacts. To do this after you have verified data for existing emergency contacts, click **Add New Emergency Contact**.
- Add phone numbers and Gender. Click **Next**

Contact Name:

▼ **Demographics**

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

First Name *

Middle Name

Last Name *

Suffix

Birth Date

Gender *

- Enter the contact information for the emergency contact. At least one phone number is required.
- Click **Save**

▼ **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

Other Household Members

You may add household members who are not students or guardians in this section. If you have an emergency contact who is also a household member and have already added them in the Emergency Contacts section, please do not add them again. This section is only for household members who are not students, guardians or already existing in the application. An example would be a sibling of your student who is not yet enrolled in school or has already graduated but still lives in your home.

- Click **Add New Household Member**

✓ Household > ✓ Parent > ✓ Emergency Contact > Other Household

Other Household

First Name	Last Name	Gender	Completed	Record Type
<u>Description of Add Other Household Member</u>				
Yellow - Indicates that person is missing required information. Select the highlighted row to continue.				
✓ - Indicates that person is completed.				

ADD NEW HOUSEHOLD MEMBER

BACK SAVE/CONTINUE

- Type in as much information on the household member and **Save**.

First Name JEROME *

Middle Name T

Last Name WASHINGTON *

Suffix

Birth Date 04/18/2011

Gender MALE *

- After you have completed adding household members, click **Save/ Continue**.

- Your current WCSD student will already appear in the Student section. Click on the yellow field to verify all data from last year. The data that is grayed out cannot be changed. If something is grayed out that is incorrect or has changed, please contact your school. Click **Next**.

Student

First Name	Last Name	Gender	Completed	Record Type	
[REDACTED]	[REDACTED]	F		EXISTING	EDIT

Description of Add Student

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

✓ - Indicates that person is completed.

- The Race/ Ethnicity demographics will already be filled in from last year's registration. Click **Next**.
- Please fill out the appropriate Living Situation and click **Next**.

▼ Living Situation

Student is: *

Homeless

Not Homeless

Is the student living in:

Hotel

Motel

RV Park

Shelter

Other

Are you doubled with another family? * Yes

No

Is the student an unaccompanied youth? * Yes

No

Click on the link to the Children in Transition Form if this applies to your student. Complete and print the form. Take the form to the school upon enrollment.

If you checked the box marked Homeless above or Yes in any of the last two questions, please click on the Children In Transition Form, fill out the form, print the form and take it to your child's school.

[Children In Transition Form](#)

◀ Previous Next ▶

- Click Yes or No to Tribal Enrollment . If your student/ family has a history of tribal enrollment click the link and complete the student eligibility form.

▼ Tribal Enrollment

If the student/family has a history of tribal enrollment from a United States based federally or state recognized tribe, please print and complete the student eligibility certification form.

Yes, this student has an active enrollment in a United States tribe

No, this student does not have an active enrollment in a United States tribe

- Verify Guardian relationships to the **STUDENT**.
- Click in the drop down field and establish relationship. If no relationship exists, click in the **No Relationship** box.
- All fields with a red asterisk are required fields.
- Click **Next**.

▼ Relationships - Parent/Guardians

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

Name	Relationship*	Guardian	Mailing	Portal	Messenger	Contact Sequence*	OR	No Relationship
██████████ REEN	MOTHER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1		<input type="checkbox"/>

[Description of Contact Preferences](#)

Guardian - Marking this checkbox will flag this person as legal guardian to the student.

Mailing - Marking this checkbox will flag this person to receive mailings for the student.

Portal - Marking this checkbox will flag this person as a portal account, and this person will be able to view student information within the portal for this student.

Messenger - Marking this checkbox will flag this person to receive messages from the District's messenger system.

Secondary Household - Marking this checkbox will indicate that the student has a secondary household membership with this person

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

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

- Verify Emergency Contact Information. If you see an emergency contact listed you do not want, you can click No Relationship by their name. You may also go back to the **Emergency Contact Section**, click **Edit** by their name, and click **Delete**

▼ Demographics

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

First Name: OTIS *

Middle Name:

Last Name: REDDING *

Suffix:

Birth Date:

Gender: MALE *

Next >

▶ Contact Information

SAVE CANCEL **DELETE**

- Verify Relationship to Student in **Other Household Section**. If no relationship type is selected, the No Relationship box must be checked. Click **Next**.

JEROME WASHINGTON SIBLING

- Enter Health Services information. Click **Next**.

Health Services - Emergency Information

Primary Care Provider

Primary Care Phone () -

- Enter **Medical or Mental Health Information**. If there are no medical problems, click in the checkbox **No medical or mental health conditions**. Click **Next**.

Health Services - Medical or Mental Health Conditions

No medical or mental health conditions

OR

Health Condition 1

Health Condition 1 Comments

Health Condition 2

Health Condition 2 Comments

- Enter any **Medications** your student takes. If they do not take any, click **No Medications**.
- Click **Next**

▼ **Health Services - Medications**

No medications

OR

Daily Medications

Daily Medications Instructions

Emergency Medication

Emergency Medication Instructions

Medication as Needed

Medication as Needed Instructions

- Choose the appropriate response for **Media**.
- Click **Next**

▼ **Release Agreement - Media**

Yes - I consent to the School and/or District's use of my child's photograph, voice and/or name in various media projects including but not limited to the yearbook and class composite picture.

No - I do not consent to the School and/or District's use of my child's photograph, voice and/or name in various media projects including but not limited to the yearbook and class composite picture.

- Choose the appropriate response to Field Trip.
- Click **Next**

▼ **Release Agreement - Field Trip**

Yes - I consent for my child to participate in School and/ or District approved field trips.

No - I do not consent for my child to participate in School and/ or District approved field trips.

- Click **Next**.

- Click the **Technology Acceptable Use Policy** link and read the document. Choose the appropriate response.
- Click **Next**.

▼ **Release Agreement - Technology**

I agree to the Technology acceptable use policy.

I do not agree to the Technology Acceptable Use Policy.

[Technology Acceptable Use Policy](#)

◀ Previous Next ▶

- Click the **Educational Involvement Accord** link and read the document. Choose the appropriate response and click **Next**

▼ **Educational Involvement Accord**

My child and I understand that as my child's first teacher my participation in my son/daughter's education will help his/her achievement. Therefore, to the best of my ability, I will continue to be involved in his/her education and my child will carry out the responsibilities outlined in the link below.*

I agree with the Educational Involvement Accord.

I do not agree with the Educational Involvement Accord.

[Educational Involvement Accord](#)

◀ Previous Next ▶

- Click the link for the **Parent/Student Handbook** and put check-mark in the box. Click **Next**.

▼ **Parent/Student Agreement**

I have read and reviewed the Parent/Student Handbook with my student(s). *

[Parent/Student Handbook](#)

◀ Previous Next ▶

- Parents who would like to volunteer in the classroom must fill out the **Adult School Volunteer Application** and turn it into the school. There is a link on the **Parent Volunteers** window.
- Click **Next**

▼ **Parent Volunteers**

To begin volunteering with WCSD, there are a few minor steps to complete. Your Services or the staff at the school site. The appropriate application can be obtained here.

[Adult School Volunteer Application](#)

◀ Prev Next ▶

- Read the details of the **Consent to Provide Data to NV Colleges and Universities**. By checking “I consent” below, you give your consent to the disclosure of your child’s assessment, transcript, free and reduced lunch status, demographic and ethnicity data to Nevada colleges and universities so that they may help your child with college placement and possible funding for college. This applies only to High School Juniors and Seniors. If your student is not a Junior or Senior click “My Child Is Not a High School Junior or Senior”
- Click **Save**.

▼ **Release Agreement - Consent to Provide Data to Nevada Colleges and Universities**

By checking “I consent” below, you give your consent to the disclosure of your child’s assessment, transcript, free and reduced lunch status, demographic and ethnicity data to Nevada colleges and universities so that they may help your child with college placement and possible funding for college. This applies only to High School Juniors and Seniors. If your student is not a Junior or Senior click “My Child Is Not a High School Junior or Senior”

I consent

I do not consent

My child is not a High School Junior or Senior

◀ Prev

SAVE **CANCEL**

- Verify all students in the list. When completed, all students should have a green check mark. You may click Edit if you would like to review.

The screenshot shows a navigation bar with five steps: Household (checked), Parent (checked), Emergency Contact (checked), Other Household (checked), and Student (active). Below the navigation bar is a table with the following data:

First Name	Last Name	Gender	Completed	Record Type
[REDACTED]	[REDACTED]	F	✓	EXISTING

Below the table is a section titled "Description of Add Student" with the following text:

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

✓ - Indicates that person is completed.

At the bottom of the form are three buttons: "ADD NEW STUDENT", "BACK", and "SAVE/CONTINUE".

- To add a new student, click on the **Add New Student** link and complete information in each window.
- Click **Save/Continue**.
- Click the red **Submit** button.
- You are now done. A screen will pop up that allows you to save or print a PDF copy of the submitted data. The PDF will have your application number on the top right-hand corner.

The screenshot shows a confirmation screen with the following text:

Once you have completed the registration process, and confirmed all information herein is accurate, please click the submit button below. Once the application has been submitted for staff verification and approval, you will not be able to modify this data.

Below the text are three buttons: a red "SUBMIT" button, a blue "BACK" button, and a blue link "Application Summary PDF".

At the bottom of the screen is the Adobe Acrobat Reader logo.