

Online Registration

for New Students

Enrolling in

Washoe County School District

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.

Welcome to online registration. This registration process eliminates filling out numerous forms for each student and is the first step in enrolling your student into school. To start online registration, parents/guardians will go to the WCSD Website, www.washoe.k12.nv.us. ٠ On your home computer or Kiosk computer at the school site, type in www.washoe.k12.nv.us in the • address bar. This process works best when using Internet Explorer or Firefox as your browser. Washoe County School District - Windows Internet Explorer 😂 http://www.washoe.**k12.nv.us**/ Click on the Parents tab • Parents Students Staff Trustees Community Washoe County School District Every Child, By Name And Face, To Graduation Click on the Infinite Campus Online NEW Student Registration icon. You will automatically go to the • online registration window where you will begin the process of online registration. Infinite Campus **Online NEW Student** Registration

Make sure to i	nput all information in CAPITAL letters
 Input your 	First Name, Last Name, Email Address and Verify Email Address in the appropriate fields.
	Online Devictoria
	*
	Please complete the information below to begin the registration process.
	First Name
	Please type in the two words you see displayed in the image below.
	Please type in the two words you see displayed in the image below
NOTE: A pare	nt/guardian who does not have an email address may use registration@washoeschools.net
for registration	n purposes. The secretary at the school site will retrieve the returned email so the parent/
guardian can d	continue with registration.
0	
Type in the	e words found in the image on your screen. If you can't read the image choose another im-
age by clic	king on the reload button.
	stop spam.
66	GOULAI activity and a second activity
	Please enter the words you see in the box, in order and separated by a
Type the	e two words: Space. Doing so helps prevent automated programs from abusing
beedsor	ndi council 2 Stop spam. this service.
	If you are not sure what the words
	are, either enter your best guess or click the reload button next to the
	distorted words.
	Visually impaired users can click the audio button to beer a set of
	words that can be entered instead
	of the visual challenge.
• Select	Begin Registration
This messa	age will appear.
Tha	ink you for starting the Online registration process
The	e email address you entered will receive an email shortly.
Tha	t email will contain a link that will lead you to the official registration page. Thank you

- Go to your personal email and open the email from "Donotreply@washoeschools.net". (Save this email, do not delete it. You can exit online registration (OLR) at any time. To get back into the OLR go back to your saved email and click on the link. It will take you back to your document.)
- Open the email and click on the secure link provided.
- Choose the language in which you would like to complete the application, either English or Spanish.
- Click **Submit** to go to the next step.

Language English 💌	

- Type your name in the box.
- Click **Submit** to go to the next step.

box below.	*			
By typing your person auther account, and t the best of yo	name into the nticated into th the data you a ur knowledge.	box above is applicatio e entering/	you attest th n or an autho verifying is ac	at you are the rized user of th curate and true
				Submit

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All requi	red fields with a u	red asterisk *	must he co	mpleted for	each secti	on
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Type in the Househo	ld (Home) addres	ss information	. Only ent	er the physic	cal address	s here, you wil
Type in the Househo able to enter a PO Bo As you type in the ac address is correctly o	Id (Home) addre: ox on the next sci Idress it will appe entered.	ss information reen. ear below " <u>Yo</u> u	u. Only ention	er the physic as entered a	cal address a <u>bove"</u> to h	s here, you wil help verify tha
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DRAFT

• If there is an additional mailing address such as a post office box, type in the PO Box information. To enter a PO Box mark the Post Office Box field, Box Number, City, State, and Zip.

▼ Mailing Add	Iress							
Please use ti Postal Mail, p	he address editor below t please click "Save".	o enter you	r address. You will	see the formatted postal a	ddress below in the	viewer. Once you	ır address aş	ppears as it should on U.S.
L The hou	sehold has no separate M	lailing Addre	ISS					
Post Office Box	Number *		Prefix	Street	*	Tag	Direction	Apartment
	City	*	State *	Zip *		County		
	Your address	as entered	above					
Previous	,							

- If there are no additional mailing addresses, click in the check box indicating that **The household has no** separate Mailing Address.
- Click on **Save** when the mailing information is complete.

You have now completed the household phone number, address, and secondary address information.

	Add Parent,	/Guardian	Information	
/ou must add all pare	nt/guardians, including	yourself.		
Choose Add New	Parent			
First Name	Last Name	Gender	Completed	
Add New P	arent			
Back				
Enter the parent/guar	dian's directory informa	ation.		
• Type in the parent only. You may ent	/guardian's legal First N er a middle initial if you	Name, Middle N a u do not want to	me, and Last Name. Please use legal network of the middle name.	ames
Enter Birth Date, t	his is optional.			
Choose a Gender				
Check in the check this box if the pare	box if the person being nt/guardian lives at an	; added lives at th other address.	e same address as the student. Do not	checl
Click Next				
Parent Name: FF	RED BAKER			
Demographics				1
Enter the parent	you wish to enter. Please r	eview and complet	e the following:	
First Name FRI	ED *			
Middle Name				
Last Name BA	KER *			
Birth Date				
	ase check this box if this p	erson lives in the a	ddress entered previously for this student.	
		Next 🕨		

	Enter parent/guardian phone numbers and email information. (You must enter an e-mail address <u>or</u> check the Has no e-mail box .)
	Check each appropriate contact preference. Read descriptions for additional information.
	Click Next
	Contact Information
	Enter the contact information and how you'd prefer to receive the different types of messages we will send you.
	Cell Phone () - Cell P
	Work Phone () - x Email *
-	Teacher - Marking this checkbox will use this method of contact for teacher-sent messages, including messages regarding failing grades and missing assignments.
	Teacher - Marking this checkbox will use this method of contact for teacher-sent messages, including messages regarding failing grades and missing assignments.
	Teacher - Marking this checkbox will use this method of contact for teacher-sent messages, including messages regarding failing grades and missing assignments. Inter Cell Phone Texting Information if you wish to receive text messages. Read description for add tional information. Enter a daytime Connect Ed/Emergency Notification number if you wish to receive emergency information mation.
	Teacher - Marking this checkbox will use this method of contact for teacher-sent messages, including messages regarding failing grades and missing assignments. (Previous Next) Enter Cell Phone Texting Information if you wish to receive text messages. Read description for add tional information. Enter a daytime Connect Ed/Emergency Notification number if you wish to receive emergency infor mation. Read description for additional information.
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	Teacher - Marking this checkbox will use this method of contact for teacher-sent messages, including messages regarding failing grades and missing assignments. Previous Next > Enter Cell Phone Texting Information if you wish to receive text messages. Read description for add tional information. Enter a daytime Connect Ed/Emergency Notification number if you wish to receive emergency infor mation. Read description for additional information. Click Next ell Phone Texting Information messages, provide your cell phone method of information and events by receiving text messages, provide your cell phone number of this purpose. Because of the limited space connect-Ed, only one cell phone number may be used for texting messages.
	Teacher - Marking this checkbox will use this method of contact for teacher-sent messages, including messages regarding failing grades and missing assignments. Previous Next > Enter Cell Phone Texting Information if you wish to receive text messages. Read description for add tional information. Enter a daytime Connect Ed/Emergency Notification number if you wish to receive emergency infor mation. Read description for additional information. Click Next ell Phone Texting Information provides parents/guardians another means to receive messages from your child's school and Washoe County School District. ou would like to be notified information and events by receiving text messages, provide your cell phone number below for this purpose. Because of the limited space Connect-Ed, only one cell phone number may be used for texting Number (
	Teacher - Marking this checkbox will use this method of contact for teacher-sent messages, including messages regarding failing grades and missing assignments. (* Previous Next *) Enter Cell Phone Texting Information if you wish to receive text messages. Read description for add tional information. Enter a daytime Connect Ed/Emergency Notification number if you wish to receive emergency infor mation. Read description for additional information. Click Next
	Teacher - Marking this checkbox will use this method of contact for teacher-sent messages, including messages regarding failing grades and missing assignments. I Previous Next # Enter Cell Phone Texting Information if you wish to receive text messages. Read description for add tional information. Enter a daytime Connect Ed/Emergency Notification number if you wish to receive emergency infor mation. Read description for additional information. Click Next I Phone Texting Information provides parents/guardians another means to receive messages from your child's school and Washoe County School District. ou would like to be notified of information provides parents/guardians another means to receive messages from your child's school and Washoe County School District. Connect Ed /Emergency Notification: Please provide a phone number wou would like to receive messages from your child's school and Washoe County School District. Connect Ed /Emergency Notification: Please provide a phone number wou would like to receive messages from your child's school and Washoe County School District. Connect Ed /Emergency Notification: Please provide a phone number wou would like to receive messages. Cell Phone Texting Number counts be a local, long distance, ricell phone number and must be a direct line. The system can only cell different number. Thy ou want it to be your different formater and ready the a street form. Connect Ed /Emergency Notification: Please provide a phone number of your employer. We need a number that will reach you or a trusted friend directly. Daytime Emergency Contact Number contact Number contact and work or a large
	Teacher - Marking this checkbox will use this method of contact for teacher-sent messages, including messages regarding failing grades and missing assignments. (

	orrect circle fo	or Migrant Worker	information.		
Click Next					
Migrant Work	er				
Has this paren	t worked in the fis	hing or agriculture industry	in the past three yea	rs?	
		© Yes			
		C No			
	4	Previous Next >			
Click in the ch	ieck box if yo	u are a parent in th	e Military.		
Click Save .					
Impact A	\id				
Federal I	mpact Aid (FIA) Section 8003 Grant I	Information.		
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Save The parent/gr been entered	uardian adde correctly. Ye	ancel d will appear in the ou must click on the	e window with a e parent/guardi	a green check mai ian if the check m see that lane is c	rk if all information ha ark does not appear a
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		Add Emergen	icy Contac	t Information	
An e and tacti	emergency conta when all attemp ing the school to	ict is a person who you fea its to reach the parent/gua pick up a student unless t	el comfortable wi ardian have failec the parent/guard	th the school contacting i I. Emergency contacts ca ian has given specific peri	n case of emergency nnot initiate con- mission to do so.
• `	You may add as i complete the reg	many emergency contacts gistration.	s as you wish. You	ı must add at least <u>one</u> ei	mergency contact to
• (Click on Add Nev	v Emergency Contact	Add New	Emergency Contact	
			Back	Save/Continue	
•	Enter the emerge	ency contact name and ge	ender.		
• (Click Next				
• •	Contact Demo Please P Conta Verifi Sau Enter the emerge Please enter the	t Name: Sam Jones graphics e complete the following information for each eme First Name Sam Middle Name Last Name Jones Birth Date Gender Male = + (Next +) ct Information re Cancel Delete ency contact phone numb email address <u>or</u> check th	ergency contact for your students.	number is required. he emergency contact H a	as no e-mail.
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Click Save					
rification					
ease enter the add	ress for this emerg	gency contact. This informat	ion will only be used to	verify the contact doesn't already	appear in our system
	Please check this	box if this person lives in th	ne previous entered add	ress for this student.	
OR					
Address Line 1	1318 FULTON AV	E	*		
Address Line 2	RENO, NV 89512	2	*		
		<u>Example</u> Address Line	1 - 123 S Main St Ant 4		
		Address Line :	2 - Schenectady, NY 123	345	
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		Ad	d Student(s)	
Ad do	d each student in the ho cuments for each stude	ousehold. This regis nt and is the first ste	tration process ta p to enrolling you	kes the place of filling o r student into school.	ut numerous forms/
•	Click Add New Studen	t			
	First Name	Last Name	Gender	Completed	
	Add New Stud	ent			
	Back				
Er	iter student demogr	aphic informatior	in all capital l	etters - Please enter	the information
ac	curately, this inform	ation will be veri	fied by the sch	ool secretary/registr	ar at the time of
er	rollment.				
•	Enter Legal First Name	, Middle Name and L	ast Name as seer.	on the student's birth o	certificate.
•	Enter Gender				
•	Enter Birth date				
•	Enter Ethnicity - Yes or	No question, is the	student Hispanic/	Latino.	
•	Enter Race - You may o	hoose more than on	e race.		
•	Enter the date the stud	dent entered the US	if the student is fr	om out of the country.	
•	Check the box marked	Foreign Exchange if	the student is her	e through a foreign exc	hange program.
•	Click Next				
	' Demographics				
	There will be a few steps for each stud information that is incorrect. Please en box marked "last name". Please enter	ent you enter. The first is general o ter the student's name exactly as it both names without a dash in betw	lemographic information. Plea appears on the birth certifica een.	se verify or add the information below. F te. If your student has two last names, p	Nease update any Nease enter both in the
	First Name	*	Gender 🗨 *	Is Hispan	nic/Latino
	Middle Name		Birth Date	*	Asian
	Last Name	Date En	Fundamental Content of the second sec	Black American Inc	. or African American 🔲 dian or Alaska Native 🔲
	Nickname	Foreign	Exchange	Native Haw	White 🗖 aiian or Other Pacific 🗖
					Islander 🛀
			Next >		

- Click in the appropriate box, Homeless or Not Homeless.
- If you check homeless an additional box will appear, choose the appropriate living situation.
- Click Yes or No for doubled with another family and unaccompanied youth.
- Click Next



In the Language Information window please enter all information.

- Enter Student Language
- Enter Parent Language
- Enter the first language spoken by the student.
- Enter the language most often spoken at home.
- Enter the language most often spoken by the student with friends.
- Enter if your student has ever received ESL/ELL services.
- Click Next

Language Information	
Student Language	•
Parent Language	•
What was the first language spoken by the student?	•
What is the language most often spoken at home?	•
What is the language most often spoken by the student with friends?	•
Has your child ever received English as a Second Language (ESL/ELL) services?	•
✓ Previous Next	

Α	d Student(s) Continued						
•	nter Previous Schools						
•	lick Next						
•	T Previous Schools						
	Please enter information regarding this students prior schools.						
	School City State Country						
	Last Year						
	2 Years Ago						
•	heck the box to the right of the screen if the student is an active member with a US tribe and click nk for the Student Eligibility Certification Form and fill out all information. You must take the con leted form with you to enroll your student at the school.	the n-					
•	bal Enrollment						
	he 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 tification form.						
	Does this student currently have an active enrollment within a United States Tribe?						
	✓ Previous Next >						

- Choose each relationship to the student from the drop down menu next to each parent/guardian name. If no relationship exists, click in the **No Relationship** box to the far right. Marking the No Relationship box will end the relationship for this student and the parent/guardian.
- Choose the preferences for each parent/guardian. Read the descriptions for additional information. You must check Guardian and Mailing to receive letters and report cards for your children.
- Enter the sequence in which you wish to be contacted in case of emergency. Number 1 would be the person we would attempt to contact first.
- Click Next

Relationships - Pa	arent/Guardians							
Name	Relationship*	Guardian	Mailing	Portal	Messenger	Contact Sequence*	OR	No Relationship
JANE SMITH	Mother	•	~	v		1	I.	
FRED BAKER	Step-Father	•				2	1	
Description of Con	tact Preferences							
Guardian - Markir	ng this checkbox will flag	his person as legal gua	ardian to the	e student.				
Mailing - Marking	this checkbox will flag thi	s person to receive ma	ilings for the	e student.				
Portal - Marking t	his checkbox will flag this	person as a portal acco	ount, and th	is person v	will be able to vie	w student information within	the portal for	r this student.
Messenger - Mar	king this checkbox will fla	g this person to receive	messages	from the D	istrict's messeng	jer system.		
Contact Sequence	e - Adding a sequence nu	imber on contacts will p	prompt distr	ict staff to	contact these pe	rsons in the order that you s	pecify. Paren	t/Guardians should
No Bolationship	Marking this shockbox u	ill indicate that this per	ri al a segu	ence or 1.	rolationship to th	a student. By sheeking this s	hookbox you	are indicating that th
person no longer h	as a relationship to the st	udent. The relationship	will be end	ed if one e	xists.	e student. by checking this c	HECKDOX YOU	are mulcating that th
			- ∢ Pr	evious	Next 🕨			
nter Relatio	onships to the s	student for ea	ach em	ergen	cv contac	t. Marking the N	lo Relat	ionship box
				- 0	-,	8		
nd the relat	tionship for th	is student and	d the e	merge	ency conta	act and this pers	on will i	no longer be
mergency o	contact for this	student.						
07-								
ntor the co	auonco in whic	h anch amar	10001	ontoo	t chould b	o contacted in a	aco of a	morgoncy
iter the se	quence in whic	n each emerg	зепсу (Jonido	ι should l	le contacted In C	ase of e	mergency.

Click Next

Emergency Contacts				
Name	Relationship*	Contact Sequence*	· OR	No Relationship
Sam Jones	Emergency Contact -	1		
Description of Contact Preferences				
Contact Sequence - Adding a sequence start with a sequence of 1 and Emergence	e number on contacts will prompt district sta	ff to contact these persons in the orde	er that you specify.	Parent/Guardians should
No Relationship - Marking this checkbo	ox will indicate that this person does not shar	re a relationship to the student. By ch	eckina this checkbo	x vou are indicating that
person no longer has a relationship to th	e student. The relationship will be ended if o	ine exists.		, ee ale malaating tha
	< Previous	s Next 🕨		
	Previous	s Next ⊧		
	4 Previous	s Next >		
	< Previous	s Next >		
	< Previous	s Next >		
	< Previous	s Next >		
	< Previous	s Next ►		

must enter a 1 even if you have only one emergency contact.

- Enter **Primary Care** information. This is not required to complete registration.
- Click Next



- 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	* *
4	Previous Next
	Hoved Hoxer

dd	Student/s Continued
Ente	r the medication information.
If th	ere are no medications, click in the No Medications checkbox.
Click	Next
	• Health Services - Medications
	No medications
	Daily Medications
	Daily Medications Instructions
	Medication as Needed
	Medication as Needed Instructions
Choo	Previous Next > ose the appropriate response for Media. Next
Choo Click Releas	Previous Next Description
Choo Click Releas	Previous Next
Choo Click Releas O Ye O No Choo Click	A Previous Next A pre
Choo Click Releas O Ye O No Choo Click	A set the appropriate response for Media. Next A greement - Media s - 1 consent to the School and/or District's use of my child's photograph, voice and/or name in various media project - 1 do not consent to the School and/or District's use of my child's photograph, voice and/or name in various media project - 1 do not consent to the School and/or District's use of my child's photograph, voice and/or name in various media project - 1 do not consent to the School and/or District's use of my child's photograph, voice and/or name in various media project - 1 do not consent to the School and/or District's use of my child's photograph, voice and/or name in various media project - 1 do not consent to the School and/or District's use of my child's photograph, voice and/or name in various media project - 2 do not consent to the School and/or District's use of my child's photograph, voice and/or name in various media project - 1 do not consent to the School and/or District's use of my child's photograph, voice and/or name in various media project - 2 do not consent to the School and/or District's use of my child's photograph, voice and/or name in various media project - 2 do not consent to the School and/or District's use of my child's photograph, voice and/or name in various media project - 2 do not consent to the School and/or District's use of my child's photograph, voice and/or name in various media project - 2 do not consent to the School and/or District's use of my child's photograph, voice and/or name in various media project - 2 do not consent to the School and/or District's use of my child's photograph, voice and/or name in various media project - 2 do not consent to the School and/or District's use of my child's photograph, voice and/or name in various media project - 2 do not consent to the School and/or District's use of my child's photograph, voice and/or District's use of my child's photograph, voice and/or District's use of my child's photograph, voice and/or District's use of my child's photograph, vo
Choo Click Releas C Ye C No Click	A Previous Next A previous Next A previous Next A previous Next A greement - Media A greement to the School and/or District's use of my child's photograph, voice and/or name in various media project A grevious Next A greeview Next A greement - Field Trip A greement - Field Trip A gree - I consent for my child to participate in School and/ or District approved field trips. A school and or Districtipate in School and/ or District approved field trips. A school and or District is School and/ or District approved field trips. A school and or District is School and/ or District approved field trips. A school and or District approved field trips. A school and or District approved field trips. A school and or District a

- Click the Technology Acceptable Use Policy link and read the document. Choose the appropriate re-• sponse.
- Click Next •

O I agree	e to the Technology acceptable use policy.
O I do no	t agree to the Technology Acceptable Use Policy.
Technology	Acceptable Use Policy

- Click the Educational Involvement Accord link and read the document. Choose the appropriate re-• sponse.
- Click Next •

▼ Educational Involvment 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. 					
O I do not agree with the Educational Involvement Accord.					
Educational Involvement Accord					
Click the link for the Parent/Student Handbook. Read the document with your student(s). You must					
acknowledge the agreement to complete registration.					
Click Next					
▼ Parent/Student Agreement					
I have read and reviewed the Parent/Student Handbook with my student(s).					
Parent/Student Handbook					



• Verify all students in the list. When completed, all students should have a green check mark. If the check mark is missing click on the student's name and complete the required information.

Household						
Parent	First Name	La	st Name	Gender	Completed	Record Type
Emergency Contact	TAMARA			F	\checkmark	Existing
Student	KELSEY			F	1	Existing
Confirmation						
Completed	Add New Student					
	Back		Save/Co	ontinue		

- To add another new student, click on the Add New Student link and complete information in each window.
- Click **Save/Continue** after all students have been added with a completed check mark next to their name.
- Click on the link for **Application Summary PDF** and review all information. You will need Adobe Acrobat Reader to access the document.

Household Parent Emergency Contact Student Confirmation Completed	Please review the application and make any necessary changes before submitting. For a PDF summary of the current data, please click the link below. <u>Application Summary PDF</u> <u>Application Summary PDF</u>
	Back Go to Submission Page
Click Go to Submission	Page.

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- You can exit online registration (OLR) at any time during the process. To get back into the OLR go to your saved email and click on the link. The link will take you back to your OLR account.
- Once you click the **Submit** button you will no longer be able to change any of the information in the application. Please make sure all data is correct and complete before submitting. Click the **Back** button if you wish to edit any information.
- Click Submit.

Household	Once you have completed the registration process, and confirmed all information
Parent	been submitted for staff verification and approval, you will not be able to modify
Emergency Contact	this data.
Student	Submit
Confirmation	
Completed	
	Back

- Close the browser window. Congratulations, you are finished with registration!
- Contact your child's zoned school and inform them that your on-line application is complete and that you need to enroll your child in school. Take your child's birth certificate, immunization record, and proof of residency (power bill or rental agreement) to the zoned school. Ask the school if they require any other documentation for enrollment.

We hope that your student's educational experience in WCSD is fruitful, exciting, and wondrous!