



***Washoe County School District***

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**Every Child, By Name And Face, To Graduation**

**Online Registration  
For Students Already  
Enrolled and Attending  
WCSD Schools**

**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 accounts will log into Parent Portal.

Already have a Campus Portal account?

User Name

Password

[Problems logging in?](#)

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**.

Family

Messages

Calendar >

To Do List >

User Account

Change Password >

Contact Preferences >

Access Log >

District Notices - 0 messages

School Notices - 0 messages

Inbox - 5 messages

X	Date	Subject
X	12/12/2011	<a href="#">Online Registration</a>

- Choose one or all students by clicking in the check boxes. Click on **Begin Registration**.

	Student Name	Grade
<input checked="" type="checkbox"/>	SAMANTHA SMITH	01
<input checked="" type="checkbox"/>	TAMARA SMITH	01

An authorization page will appear. By typing in the authorized user name, they are stating that the information is accurate.

Welcome DEANNA SNELL

Please type in your first and last name in the box below. Note: If you are an authorized user of this account, and given permission to use this account from the original account holder, please type in your name into the box provided.

Deanna Snell \*

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

- Click **Submit** to go to the next step.
- Choose the language in which you would like to complete the application.

Please choose which language you would like to use to complete the application. Once you have chosen a language, you will have to exit and re-enter the application to be able to choose a different one. Any unsaved data will be lost.

Language

English ▼

Submit

- Click **Submit**.

# Data Verification

- Verify the Household (Home) phone number. If the information is incorrect, type in new number.



▼ **Home Phone**

Home Phone  
(775 ) 771 - 7406 \*

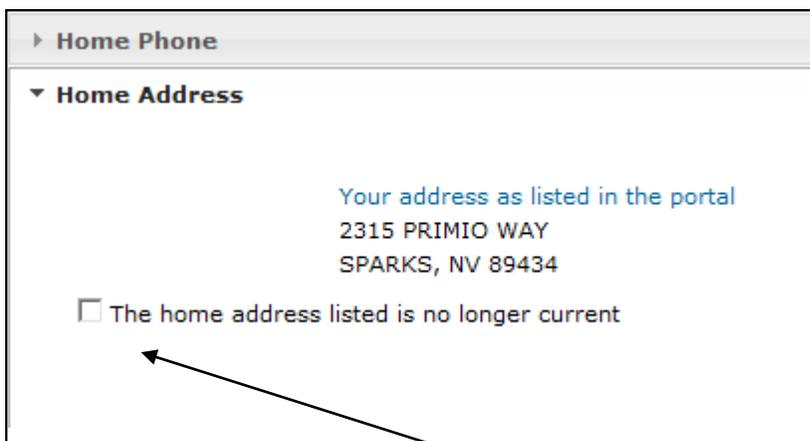
Next ▶

▶ Home Address

▶ Mailing Address

Save

- Click **Next**.
- Review the Household (Home) address information.
- If the address information is correct, click **Next**, then **Save**.



▶ Home Phone

▼ **Home Address**

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

The home address listed is no longer current

- 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. **(If the address fields do not appear, click Next then Previous.)**
- **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  \*

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

Number	Prefix	Street	Tag	Direction	Apartment
<input type="text" value="7225"/> *	<input type="text" value="S"/>	<input type="text" value="ANYWHERE"/> *	<input type="text" value="DR"/>	<input type="text"/>	<input type="text"/>
City	State	Zip	County		
<input type="text" value="SPARKS"/> *	<input type="text" value="NV"/> *	<input type="text" value="89434"/> *	<input type="text"/>		

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

- 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

- 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**
 **Number** \*
  **Prefix**
 **Street** \*
  **Tag**
 **Direction**
 **Apartment**

**City** \*
  **State** \*
  **Zip** \*
  **County**

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.
- Prefix usually notes a direction. Tag notes ST, WAY, BLVD, etc.
- Make sure to check **Post Office Box** if the mailing address is a PO Box.
- Click **Next**.

## Review Parent/Guardian Information

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



**ONLINE REGISTRATION**

Please click on each person to verify/add information needed to complete the registration process. Some fields are required, show with a red \*, and the system will not allow you to continue until all required fields are entered. All persons entered within this area will need to be viewed prior to continuing.

Household	First Name	Last Name	Gender	Completed	Record Type
Parent	DEANNA	SNELL	F		Existing
Emergency Contact	AMANDA	SNELL	F		Existing
Student	RICHARD	RICHARDSON			Existing

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.)

**Parent Name: RICHARD RICHARDSON**

► **Demographics**

▼ **Contact Information**

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

High Priority  Attendance  Behavior  General  Teacher

[Description of Contact Preferences](#)

**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.

- Check the boxes for Contact Preferences. (WCSD does not use Infinite Campus for attendance notifications.)
- Click **Next**.

- Enter Connect Ed phone information. Read descriptions for additional information.

Parent Name: RICHARD RICHARDSON

Demographics

Contact Information

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.

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 ( ) -

Previous Next

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

Migrant Worker

Has this parent worked in the fishing or agriculture industry in the past three years?

Yes

No

Previous Next

- Click **Next**.
- Click in the check box if you are a parent in the Military.

Impact Aid

Federal Impact Aid (FIA) Section 8003 Grant Information.

Parent in Military

Previous

Save Cancel

- Click **Save**.

When the review is completed, the parent name will appear in the list with a green check.

RICHARD	RICHARDSON	M		Existing
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- Continue parent review until all persons information has been reviewed and each parent in the list has a completed check mark.
- To add a new parent, click on the Add New Parent link.

Add New Parent

- 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.

<b>Parent Name:</b>	<b>Add New Parent</b>
<b>▼ Demographics</b>	
Enter the parent you wish to enter. Please review and complete the following:	
First Name <input type="text"/>	*
Middle Name <input type="text"/>	
Last Name <input type="text"/>	*
Birth Date <input type="text"/>	
Gender <input type="text"/>	*
<input checked="" type="checkbox"/> Please check this box if this person lives in the address entered previously for this student.	
<input type="button" value="Next &gt;"/>	
<b>▶ Contact Information</b>	
<b>▶ Cell Phone Texting Information</b>	
<b>▶ Migrant Worker</b>	
<b>▶ Impact Aid</b>	
<input type="button" value="Save"/>	<input type="button" value="Cancel"/>

- When all 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.

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

Add New Emergency Contact

Back

Save/Continue

- Verify personal data

Contact Name: TAWNIE FRANK

### Demographics

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

First Name  \*

Middle Name

Last Name  \*

Birth Date

Gender  \*

Please check this box if this person lives in the address listed.

255 W WESTFIELD ST  
RENO, NV 89502

Link Person ↗

Next ▶

- Click **Next**.
- Add phone numbers and e-mail address. If contact has no e-mail address, click in Has no e-mail.

▼ **Contact Information**

Enter the contact information for this emergency contact.

At least one Phone Number is required.\*

Home Phone ( ) -

Cell Phone (775 ) 250 - 1881

Work Phone (775 ) 348 - 0352 x

Email miranda@miranda.com\*

**OR**

Has no e-mail

- Click **Next**.
- Click **Save/Continue**.
- Check to make sure that all contacts in the list have a green **Completed** check mark.

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

[Add New Emergency Contact](#)

[Back](#)

[Save/Continue](#)

- To add a **New Emergency Contact**, click on the bold blue bar **ADD NEW EMERGENCY CONTACT**.
- Enter Data into all fields.
- Make sure to complete all fields with a red asterisk, or bold yellow highlighting.
- Click **Save/Continue**.

## Verify Student Data

- Click on each student in the list and verify all data.

First Name	Last Name	Gender	Completed	Record Type
MARTIN	Montega	M		EXISTING
STEVEN	Montega	M		EXISTING
MONICA	Montega	F		EXISTING

ADD NEW STUDENT

BACK

SAVE/CONTINUE

- The bright yellow highlighting indicates the existing children in the household.
- You must go through every information screen for each child.
- Click on the student name to verify the individual student data.
- Existing name information cannot be changed. If there is a name correction, please contact your child's school and they will help you with the changes.

**Student Name:** TAMARA M SNELL

▼ 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 <input style="width: 80%;" type="text" value="TAMARA"/>	Gender <input style="width: 80%;" type="text" value="Female"/>	Is Hispanic/Latino <input style="width: 80%;" type="text" value="No"/>
Middle Name <input style="width: 80%;" type="text" value="M"/>	Birth Date <input style="width: 80%;" type="text" value="09/07/2005"/>	Please check all that apply*
Last Name <input style="width: 80%;" type="text" value="SNELL"/>	Date Entered U.S. <input style="width: 80%;" type="text"/>	Asian <input type="checkbox"/>
Suffix <input style="width: 80%;" type="text"/>	Foreign Exchange <input type="checkbox"/>	Black or African American <input type="checkbox"/>
Nickname <input style="width: 80%;" type="text"/>		American Indian or Alaska Native <input type="checkbox"/>
		White <input checked="" type="checkbox"/>
		Native Hawaiian or Other Pacific Islander <input type="checkbox"/>

- Carefully review each field, if there is missing data, please enter the appropriate information.
- Click **Next**.

- Click in check box if student is homeless. Click appropriate selection for living situation.

▼ **Living Situation**

Is student 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

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](#)

◀ Previous    Next ▶

Click on the link to the Children in Transition Form, complete the form and turn in to the school.

- Click **Next**.
- Choose student language.

▼ **Language Information**

Student Language

Parent Language

English  
Spanish

◀ Previous    Next ▶

- Click **Next**.
- Choose Parent Language from the list. Use the scroll bars on the right of the list to see all available languages.

▼ **Language Information**

Student Language

Parent Language

Africaans  
Arabic  
Armenian  
Czech  
Cambodian/Khmer/Cham  
Cheyenne/Winnebago  
Taiwanese/Cantonese/Chinese  
Sioux/Santee/Lakotah/Dakotah  
Danish  
Bengali/Gujarati/Kanarese/Konkani/Kannada

◀ Previous    Next ▶

- If your child has a tribal affiliation, click the check box.
- Click the link for the **Student Eligibility Certification Form** and fill out all information.

**▼ 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.

Does this student currently have an active enrollment within a United States Tribe?

[Student Eligibility Certification Form](#)

- Click **Next**.
- Verify relationships to the **STUDENT**.

**▼ Relationships - Parent/Guardians**

Name	Relationship*	Guardian	Mailing	Portal	Messenger	Contact Sequence*	OR	No Relationship
RICHARD RICHARDSON	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		<input type="checkbox"/>
FRANK SNELL	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		<input type="checkbox"/>
DEANNA SNELL	Grandmother	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0		<input type="checkbox"/>
AMANDA SNELL	Mother	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0		<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.

**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.

- 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 in the check box for the desired **Contact Preferences**. 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.
- Check **Emergency Contact** information.

**▼ Relationships - Emergency Contacts**

Name	Relationship*	Contact Sequence*	OR	No Relationship
FRANK SNELL	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>

Description of Contact Preferences

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

- Establish **Relationship** and **Contact Sequence** for each person in the list.
- Click **Next**.

- Enter **Primary Care** information. (Physician information)

▼ **Health Services - Emergency Information**

Primary Care Provider

Primary Care Phone (  )  -

- Click **Next**.

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

▼ **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 the medication information. If there are no medications, click in the **No Medications** checkbox.

▼ **Health Services - Medications**

No medications

**OR**

Daily Medications

Daily Medications Instructions

Emergency Medication

Emergency Medication Instructions

Medication as Needed

Medication as Needed Instructions

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

▼ **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.

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.

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

▼ **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.

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

▼ **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 **Next**.
- Click the link for the **Parent/Student Handbook**. Choose appropriate response.

▼ **Parent/Student Agreement**

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

[Parent/Student Handbook](#)

◀ Previous    Next ▶

- Click **Next**.
- Click **Save**.
- Verify all students in the list. When completed, all students should have a green check mark .

<b>Household</b>					
<b>Parent</b>					
<b>Emergency Contact</b>					
<b>Student</b>	<b>First Name</b>	<b>Last Name</b>	<b>Gender</b>	<b>Completed</b>	<b>Record Type</b>
	TAMARA	SNELL	F	✓	Existing
	KELSEY	SNELL	F	✓	Existing
<b>Confirmation</b>	<a href="#">Add New Student</a>				
<b>Completed</b>	<a href="#">Back</a>		<a href="#">Save/Continue</a>		

- To add a new student, click on the **Add New Student** link and complete information in each window.
- Click **Save/Continue**.
- Click on the link for **Application Summary PDF** and review all information. You will need Adobe Acrobat Reader to access the document. You can download a free copy from the internet at: <http://get.adobe.com/reader/>

<b>Household</b>	<p>Please review the application and make any necessary changes before submitting. For a PDF summary of the current data, please click the link below.</p> <p style="text-align: center;"><a href="#">Application Summary PDF</a></p> 
<b>Parent</b>	
<b>Emergency Contact</b>	
<b>Student</b>	
<b>Confirmation</b>	
<b>Completed</b>	
	<a href="#">Back</a> <a href="#">Go to Submission Page</a>

- Click **Go to Submission Page**.

- This is the final online step in the registration process. 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. Click the **Back** button if you wish to edit any information.

<b>Household</b>	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.
<b>Parent</b>	
<b>Emergency Contact</b>	
<b>Student</b>	
<b>Confirmation</b>	
<b>Completed</b>	
	<p style="text-align: center;"><a href="#">Submit</a></p>
	<p style="text-align: center;"><a href="#">Back</a></p>

- Click **Submit**.
- Close the browser window. You are finished!
- Contact your child's school and inform them that your application is complete.