



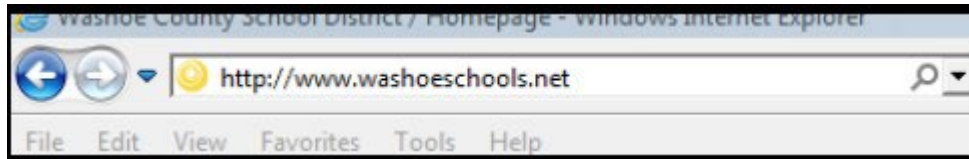
Bienvenidos
al Distrito Escolar del Condado
de Washoe
a la inscripción en línea
para Padres/Guardianes
de nuevos estudiantes que se
inscriben en el
Distrito Escolar del Condado de
Washoe

Bienvenidos a la inscripción en Línea

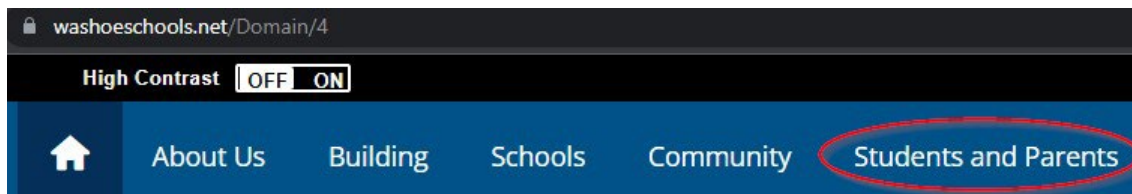
Esta manera de inscripción en línea elimina el proceso de completar numerosos formularios para cada estudiante y es el primer paso para inscribir a sus estudiantes en el WCSD (Distrito Escolar del Condado de Washoe).

Para comenzar la inscripción en línea, los padres/guardianes irán al sitio web de WCSD – www.washoeschools.net

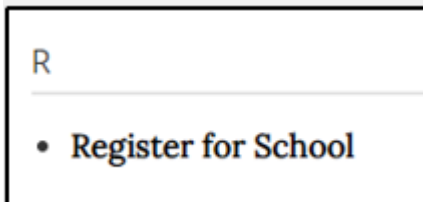
En la computadora de su hogar o en la computadora del quiosco en el sitio escolar, escriba www.washoeschools.net en la barra de direcciones. Este proceso funciona mejor cuando usa Google Chrome, Microsoft Edge o Fire Fox como su navegador.



Haga clic en la pestaña **Estudiantes y Padres**. Y aparecerá un menú desplegable



En la sección **R**, haga clic en **Register for School**.



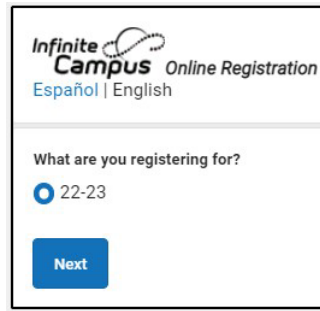
Desplácese hacia abajo para seleccionar **Kindergarten and New to WCSD Online Registration**.
Estudiantes nuevos y Kindergarten



El año de la inscripción no se puede cambiar. Continúe con la inscripción en línea para anotar a su hijo/a para el año en curso, incluso si el año de inscripción indica el próximo año escolar. La escuela del estudiante completará correctamente el proceso de inscripción para el año en curso.

Nota: Un padre/guardián que no tenga una dirección de correo electrónico puede usar registration@washoeschools.net para inscribirse. La secretaria de la escuela recuperará el correo electrónico devuelto para que el padre/guardián pueda continuar con la inscripción.

Haga **click en el año** y Luego **Next**.



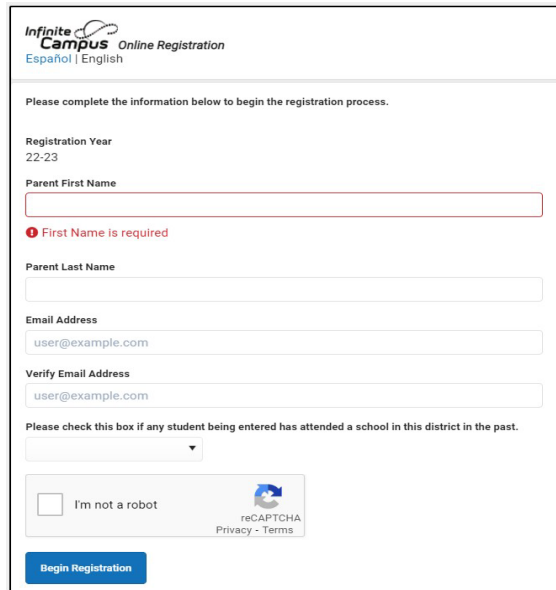
Infinite Campus Online Registration
Español | English

What are you registering for?

22-23

[Next](#)

Complete la siguiente información para comenzar el proceso de inscripción **Begin Registration**



Infinite Campus Online Registration
Español | English

Please complete the information below to begin the registration process.

Registration Year
22-23

Parent First Name

First Name is required

Parent Last Name

Email Address

Verify Email Address

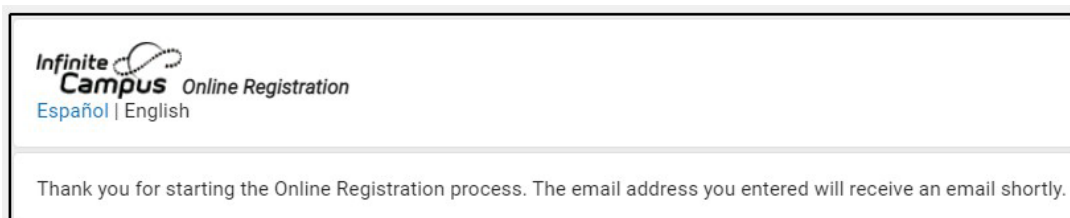
Please check this box if any student being entered has attended a school in this district in the past.

I'm not a robot

reCAPTCHA
Privacy - Terms

[Begin Registration](#)

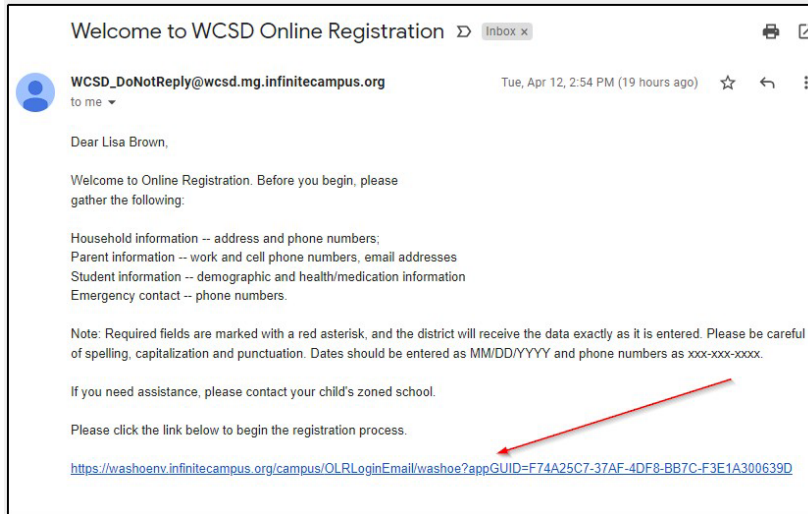
Usted recibirá un correo electrónico de gracias por iniciar el proceso.



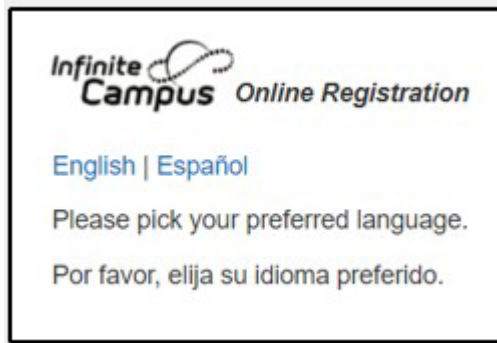
Infinite Campus Online Registration
Español | English

Thank you for starting the Online Registration process. The email address you entered will receive an email shortly.

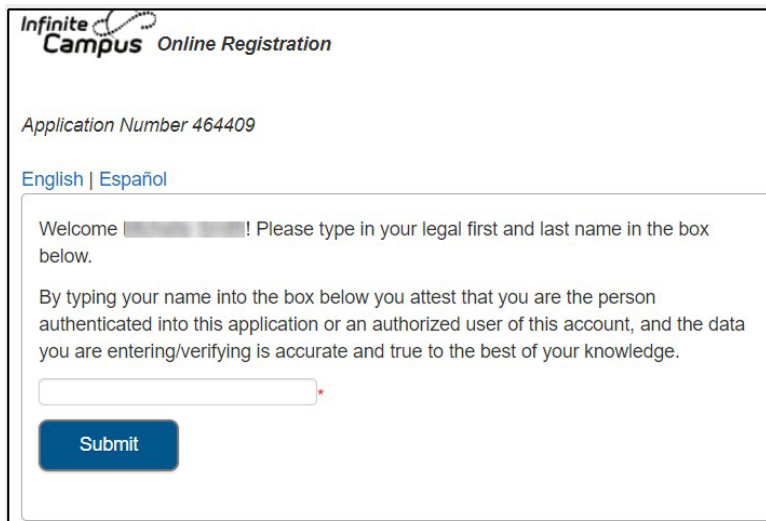
Recibirá un correo electrónico con el enlace **Link** para comenzar el proceso de inscripción



Seleccione el idioma que le gustaría usar para completar la solicitud.

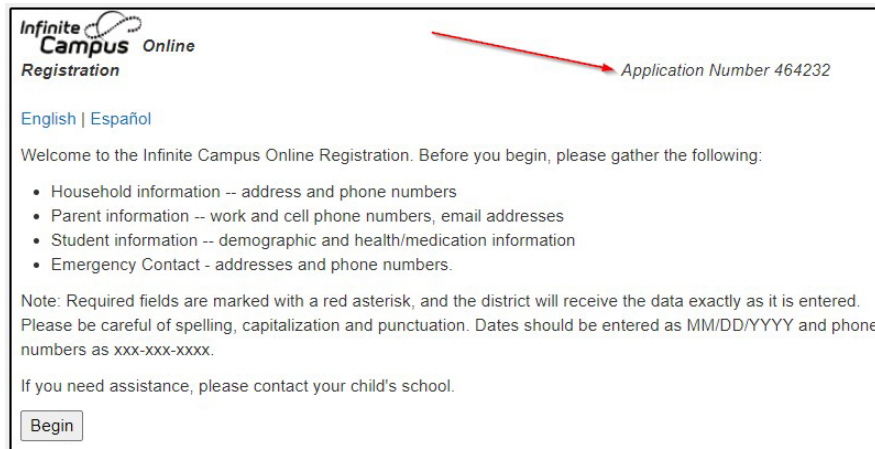


Escriba su nombre en la casilla y haga Click en **Submit** para Ir al siguiente paso.



Una vez que se abra la aplicación, en la esquina superior derecha verá su **número de solicitud**. Anote el número, la escuela necesitará este número en caso de que necesite ayuda.

Haga Clic (Click) para comenzar en **Begin**



Infinite Campus Online
Registration

English | Español

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 contact your child's school.

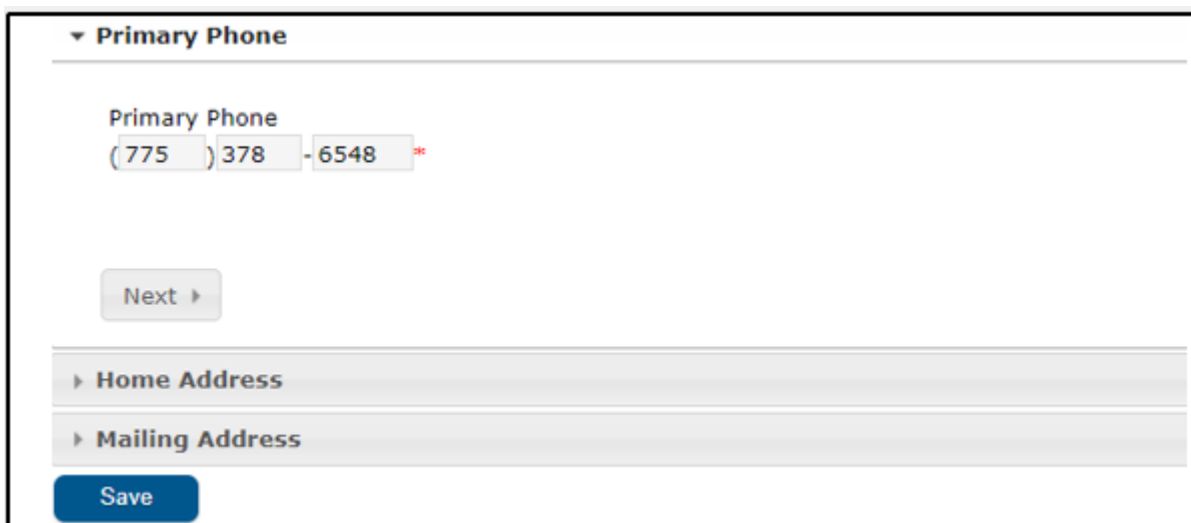
Begin

Información del hogar

POR FAVOR INGRESE TODA LA INFORMACIÓN EN LETRAS MAYÚSCULAS

Todos los campos obligatorios con un asterisco **ROJO *** deben completarse para cada sección

antes de continuar. Escriba el número de teléfono (principal) del hogar.



▼ Primary Phone

Primary Phone
(775) 378 - 6548 *

Next >

▶ Home Address

▶ Mailing Address

Save

Click **Next**

▼ Home Address

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

Number 8888 *	Prefix E	Street SHELLEY *	Tag DR	Direction []	Apartment 5E
City RENO *	State NV *	Zip 89509 *	County []		

Your address as entered above
8888 E SHELLEY DR 5E
RENO, NV 89509

Escriba la información de la dirección del hogar (casa). Solo ingrese la dirección **física** aquí, podrá ingresar un apartado de correos en la siguiente pantalla.

A medida que ingresa la dirección, aparecerá debajo de **"Su dirección como lo ingresó anteriormente"** para ayudar a verificar que la dirección se ingresó correctamente.

Click **Next**

Si hay una dirección postal adicional, como un apartado postal, marque el campo Apartado postal, ingrese el número de apartado, la ciudad, el estado y el código postal.

Si no hay direcciones postales adicionales, haga clic en la casilla de verificación que indica **"El hogar no tiene Dirección de envío"**.

Click **Save**

▼ 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

<input type="checkbox"/> Post Office Box	Street Number	Prefix (N,S,E,W)	Street Name	Street Abbreviation	Direction	Apartment
[]	[]	[]	[]	[]	[]	[]
City		State	Zip	Ext.	County	
[]		[]	[]	[]	[]	

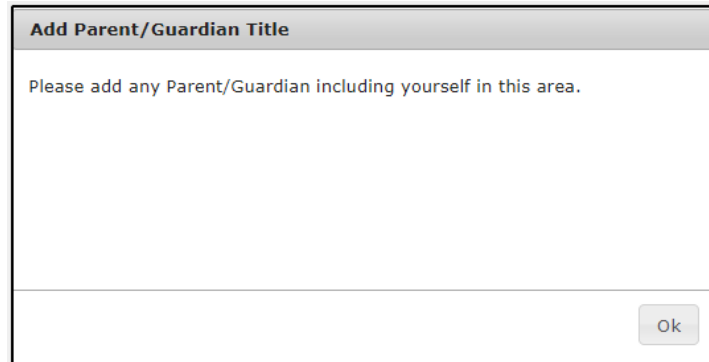
Click on your address if it appears in box: []

Your address as entered above

Ahora ha completado el número de teléfono del hogar, la dirección y la información de la segunda dirección.

Add Parent/Guardian Information

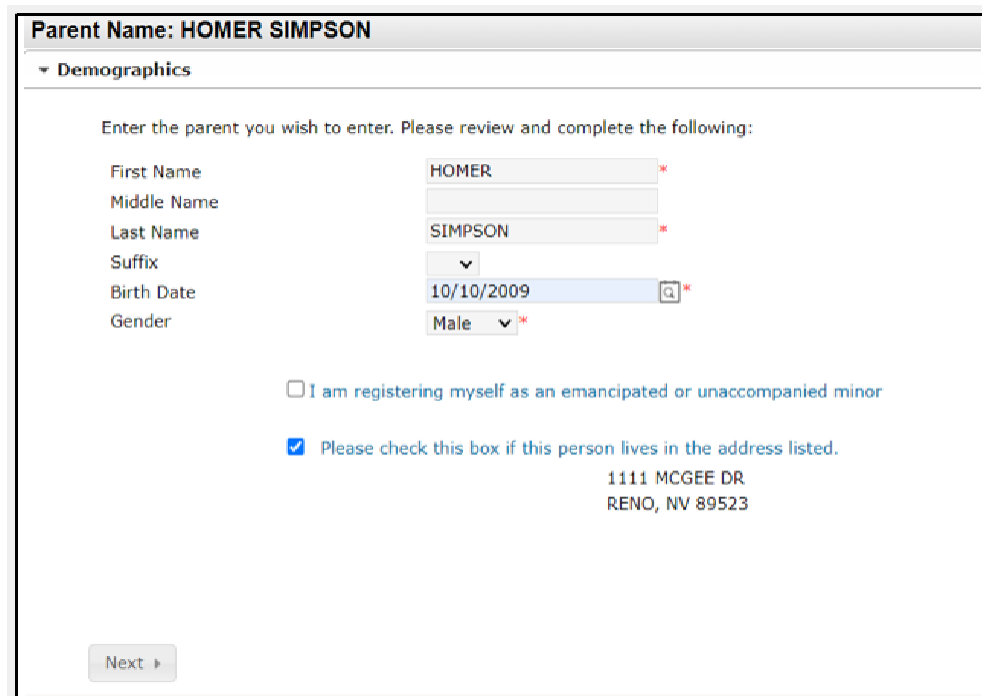
Debe agregar a todos los padres/guardianes, incluyendo usted mismo/a.



A screenshot of a web form titled "Add Parent/Guardian Title". The form has a header bar with the title. Below the header, there is a large text area with the instruction: "Please add any Parent/Guardian including yourself in this area." At the bottom right of the form, there is a button labeled "Ok".

Ingrese la información del directorio del padre/guardián.

- Escriba el **primer nombre, segundo nombre y apellido legal** del padre/guardián. Utilice únicamente nombres legales. Puede ingresar una inicial del segundo nombre si no desea ingresar el segundo nombre.
- Ingrese la **fecha de nacimiento**. Esto ayuda a encontrar a la persona correcta en Infinite Campus.
- Elija un **género**.
- Los menores emancipados o no acompañados no deben tener ningún estudiante adicional en la solicitud OLR. Póngase en contacto con su escuela para obtener ayuda con esta casilla de verificación si califica.
- Marque en la casilla de verificación si la persona que se agrega vive en la misma dirección que el estudiante. No marque esta casilla si el padre/guardián vive en otra dirección.



A screenshot of a web form titled "Parent Name: HOMER SIMPSON". The form has a header bar with the title. Below the header, there is a section titled "Demographics" with a dropdown arrow. The text "Enter the parent you wish to enter. Please review and complete the following:" is displayed. The form contains several input fields: "First Name" (HOMER), "Middle Name" (empty), "Last Name" (SIMPSON), "Suffix" (dropdown menu), "Birth Date" (10/10/2009), and "Gender" (Male). There are two checkboxes: "I am registering myself as an emancipated or unaccompanied minor" (unchecked) and "Please check this box if this person lives in the address listed." (checked). Below the second checkbox, the address "1111 MCGEE DR RENO, NV 89523" is displayed. At the bottom left of the form, there is a button labeled "Next >".

Click **Next**

Parent/Guardian Information Continued

Ingrese los números de teléfono de los padres/guardianes y la información de correo electrónico. (Debe ingresar una dirección de correo electrónico o marcar la casilla de verificación **No tiene correo electrónico**). Cada preferencia de contacto apropiada se verificará si ingresa una dirección de correo electrónico (email). Lea las descripciones para obtener información adicional.

Información del contacto

- Ingrese el teléfono celular y el teléfono del trabajo, si corresponde.

▼ 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 () - -
Work Phone () - - x
Email *
OR
Has no e-mail
Other Phone () - - x
Secondary Email

Contact Preferences
Emergency High Priority Attendance Behavior General Teacher Private

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

◀ Previous Next ▶

Click **Next**

Información de teléfono celular y mensajes de texto

- Ingrese la información de mensajes de texto del teléfono celular si desea recibir mensajes de texto. Lea la descripción para obtener información adicional.
- Ingrese un número para Connect ED/Notificación de emergencia durante el día si desea recibir información de emergencia. Lea la descripción para obtener información adicional.
- Elija la preferencia de idioma para llamadas, correos electrónicos, mensajes de texto, boletas de calificaciones y comunicaciones escritas.

▼ Cell Phone & Texting Information

Provide your cell phone number below to be notified of information and events from your child's school and Washoe County School District by receiving text 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 English ▼ *

◀ Previous Next ▶

Click **Next**

Parent/Guardian Information Continued

Industria pesquera/agrícola

- Elija Sí, si este padre ha trabajado en la industria pesquera o agrícola en los últimos 3 años

▼ Fishing/Agricultural Industry

Has any member of your family moved within the last 3 years (36 months).

Yes, we have moved within the last 3 years (36 months).

No, we have not moved within the last 3 years (36 months).

◀ Previous Next ▶

Click **Next**

Conexiones militares

- Responda las preguntas sobre el servicio militar de los padres.

▼ Military Connections

Federal Impact Aid (FIA) Section 8003 Grant Information.
Is either parent currently serving in the Armed Services? Click Yes or No then click Save.

Yes, this individual is a member of the military

No, this individual is not a member of the military

◀ Previous

Click **Save**

El padre/guardián agregado aparecerá en la ventana con una marca de verificación verde si toda la información se ingresó correctamente. Debe hacer clic en **Edit** en el padre/guardián si la marca de verificación verde no aparece y agregar la información que falta. En el siguiente ejemplo, puede ver que la de Anna está completa pero el de Marcus no. Cuando la información del padre/guardián está completa, haga clic guarde y continúe, **Save/Continue**.

✓ Household ▼ Parent Emergency Contact Other Household Student Com

Parent

First Name	Last Name	Gender	Completed	
ANNA	SHAW	F	✓	EDIT
MARCUS	SHAW	M		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.

ADD NEW PARENT

BACK SAVE/CONTINUE

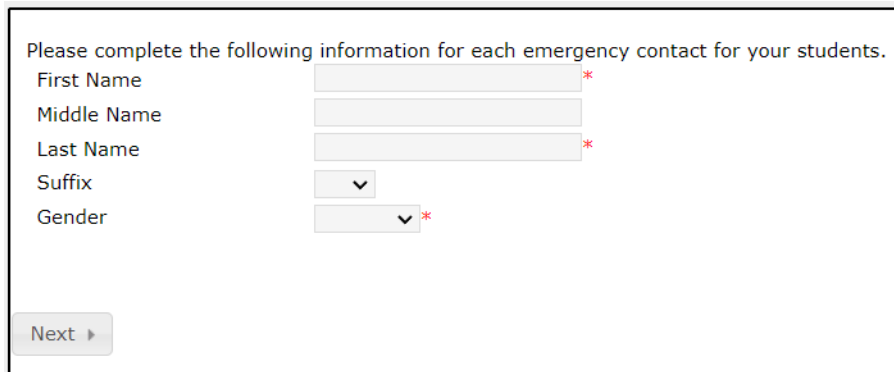
Agregar información de contacto de emergencia

Un contacto de emergencia es una persona con la que usted se siente cómodo, para que la escuela le contacte en caso de emergencia y cuando todos los intentos de comunicarse con el padre/guardián han fallado. Los contactos de emergencia no pueden iniciar el contacto con la escuela para recoger a un estudiante a menos que el padre/guardián haya dado permiso para hacerlo.

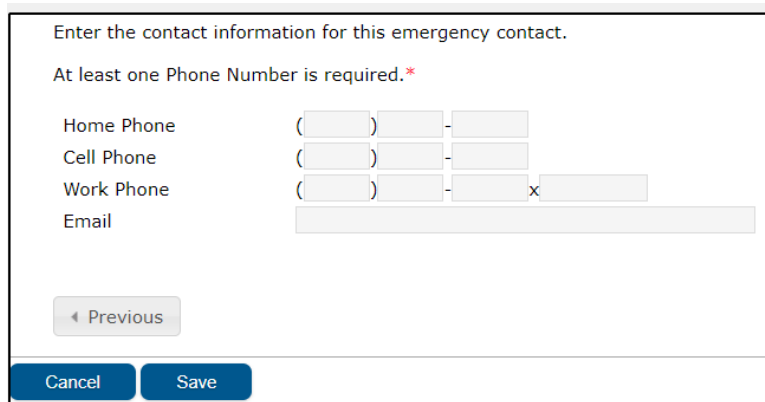
- Puede agregar tantos contactos de emergencia como desee.
- Haga clic en Agregar nuevo contacto de emergencia
- **NO SE AGREGUE USTED MISMO, SERÁ LLAMADO/A 1º. AUTOMÁTICAMENTE.**



- Ingrese el nombre y el sexo del contacto de emergencia. No agregue comillas alrededor de apodos o nombres preferidos.
- Click **Next**

A screenshot of a form titled "Please complete the following information for each emergency contact for your students." The form contains five fields: "First Name" (text input with a red asterisk), "Middle Name" (text input), "Last Name" (text input with a red asterisk), "Suffix" (dropdown menu), and "Gender" (dropdown menu with a red asterisk). A "Next >" button is located at the bottom left of the form.

- Introduzca los números de teléfono de contacto de emergencia. Se requiere por lo menos un número de teléfono.
- Click **Save**

A screenshot of a form titled "Enter the contact information for this emergency contact." Below the title is a red asterisk and the text "At least one Phone Number is required.*". The form contains four fields: "Home Phone" (format: () -), "Cell Phone" (format: () -), "Work Phone" (format: () - x), and "Email" (text input). At the bottom left is a "Previous <" button, and at the bottom are "Cancel" and "Save" buttons.

Cada contacto de emergencia debe aparecer en la ventana con una marca de verificación verde que indica que la información está completa. Si el contacto de emergencia no tiene una marca de verificación, haga doble clic en el nombre y complete la información requerida.

Otros miembros del hogar

Puede agregar miembros del hogar que no sean estudiantes o guardianes en esta sección. Si tiene un contacto de emergencia que también es miembro del hogar y ya lo ha agregado en la sección Contactos de emergencia, no lo vuelva a agregar. Esta sección es solo para miembros del hogar que no son estudiantes, guardianes o ya existentes en la solicitud. Un ejemplo sería un hermano de su estudiante que aún no está inscrito en la escuela o que ya se graduó, pero aún vive en su casa.

Haga clic y Agregar nuevo miembro del hogar

Other Household

First Name	Last Name	Gender	Completed
Description of Add Other Household Member			
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

- Escriba la información sobre el miembro del hogar y haga clic en Guardar - **Save**

First Name GEORGE *

Middle Name

Last Name WASHINGTON *

Suffix

Birth Date 10/10/1965 *

Gender Male *

Cancel Save

Agregar estudiante(s)

Agregue a cada estudiante del hogar, incluso si van a diferentes escuelas. Este proceso de registro reemplaza el completar de numerosos formularios y documentos para cada estudiante y es el primer paso para inscribir a su estudiante en la escuela.

- Haga clic en Agregar nuevo estudiante y complete todo el proceso para cada estudiante que está ingresando a la escuela.

* Indicates a required field

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

Student

First Name	Last Name	Gender	School	Completed
Description of Add Student				
Yellow - Indicates that person is missing required information. Select the highlighted row to continue.				
✓ - Indicates that person is completed.				

Add New Student

Back

Demografía del estudiante

Ingrese la información demográfica del estudiante en todas con letras mayúsculas. Ingrese la información con precisión, esta información será verificada por la secretaria/registradora de la escuela al momento de la inscripción.

- Ingrese el nombre legal, segundo nombre y apellido como se ve en el certificado de nacimiento del estudiante.
- Ingrese el género
- Ingrese la fecha de nacimiento, la ciudad de nacimiento, el estado de nacimiento y el país de nacimiento
- Ingrese la fecha en que el estudiante ingresó a los EE. UU. si el estudiante es de fuera del país.
- *Foreign Exchange* marque SÍ o NO si el estudiante está aquí a través de un programa de intercambio extranjero.
- Grado para la inscripción

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.

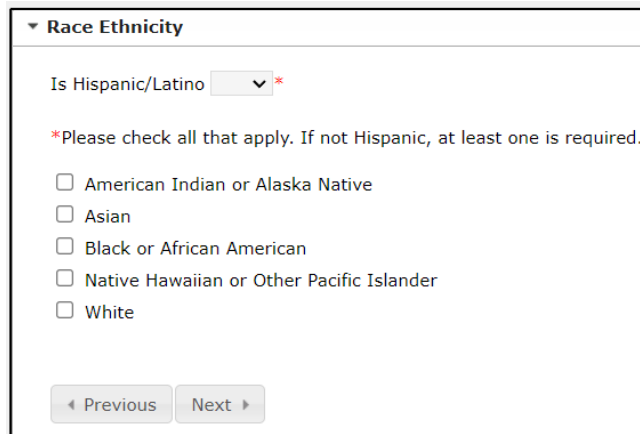
First Name	NAPOLEON *	Gender	Male *	Enrollment Grade	07 *
Middle Name		Birth Date	01/01/2012 *	Birth City	RENO *
Last Name	DYNAMITE *	Foreign Exchange *	<input type="radio"/> Yes, this is a foreign exchange student	Birth State	NEVADA *
Suffix		<input checked="" type="radio"/> No, this is not a foreign exchange student		Birth Country	United States Of America *
Preferred First Name (if different)					
Student Cell Number	() -				
Student Email Address					

Next >

Click **Next**

Raza Etnicidad

- Seleccione Sí o No a Hispano/Latino y cualquiera de las opciones de raza/etnicidad que correspondan.
- Click **Next**

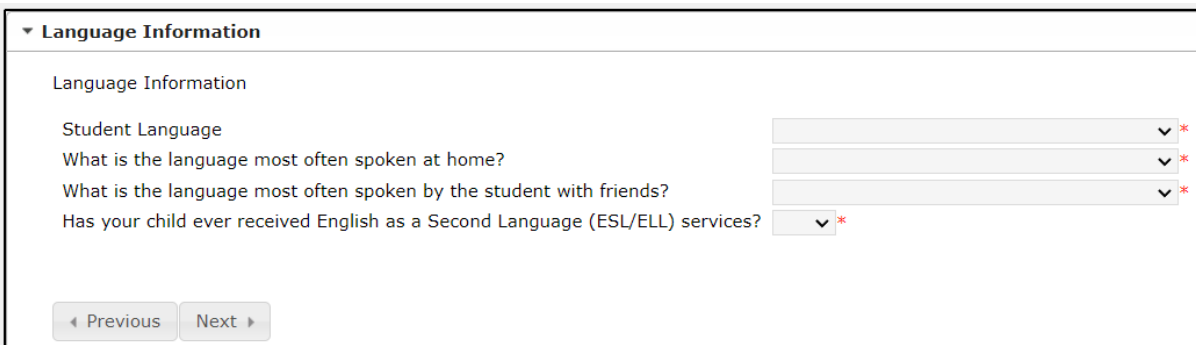


The screenshot shows a form titled "Race Ethnicity". At the top, there is a dropdown menu labeled "Is Hispanic/Latino" with a red asterisk. Below this, a red asterisk is followed by the instruction: "*Please check all that apply. If not Hispanic, at least one is required." There are five radio button options: "American Indian or Alaska Native", "Asian", "Black or African American", "Native Hawaiian or Other Pacific Islander", and "White". At the bottom of the form, there are two buttons: "Previous" and "Next".

Información sobre el idioma

En la ventana de información del idioma, introduzca toda la información.

- Ingrese el idioma del estudiante
- Ingrese el idioma que se habla con mayor frecuencia en casa.
- Ingrese el idioma que el estudiante habla con mayor frecuencia con sus amigos.
- Ingrese si alguna vez su estudiante ha recibido servicios de ESL/ELL.
- Click **Next**



The screenshot shows a form titled "Language Information". Below the title, there is a section labeled "Language Information". There are four questions, each with a dropdown menu and a red asterisk: "Student Language", "What is the language most often spoken at home?", "What is the language most often spoken by the student with friends?", and "Has your child ever received English as a Second Language (ESL/ELL) services?". At the bottom of the form, there are two buttons: "Previous" and "Next".

Escuelas anteriores

- Ingrese información de las escuelas anteriores
- Click **Next**

▼ Previous Schools

Please enter information regarding this students prior schools.

Last Year

School

City

State

Country

Phone () -

◀ Previous Next ▶

Relaciones – Padres/Guardianes

- Elija cada relación con el estudiante del menú desplegable junto al nombre de cada padre/guardián. Si no existe ninguna relación, haga clic en la casilla de verificación Sin relación en el extremo derecho. Marcar la casilla Sin relación terminará la relación entre este estudiante y el padre/guardián.
- Introduzca la secuencia en la que desea ser contactado en caso de emergencia. El número 1 será la persona con la que intentaríamos contactar primero.
- 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
GUNNER AGUIRRE	Father v	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1 v		<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 start with the next sequential number.

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

◀ Previous Next ▶

Relaciones - Otro del hogar

Ingrese la secuencia en la que se debe contactar a cada contacto de emergencia en caso de emergencia. Haga clic en Siguiente.

Click **Next**

▼ Relationships - Other Household

Name	Relationship*	OR	No Relationship
GEORGE WASHINGTON	Emergency Contact v		<input type="checkbox"/>

[Description of Contact Preferences](#)

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

◀ Previous Next ▶

Situación de vivienda

Responda “Sí” si se encuentra en una situación de vivienda temporal. Aparecerán preguntas adicionales con respecto a su situación. La escuela de su hijo puede proporcionar asistencia adicional.

Click **Next**

▼ Living Situation

*Is this student living in a temporary situation due to economic hardship?

Yes
 No

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

Shelter, transitional housing or awaiting foster care
 Unsheltered living in a car, park, RV or the street
 Doubled up living with friend, relative, or someone else
 Weekly hotel or motel

Is the student an unaccompanied youth?*

Yes
 No

If you checked any of the boxes above, 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](#)

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Servicios de salud

Información de emergencia

- Ingrese la información de atención primaria. Esto no es necesario para completar la inscripción.
- Click **Next**

▼ Health Services - Emergency Information

Primary Health Care Provider

Primary Health Care Provider Phone () -

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Condiciones médicas o de salud mental

- Ingrese información médica o de salud mental.
- Si no hay problemas médicos, haga clic en la casilla de verificación Sin condiciones médicas o de salud mental.
- Click **Next**

▼ Health Services - Medical or Mental Health Conditions

No medical or mental health conditions

OR

Condition*	Comments and Instructions	Remove Condition
<input type="text"/>	<input type="text"/>	

Add Condition

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Medicamentos

- Ingrese la información del medicamento.
- Si no hay medicamentos, haga clic en la casilla de verificación Sin medicamentos.
- Click **Next**

▼ Health Services - Medications

No medications

OR

Medication*	Where Taken*	Medication Type*	Comments and Instructions	Remove Medication
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Add Medication

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Inscripción de tribus

¿Es el estudiante un miembro activo de una tribu estadounidense? Seleccione Sí o No y complete la información si está disponible.

Click **Next**

▼ 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

Tribes, Band or Group?

Tribes, Band or Group is:

Name of individual with tribal membership

Individual named is:

Membership or enrollment number

Name of organization maintaining membership data for the tribe, band or group

Other Tribal Number:

Address line 1 of organization

Address line 2 of organization

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Directrices de FERPA (Ley de Privacidad y Derechos Educativos de la Familia)

Haga clic en las Pautas de FERPA, una vez completadas, haga clic en la casilla de verificación **He leído las pautas de FERPA/PPRA para padres.**

Click **Next**

▼ FERPA Guidelines

Family Education Rights and Privacy Act (FERPA) FERPA affords parents and students who are 18 years of age or older certain rights with respect to the student's educational records. These rights are:

1. The right to inspect and review the student's education records within 45 days after the day the school receives a request for access.
2. The right to request the amendment of the student's educational records that the parent or eligible student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.

[Procedures for challenging school records.](#)

3. The right to provide written consent before the school discloses personally identifiable information (PII) from the student's educational records, except to the extent that FERPA authorizes disclosure without consent.

[Information on who may obtain personally identifiable information.](#)

4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by Washoe County School District to comply with the requirements of FERPA.

[Information on reporting FERPA violations.](#)

For a more in depth explanation of these rights, please [click here and read the FERPA and PPRA Guidelines for Parents document.](#)

Infinite Campus contains records such as behavior, transcript, and enrollment history that are not viewable on the portal. If you would like to see these or other records available in Infinite Campus, you can make an appointment with your child's school to view the records for free. You can also obtain a copy of those records using a records request by clicking the link below. A fee is associated with copies of records.

[Washoe County School District Records Request](#)

I have read the FERPA and PPRA Guidelines for Parents.

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Liberar acuerdos

Información del directorio

- Elija la respuesta apropiada
- Click **Next**

▼ Release Agreement - Directory Information

Certain information is made available to most individuals (those not listed under "Who can obtain personally identifiable information") only with parental written permission. Activities such as awards, scholarships, college/technical school information and various school publications such as yearbooks and athletic programs, however, require the use of some general information about students. Such information is called **directory information** and this information may be provided to a third party without parental consent.

The Washoe County School District defines **directory information** as:

- name
- date and place of birth, photographs
- participation in officially recognized activities and sports
- field of study
- weight and height of athletes
- enrollment status
- degrees and awards received (this may include qualifying grade point average)
- dates of enrollment
- most recent previous school attended
- grade level
- grade point average range for college recruitment

According to the Federal Family Educational Rights and Privacy Act of 1974 (FERPA), directory information about students may be released by the district without parental consent, provided annual notification has been given and the school does not have on file written denial to release directory information. Parents have the right to see any documents or materials directly related to their children that are kept within the school or Washoe County School District offices unless the document is a memory jogger note that is unshared.

Please withhold WCSD directory information for my child. This includes all outside entities or publications and inside entities and publications such as yearbook, playbills, honor roll or other recognition lists, graduation programs, printed newsletters, and sports activity programs/sheets. This will not include directory information being given to school officials or individuals/entities operating as school officials.

Please do not withhold WCSD directory information for my child.

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Exclusión militar

Click **Next**

▼ Release Agreement - Military Opt Out

Federal No Child Left Behind legislation provides that all branches of the military have access to the names, addresses, and telephone listings of high school students unless parents or students have advised the school that they do not want their information disclosed without prior written consent. Opt out forms to deny the release of directory information to the military are available on the district website. Go to Departments, Student Accounting and FERPA. They can also be found in each high school's main office. The written request to withhold student information is due to the high school the student is attending by October 1st. If the student enrolls in the district after October 1st, the written request is due within two weeks of enrollment. The request to withhold directory information will be in effect from the date it is received by the school; please be aware that prior to this date information may have been released. It is only necessary for students or parents to complete the form once during the students' high school career; the form does not need to be submitted annually.

Please withhold my child's information to any or all branches of the military.

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Derechos de los padres (de estudiante de inglés) EL

Para obtener más información, lean los detalles, haga clic en el enlace proporcionado. Marque en la caja.

Click **Next**

▼ **EL Parental Rights**

English Learner Pupil and Parental Rights - Assembly Bill 195: Overview

Assembly Bill (AB) 195 (2021) relating to pupils who are English learners requires the annual notification of pupil and parental rights. Please click the link to access the full English Learner Pupil and Parental Rights document, available in additional languages.

[English Learner Pupil and Parental Rights](#)

If you have additional questions, please contact your child's school or the Department of English Language Development, 333-6090.

* I acknowledge that I have reviewed and understand the posted pupil and parental rights pertaining to AB195.

Excursión de estudiantes (excursión de estudios y de actividades)

Elija la respuesta apropiada

Click **Next**

▼ **Student Travel (Field and Activity Trip)**

Find below the Student Travel (Field and Activity Trip) Permission and Waiver of Liability and Assumption of Risk Statement. After reading the below, you mark, "I have read and agree", then you are agreeing with the below and your child will be able to go on field or activity trips. If after reading the below, you mark that you do not agree, your child will not be able to go on field trips.

Prior to my child/ward participating in any individual trip, I will be provided with information for any such trip and given the ability to approve or deny my child/ward's attendance on any individual trip (to include day and overnight field trips and activity trips). Such information shall include any associated costs, departure/arrival times, destination, method of transportation, and any other applicable information.

I hereby expressly relieve, indemnify, save, hold harmless, and agree to defend the Washoe County School District, its Board of Trustees, and all its volunteers, agents or employees thereof from and against any and all liability or claims arising from injury or damage, including property loss or damage, suffered or incurred by my child/ward as a result of the acts, omissions, or conduct of any person, including an employee, trustee, volunteer and/or agent of the Washoe County School District and assume all risk associated with participating in this activity.

I understand that this activity can involve risk of injury including but not limited to neck and spinal injuries, and injury to bones, joints, ligaments, muscles, and tendons. I also certify that my child/ward has no ailment or organic defect that would make participation in this activity dangerous to his/her health.

I further agree to assume the responsibility of seeing that my child/ward cooperates and conforms to the fullest extent with the directions and instructions of the individual(s) supervising my child/ward.

I understand it is my responsibility to carry and maintain medical insurance for my child/ward. In the case of an emergency and the parent/guardian cannot be reached, I hereby authorize the Washoe County School District or any of its employees, agents, representatives, instructors, coaches, or volunteers to obtain whatever medical treatment they deem necessary for the welfare of my child/ward. If the injury or illness is life threatening or my student is in need of emergency treatment, I authorize the District or any of its employees, agents, representatives, instructors, coaches, or volunteers to summon any and all professional emergency personnel to attend, transport, and treat the student. I further understand and agree that I will be financially responsible for all charges/fees incurred in the rendering of said treatment even if such charges/fees are not covered by medical insurance.

YES - I have read and agree to the Student Travel (Field and Activity Trip) Permission and Waiver of Liability and Assumption of Risk.

NO - I do not agree to the Student Travel (Field & Activity Trip) Permission & Waiver of Liability & Assumption of Risk. I understand that my child will not be able to attend field or activity trips.

Acuerdo de Liberación

Publicaciones escolares

Elija la respuesta apropiada.

Click **Next**

▼ **Release Agreement - School Publications**

Yes - I consent for my student's image, voice, and/or name to be used in school publications including but not limited to yearbook, class picture, and school newspaper. Please note that you must also approve the release of directory information for a student's image, voice, and/or name to be used in school publications.

No - I do not consent.

Medios de comunicación externos

Elija la respuesta apropiada.

Click **Next**

▼ Release Agreement - External Media

Yes- I consent for my student's image, voice and/or name to be used by independent media sources including but not limited to print, broadcasting, and online outlets. Please note that you must also approve the release of directory information for a student's image, voice, and/or name to be used in external media.

No - I do not consent.

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Consentimiento para proporcionar datos a Colleges y Universidades de Nevada

Elija la respuesta apropiada.

Click **Next**

▼ 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 (grades 11, 12 and 5th year students).

I consent

I do not consent

Does this child have at least one parent that has graduated from a 4 year college or university?

Yes

No

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S.H.A.R.E (Sexuality Health and Responsibility Education)

(Educación para la Salud y Responsabilidad de la Sexualidad)

Elija la respuesta apropiada.

Click **Next**

▼ S.H.A.R.E. (Sexuality Health and Responsibility Education)

Students in grades four through high school have the opportunity to participate in the S.H.A.R.E. program, per NRS 389.036. A trained educator or counselor provides instruction for S.H.A.R.E.

NRS 389.036 requires parental consent for your child to participate in the S.H.A.R.E. program.

Please see grade level lessons: <https://www.washoeschools.net/Domain/483>

Yes, I would like my child to participate in the program.

No, I DO NOT want my child to participate in the program.

Students who do not have permission are given an alternative assignment and placed in a different classroom for the duration of the SHARE lesson

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Señales de suicidio

Elija la respuesta apropiada.

Click **Next**

▼ Signs of Suicide

Washoe County School District cares about the health and wellness of all students

Students participate in the S.O.S Signs of Suicide Prevention Program. S.O.S is an evidence-based youth suicide prevention program that has demonstrated an improvement in students' knowledge and adaptive attitudes about suicide risk and depression. This program meets the Nevada Academic Content Standards for Health and complies with NRS 388.256.

The SOS Signs of Suicide Prevention program consists of the following parts:

All students in grade 7 will participate in a lesson and class discussion led by a licensed school counselor or licensed school social worker. This includes a video and focuses on how to A.C.T (Acknowledge, Care and Tell a trusted adult) when concerned about themselves or a friend.

At every school, staff members received up-to-date training about effective ways to reduce suicide risk.

At each middle school, family members are invited to review the lesson materials and learn about ways to reduce suicide risk in our children and our communities. Other information opportunities may also be offered.

As an additional prevention measure, WCSD in partnership with The Children's Cabinet offers all 7th graders the option to participate in the Brief Screen for Adolescent Depression (BSAD).

The BSAD is a 7-question, validated screening tool for adolescent depression. Students will meet with a qualified mental health professional privately to determine if further evaluation would be helpful. Families will be contacted if there are immediate concerns. This opportunity is a joint effort between WCSD and Children's Cabinet staff.

For more information on the SOS Signs of Suicide Prevention Program, please visit <https://sossignsofsuicide.org/parent>

Yes, I give permission for my child to be screened.
 No, I do not give permission for my child to be screened.

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Política de educación del - 21st Century - y el aprendizaje digital

Lea los detalles, para obtener más información, haga clic en el enlace proporcionado. Marcar en la caja.

Click **Next**

▼ 21st Century and Digital Learning Policy

WCSD is committed to preparing all students to graduate ready for 21st Century careers and college. All students will have regular opportunities to learn to use technology productively, safely, and appropriately as an essential part of a 21st Century education. WCSD policies and student responsible use guidelines [can be reviewed by clicking here](#).

* I have read the 21st Century and Digital Learning Policy.

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Conectividad en el hogar: Internet y dispositivos

Elija la respuesta apropiada.

Click **Next**

▼ Home Connectivity – Internet and Device

1. Do you have reliable internet access in your home that your child can use to participate in distance education?

a. Yes, I have reliable internet access in my home that my child can use to participate in distance education.
 b. No, I do not have reliable internet access in my home that my child can use to participate in distance education.

2. Do you have a reliable computer, laptop, or device in your home that your child can use to participate in distance education?

a. Yes, I have a reliable computer, laptop, or device in my home that my child can use to participate in distance education.
 b. No, I do not have a reliable computer, laptop, or device in my home that my child can use to participate in distance education.

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Acuerdo de Participación Educativa

Elija la respuesta apropiada.

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 have read and agree with the Educational Involvement Accord.

I have read and do not agree with the Educational Involvement Accord.

[Educational Involvement Accord](#)

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Sistema de Apoyos de Múltiples Niveles (MTSS)

Lea los detalles, para obtener más información, haga clic en el enlace proporcionado.

Click **Next**

▼ Multi-Tiered System of Supports (MTSS)

In the WCSD, we use a **Multi-Tiered System of Supports (MTSS)**, a three-tiered problem-solving approach, to identify and support those who do not demonstrate behavioral and academic success. Students who have not demonstrated mastery of WCSD standards are provided with two levels of support (Tier 2 and Tier 3) beyond the core curricula (Tier 1). MTSS has been identified as best practice in the field of education and fulfills federal and state legal requirements to meet the needs of all students. To access the full MTSS Parent Letter, please click on the link to our [Family Information: MTSS](#) webpage. **What happens at each tier within the MTSS framework?**

- At Tier 1, the classroom teacher uses the grade-level academic and behavioral curricula. All students receive Tier 1, grade-level instruction.
- At Tier 2, additional small group targeted interventions are provided for students not successful at Tier 1. These interventions address specific areas of need and student growth is monitored to ensure the interventions work.
- At Tier 3, students who did not make growth with Tier 2 supports are provided more individualized and intensive interventions. Student growth is monitored to ensure interventions work.

How is student growth monitored within the MTSS framework? At each tier, student growth is monitored on a schedule determined by the intensity of the intervention.

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Consentimiento de la tarjeta de biblioteca del WCLS

Elija la respuesta apropiada.

Click **Next**

▼ WCLS Library Card Consent

The Washoe County Library System would like to issue your student a Washoe County Library Card so that your child will have access to the Washoe County Library System. To do this, information must be provided to them. The items are: Student ID, Student Name, Date of Birth, Mailing Address, City, State, Zip Code, Home Phone Number, Parent Email Address, and Parent/Guardian Name. This is not a requirement for completing school projects or for enrollment.

Yes, I give my permission for the Washoe County School District to provide the above information to the Washoe County Library System so that my child may be issued a Washoe County Library Card.

No, I do not give permission for the information to be released to the Washoe County Library. I understand that I may still go to the Washoe County Public Library and obtain the Washoe County Library Card for my child, but one will not be issued automatically as a result of this school registration process.

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Padres voluntarios

Los padres que deseen ser voluntarios en el salón de clases deben completar la Solicitud de Voluntariado de Adultos en la escuela y entregarla en la escuela. Hay un enlace en la ventana de Padres Voluntarios.

Click **Save**

▼ Parent Volunteers

To begin volunteering with WCSD, there are a few minor steps to complete. Your screening must include an ID check from Volunteer Services or the staff at the school site. The appropriate application can be obtained by clicking on the link for an Adult School Volunteer Application.

[Adult School Volunteer Application](#)

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Verifique todos los estudiantes en la lista. Cuando se completa, todos los estudiantes deben tener una marca de verificación verde. Si falta la marca de verificación, haga clic en Editar y complete la información requerida.

Student

First Name	Last Name	Gender	School	Completed	
NAPOLEON	DYNAMITE	M		✓	Edit

[Description of Add Student](#)

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](#)

Para agregar otro estudiante nuevo, haga clic en el enlace Agregar nuevo estudiante **Add New Student** y complete la información en cada ventana. Haga clic en Guardar/Continuar después de que se hayan agregado todos los estudiantes con una marca de verificación verde junto a su nombre. Haga clic en el botón rojo para entregar. **Submit**

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.

[Submit](#)

[Back](#)

[Application Summary PDF](#)

Ya terminó. Aparecerá una pantalla que le permitirá guardar o imprimir una copia en PDF de los datos enviados. El PDF tendrá su número de solicitud en la esquina superior derecha. Junto todos sus documentos y diríjase a la escuela de zona a la que pertenece su estudiante.