



***Washoe County School District***

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

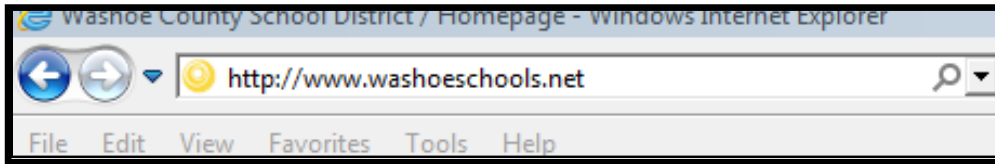
**Welcome Parents/Guardians to  
WCSD  
Online Registration  
for New Students  
Enrolling in  
Washoe County School District**

**WCSD Mission**

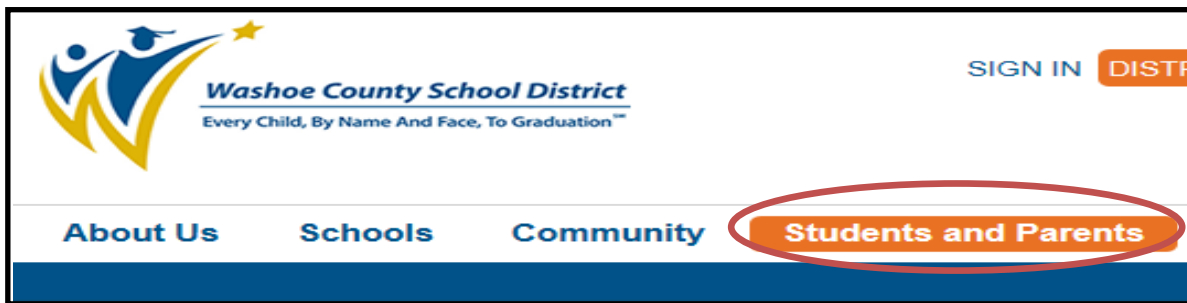
To create an education system where all students achieve academic success, develop personal and civic responsibility, and achieve career and college readiness for the 21st century.

Welcome to online registration. This registration process eliminates filling out numerous forms for each student and is the first step in registering your student.

- To start online registration, parents/guardians will go to the WCSD Website, [www.washoeschools.net](http://www.washoeschools.net)
- On your home computer or Kiosk computer at the school site, type in [www.washoe.washoeschools.net](http://www.washoe.washoeschools.net) in the address bar. This process works best when using Internet Explorer or Firefox as your browser.



- Click on the **Students and Parents** tab. A drop-down menu will appear.



- Click on **Register For School**. Select Registering Students New to District and Online Registration.

A screenshot of a webpage titled "REGISTERING STUDENTS NEW TO THE DISTRICT FROM OTHER SCHOOLS/DISTRICTS". The page content includes:

- Elementary, Middle and High School**
- A paragraph: "All students transferring from outside the school district must first complete online registration before the first day of school. When registering new students you will need to bring your child's birth certificate, immunization record from your health care provider, and a utility bill showing your name and address as proof of residence. Students who are younger than 18 must be accompanied by a parent or legal guardian to register when new to the district."
- A bulleted list with two items: "Online Registration" and "Step By Step Instructions". Both items are circled in red.
- A paragraph: "New students from outside the school district or students with questions about their schedules should contact the school office before the first day of school."
- PLEASE CONTACT YOUR ZONED SCHOOL FOR REGISTRATION DATES AND TIMES.**
- A paragraph: "If you are not sure which school your child should attend, visit the [VersaTrans](#) site and type in your address."
- Handbooks**
- A bulleted list: "Parent / Student Handbook" and "Manual para padres/estudiantes".
- English Language Learners**
- A bulleted list: "Newcomers Information" and "Información para nuevos estudiante".

- Select which language you would like to use to complete the application.

Enter your First Name, Last Name, Email Address and Verify Email Address in the appropriate fields. Make sure to input all information in CAPITAL letters.

**Infinite Campus Online Registration**

English | Español

Please complete the information below to begin the registration process.

Parent First Name	<input type="text"/>	*
Parent Last Name	<input type="text"/>	*
Registration Year	18-19 ▼	*
Email Address	<input type="text"/>	*
Verify Email Address	<input type="text"/>	*
Please check this box if any student being entered has attended a school in this district in the past.		<input type="checkbox"/>
Please type the two words you see displayed in the image below		

**Jap IQ 8u**

**Registration Year** cannot be changed. Proceed with Online Registration to register your child for the current year even if Registration Year indicates the next school year, your child’s school will correctly complete the enrollment process for the current year.

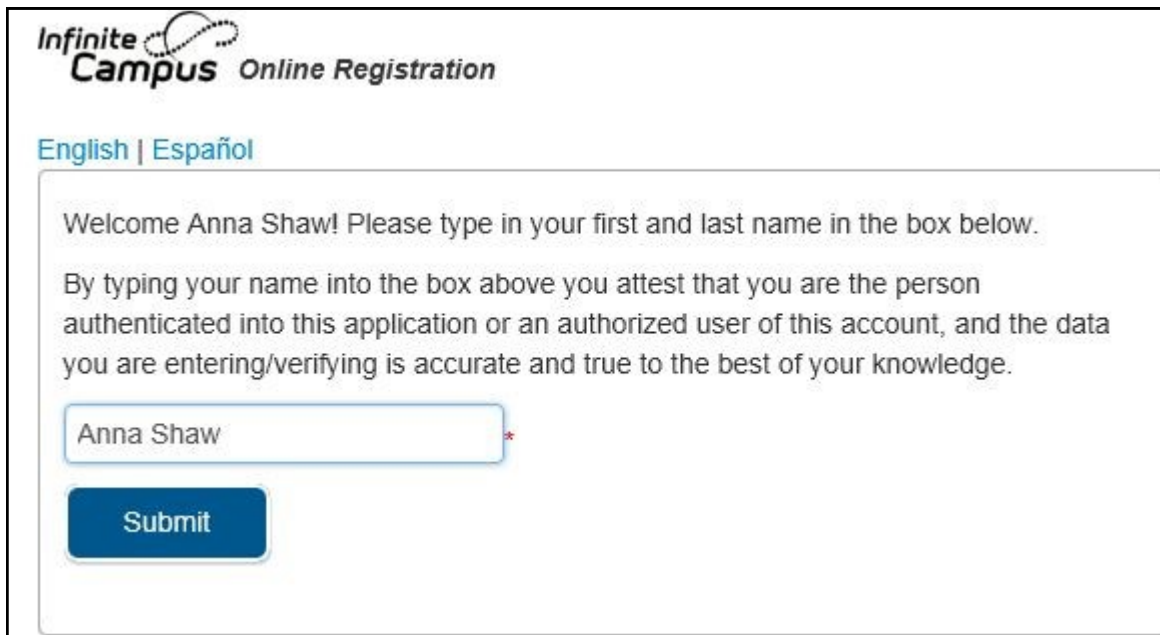
NOTE: A parent/guardian who does not have an email address may use [registration@washoeschools.net](mailto:registration@washoeschools.net) for registration purposes. The secretary at the school site will retrieve the returned email so the parent/guardian can continue with registration.

- Type in the letters found in the image on your screen. If you can’t read the image choose another image by clicking on the reload button.
- Click Begin Registration. 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. It will bring you to this page:



- Choose the language in which you would like to complete the application, either English or Spanish.
- Type your name in the box. Click **Submit** to go to the next step.



- You may see a pop-up stating which browsers are recommended. Press OK to continue to application.



- Once the application opens, in the upper right-hand corner you will see your **Application Number**. Write the number down, the school will need this number in case you need assistance.

# Household Information

PLEASE ENTER ALL INFORMATION IN CAPITAL LETTERS

All required fields with a red asterisk \* must be completed for each section.

- Type in the Household (Home) phone number.

▼ **Home Phone**

Home Phone  
(775 ) 771 - 7406 \*

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

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

◀ Previous    Next ▶

- Type in the Household (Home) address information. Only enter the physical address here, you will be able to enter a PO Box on the next screen.
- As you type in the address it will appear below "Your address as entered above" to help verify that the address is correctly entered.
- Click **Next**

- 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 Address**

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

The household has no separate Mailing Address

**Post Office Box**

Number \*      Prefix      Street \*      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.

▶ Home Phone

▶ Home Address

**▼ Mailing Address**

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

The household has no separate Mailing Address

← Previous

Save

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

# Add Parent/Guardian Information

You must add all parent/guardians, including yourself.

**Add Parent/Guardian Title**

Please add any Parent/Guardian including yourself in this area.

OK

Enter the parent/guardian's directory information.

- Type in the parent/guardian's legal **First Name, Middle Name, and Last Name**. Please use legal names only. You may enter a middle initial if you do not want to enter the middle name.
- Enter **Birth Date**. This helps in finding the correct person in Infinite Campus.
- Choose a **Gender**.
- Emancipated or unaccompanied minors must not have any additional students on the OLR application. Contact your school for assistance with this checkbox if you qualify.
- Check in the checkbox if the person being added lives at the same address as the student. Do not check this box if the parent/guardian lives at another address.

**Parent Name: HOMER SIMPSON**

Demographics

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

First Name	HOMER *
Middle Name	
Last Name	SIMPSON *
Suffix	▼
Birth Date	01/01/1970 *
Gender	Male *

The option to indicate that you are an emancipated or unaccompanied minor is disabled while there are students or other parents in the application. To enable this checkbox delete all students and other parents from the application.

I am registering myself as an emancipated or unaccompanied minor

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

987 LEAH CIR  
RENO, NV 89511

Next >

- Click **Next**

# Parent/Guardian Information Continued

- Enter parent/guardian phone numbers and email information. (You must enter an e-mail address **or** check the **Has no e-mail checkbox**.) Each appropriate contact preference will become checked if you enter an email address. Read descriptions for additional information.
- Enter **Cell Phone** and **Work Phone** if applicable.

**▼ 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.

◀ Previous   Next ▶

- Click **Next**
- Enter **Cell Phone Texting Information** if you wish to receive text messages. Read description for additional information.
- Enter a daytime **Connect Ed/Emergency Notification** number if you wish to receive emergency information. Read description for additional information.
- Choose the **language preference** for calls, emails and texts.
- Click **Next**

**▼ Cell Phone Texting Information**

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

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

Cell Phone Texting Number ( ) -

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

Daytime Emergency Contact Number ( ) -

Language preference for calls, emails and texts

◀ Previous   Next ▶



# Parent/Guardian Information Continued

- Choose Yes if this parent has worked in the fishing or agricultural industry in the past three years.

▼ Fishing/Agricultural Industry

Has this person worked in the fishing or agricultural industry in the past three years?

Yes  
 No

- Click **Next**
- Answer the questions about this parent’s military service.

▼ Federal Impact Aid

Federal Impact Aid (FIA) Section 8003 Grant Information.  
Is this parent a member of any active duty military service?

Yes  
 No

Is this parent a military reserve member?

Yes  
 No

Is this parent retired military?

Yes  
 No

- Click **Save**.
- The parent/guardian added will appear in the window with a green check mark if all information has been entered correctly. You must click Edit on the parent/guardian if the check mark does not appear and add the missing information. In the example below you can see that Anna is completed but Marcus is not. When the guardian information is complete, click **Save/ Continue**.

✓ Household
▼ Parent
🔒 Emergency Contact
🔒 Other Household
🔒 Student
🔒 Con

Parent

First Name	Last Name	Gender	Completed	
ANNA	SHAW	F	✓	<input type="button" value="EDIT"/>
MARCUS	SHAW	M		<input type="button" value="EDIT"/>

Description of Add Parent/Guardian

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

✓ - Indicates that person is completed.

# Add Emergency Contact Information

An emergency contact is a person who you feel comfortable with the school contacting in case of emergency and when all attempts to reach the parent/guardian have failed. Emergency contacts cannot initiate contacting the school to pick up a student unless the parent/guardian has given specific permission to do so.

- You may add as many emergency contacts as you wish.

- Click on Add New Emergency Contact

Add New Emergency Contact

- DO NOT ADD YOURSELF YOU WILL AUTOMATICALLY BE CALLED 1ST.**

Back

Save/Continue

- Enter the emergency contact name and gender. Do not add quotes around nicknames or preferred names.

- Only check this box if **Emergency Contact** lives at address listed.

- Click **Next**

First Name \*

Middle Name

Last Name \*

Birth Date

Gender \*

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

- Enter the emergency contact phone numbers. One phone number is required.

- Please enter the email address or check the box indicating the emergency contact **Has no e-mail**.

- Click **SAVE**.

Enter the contact information for this emergency contact.

At least one Phone Number is required.\*

Home Phone ( ) -

Cell Phone ( ) -

Work Phone ( ) - x

Email \*

**OR**

Has no e-mail

← Previous

SAVE CANCEL

- Each emergency contact should appear in the window with a green check mark indicating the information is complete. If the emergency contact name does not have a check mark please double click on the name and complete the required information.

## Other Household Members

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

- Click Add New Household Member

Other Household

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

**ADD NEW HOUSEHOLD MEMBER**

BACK SAVE/CONTINUE

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

First Name JEROME \*

Middle Name

Last Name WASHINGTON \*

Suffix

Birth Date

Gender MALE \*

# Add Student(s)

Add each student in the household, even if they're going to different schools. This registration process takes the place of filling out numerous forms and documents for each student and is the first step to registering your student into school.

- Click **Add New Student** and **complete the entire process for each student entering school.**

\* Indicates a required field

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

### Student

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

ADD NEW STUDENT

BACK

**Enter student demographic information in all capital letters - Please enter the information accurately, this information will be verified by the school secretary/registrar at the time of enrollment.**

- Enter Legal First Name, Middle Name and Last Name as seen on the student's birth certificate.
- Enter Gender
- Enter Birth date, Birth City and Birth Country
- Enter the date the student entered the US if the student is from out of the country.
- Check the box marked Foreign Exchange if the student is here through a foreign exchange program.
- Enrollment grade may stay at 00 or seem incorrect. Leave this, your child's school will enroll your child in the correct grade.

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	01 *
Middle Name		Birth Date	01/01/2009 *	Birth City	RENO *
Last Name	DYNAMITE *	Foreign Exchange *		Birth State	NEVADA *
Suffix		<input type="radio"/> Yes, this is a foreign exchange student		Birth Country	United States Of America *
Preferred First Name (if different)		<input checked="" type="radio"/> No, this is not a foreign exchange student		Zoned School:	HUFFAKER ELEMENTARY
Student Cell Number	( ) -				
Student Email Address					

- Click **Next**

# Add Student(s) Continued

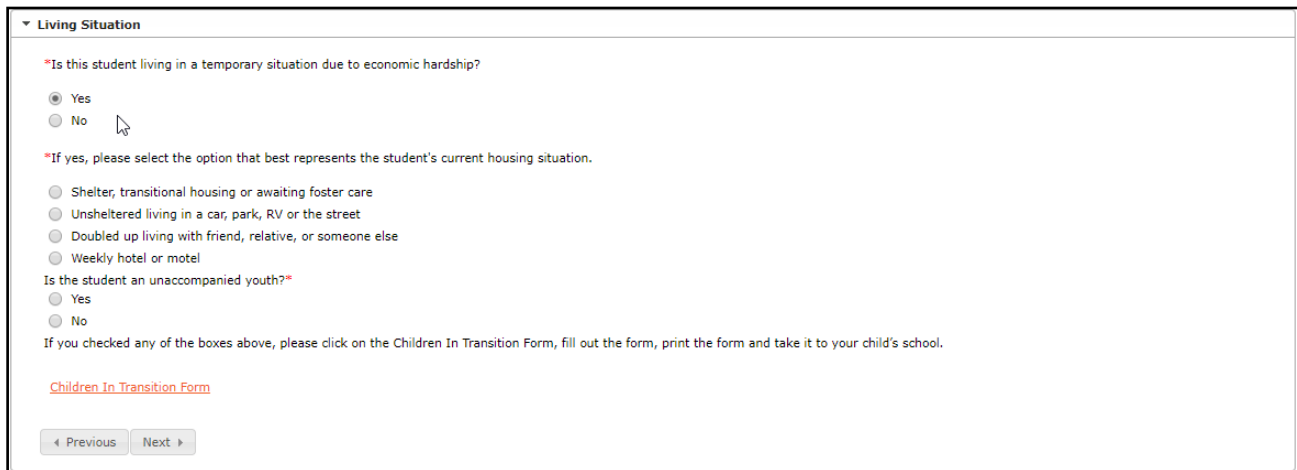
Race Ethnicity information:

- Select Yes or No to Hispanic/ Latino and any of the race / ethnicity options that apply.



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 is a red instruction: "\*Please check all that apply. If not Hispanic, at least one is required." There are five checkboxes with corresponding labels: "American Indian or Alaska Native", "Asian", "Black or African American", "Native Hawaiian or Other Pacific Islander", and "White". At the bottom of the form are two buttons: "Previous" and "Next".

- Click **Next**.
- Answer 'Yes' if you are in a temporary living situation. Additional questions will appear regarding your situation. Your child's school can provide additional assistance.



The screenshot shows a form titled "Living Situation". It starts with a red instruction: "\*Is this student living in a temporary situation due to economic hardship?". There are two radio buttons: "Yes" (which is selected) and "No". Below this is another red instruction: "\*If yes, please select the option that best represents the student's current housing situation." There are four radio buttons with labels: "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", and "Weekly hotel or motel". Below these is another red instruction: "Is the student an unaccompanied youth?". There are two radio buttons: "Yes" and "No". At the bottom, there is a red instruction: "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." Below this is a red link: "Children In Transition Form". At the bottom of the form are two buttons: "Previous" and "Next".

- Click **Next**

# Add Student(s) Continued

In the Language Information window please enter all information.

- Enter Student 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.

▼ **Language Information**

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?

- Enter Previous Schools

▼ **Previous Schools**

Please enter information regarding this students prior schools.

**Last Year**

School

City

State

Country

Phone   -

- Click **Next**
- Is the student an active member with a US tribe? Select Yes or No. Fill out info if available.

▼ **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

Tribe, Band or Group?

Tribe, 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

Address line 1 of organization

Address line 2 of organization

- Click **Next**

## Add Student(s) Continued

- 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.
- 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.

▼ Relationships - Parent/Guardians

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

Name	Relationship*	Guardian	Mailing	Portal	Messenger	Contact Sequence
ANNA SHAW	MOTHER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1
MARCUS SHAW	FATHER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2

- Click **Next**
- Enter the sequence in which each emergency contact should be contacted in case of emergency.

Name	Relationship*	Contact Sequence*
JEROME WASHINGTON	EMERGENCY CONTACT	3

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 Emergency Contacts should start with the next sequential number.

**Delete Emergency Contact** - Marking this checkbox will indicate that this person does not share a relationship to the student. By checking this as a relationship to the student. The relationship will be ended if one exists.

- Click **Next**

## Add Student(s) Continued

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

▼ **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

- Click **Next**



# Add Student/s Continued

- 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 **SHARE**.

▼ **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 389.065. A trained educator or counselor provides instruction for S.H.A.R.E. NRS 389.065 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.

My child is not in grades 4 through 12 and will not be in grades 4 through 12 in the next school year.

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

- Click **Next**
- Choose the appropriate response for **Student Travel (Field and Activity Trip)**.

▼ **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 and Activity Trip) Permission and Waiver of Liability and Assumption of Risk. I understand that my child will not be able to attend field or activity.

- Click **Next**

# Add Student(s) Continued

- Click the **FERPA Guidelines**. Check the box.

▼ 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.](#)

\* I have read the FERPA and PPRA Guidelines for Parents.

- Click **Next**
- Click the **Release Agreement - External Media**. Choose the appropriate response.

▼ 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.

- Click **Next**
- Click the **Release Agreement - School Publication**. Choose the appropriate response.

▼ 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.

- Click **Next**

- Choose the appropriate response for **Release Agreement - Directory Information**

▼ **Release Agreement - Directory Information**

Certain information is made available to most individuals (those not listed under "Who can obtain scholarships, college/technical school information and various school publications such as yearbook information is called general directory information and this information may be provided to a

- name, address, telephone listing, electronic mail address
- 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
- dates of attendance
- 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), director notification has been given and the school does not have on file written denial to release directory requests for directory information and will not release such information if it is the administrator the right to see any documents or materials directly related to their children that are kept with

Please withhold WCSD directory information for my child. This includes all outside entities recognition lists, graduation programs, printed newsletters, and sports activity programs/sheets as school officials.

Please do not withhold WCSD directory information for my child.

◀ Previous    Next ▶

- Click **Next**

- Choose appropriate response for Release Agreement - **Military Opt Out**

▼ **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.

◀ Previous    Next ▶

- Click **Next**

## Add Student(s) Continued

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

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

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

I consent

I do not consent

My child is not a High School Junior or Senior

← Prev

SAVE CANCEL

- Click **Next**.
- Read the details of the **21st Century and Digital Learning Policy** with the link provided. Check the box

▼ **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.

← Previous Next →

- Click **Next**

# Add Student(s) Continued

- Click on Educational Involvement Accord. Choose 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 is important. Therefore, to the best of my ability, I will continue to be involved in his/her education and 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](#)

◀ Previous   Next ▶

- Click **Next**
- Click on **Parent Student Agreement**. Once read, click on checkbox.

▼ Parent/Student Agreement

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

[Parent/Student Handbook](#)

◀ Previous   Next ▶

- Click **Next**
- Click on **Preschool Enrollment**. Choose appropriate response from drop down menu.

▼ Preschool Enrollment

What type of preschool did your child attend most often in the past 12 months? Please select the one that best applies to you.

◀ Previous   Next ▶

▶ WCLS Library Card Consent

▶ Parent Volunteers

CANCEL   SAVE

NONE/STAYED HOME  
NONE/STAYED HOME  
MY CHILD WAS 5 YEARS OLD OR OLDER ON SEPTEMBER 30TH OF THIS YEAR.  
NONE/STAYED HOME  
FRIENDS/FAMILY/NEIGHBOR CARE  
PROVIDED BY THE SCHOOL DISTRICT  
HEAD START  
PROVIDED BY A PRIVATE CHILD CARE FACILITY OR OTHER DAYCARE CENTER  
PROVIDED BY A HOME-BASED/FAMILY CARE CENTER (CHILD CARE PROVIDED IN SOMEONE ELSE'S HOME)  
PROVIDED BY OR AT THE UNIVERSITY OR COLLEGE CAMPUS

- Click **Next**

- Click on **WCLS Library Consent**. Choose appropriate response.

▼ **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.

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

▼ **Parent Volunteers**

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

[Adult School Volunteer Application](#)

- Click **Save**

## Add Student(s) Continued

- Verify all students in the list. When completed, all students should have a green check mark. If the check mark is missing click on Edit and complete the required information.

### Student

First Name	Last Name	Gender	Completed	Record Type	
SUSAN	ANTHONY	F	✓	NEW	<a href="#">EDIT</a>

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](#)

- 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 the red **Submit** button.
- You are now done. A screen will pop up that allows you to save or print a PDF copy of the submitted data. The PDF will have your application number on the top right-hand corner.

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](#)

