



***Washoe County School District***

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

# **WCSD**

## **Online Registration for Existing Students**

### **WCSD Mission**

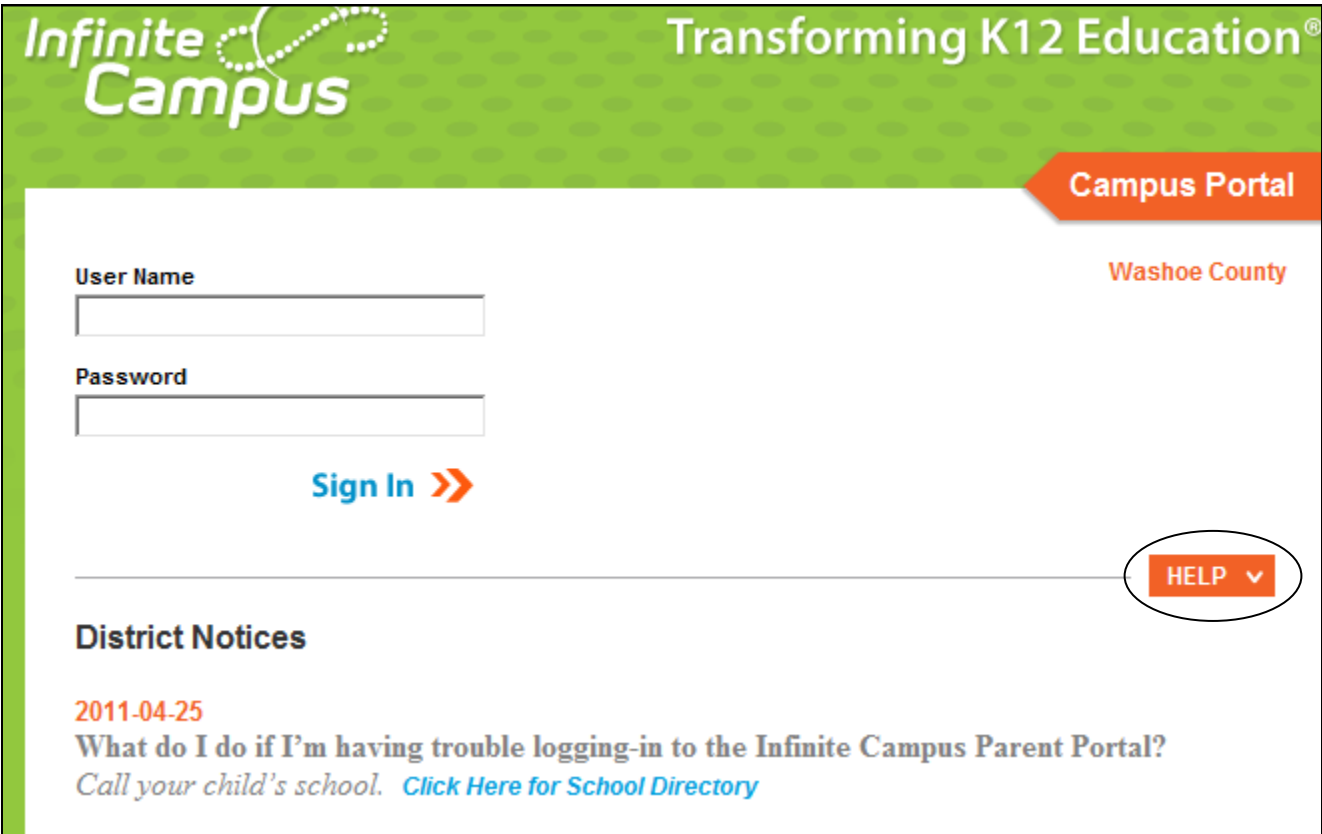
To create an education system where all students achieve academic success, develop personal and civic responsibility, and achieve career and college readiness for the 21st century.

# Online Registration—Existing Households

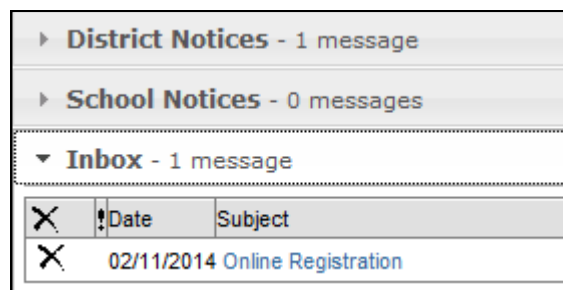
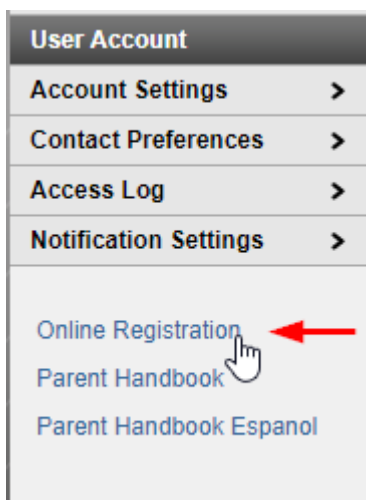
Registration of existing students:

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

If



- Click on Online Registration under the User Account section of the left hand menu or the Online Registration message in your **Inbox**.



- You will see data for your children currently enrolled in the District.
- Registration Year will show the year Online Registration is currently active. If this appears to be incorrect, proceed with registration, your child's school will make the changes to enroll your child in the correct school year.
- Contact your child's school if some of your children are missing from the list.

Online Registration

Welcome to Online Registration. You will see the household, parent and emergency contact information and will be able to change it if necessary. Press the Begin Registration to continue.

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

Student Name	Grade	Included in new App?	Reason if not included
[REDACTED]	12	yes	Included

Registration Year: 17-18 \*

**Begin Registration**

- Click **Begin Registration**

**Infinite Campus Online Registration**

[English](#) | [Español](#)

Please pick your preferred language.

Por favor, elija su idioma preferido.

- Click the language link in which you would like to complete the application.
- Type your name in the box provided and click **Submit**.

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

By typing your name into the box above you attest that you are the person authenticated into this application or an authorized user of this account, and the data you are entering/verifying is accurate and true to the best of your knowledge.

[Name Input Box]

**Submit**

## Data Verification

- You may see a Message From Webpage recommending you use a current browser. Click OK to continue your application.

▼ Home Phone

Home Phone  
( 775 ) 771 - 7406 \*

Next ►

► Home Address

► Mailing Address

Save

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

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

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

◀ Prev Next ▶

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

▼ **Mailing Address**

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

☒ The household has no separate Mailing Address

◀ Prev

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

**▼ Mailing Address**

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

☐ The household has no separate Mailing Address

**Post Office Box** ☐ **Number**  \* **Prefix**  **Street**  \* **Tag**  **Direction**  **Apartment**

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

Your address as entered above

[← Prev](#)

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

## Review Parent/Guardian Information

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

**Parent**

First Name	Last Name	Gender	Completed	Record Type	
[REDACTED]	[REDACTED]	F	✓	EXISTING	<a href="#">EDIT</a>

[Description of Add Parent/Guardian](#)

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

**✓** - Indicates that person is completed.

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

**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 >

- Enter **Birthdate** and **Gender** if missing.
- 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 reviewed lives at the same address as the student.
- Click **Next**.

► Demographics

▼ Contact Information

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

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

Description of Contact Preferences

**Emergency** - Marking this checkbox will use this method of contact for emergency messages

**High Priority** - Marking this checkbox will use this method of contact for messages labeled as High Priority Notification.

**Attendance** - Marking this checkbox will use this method of contact for attendance messages, such as those sent by the Attendance Dialer Wizard.

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

**General** - Marking this checkbox will use this method of contact for general school messages, such as those sent by the school or district.

**Teacher** - Marking this checkbox will use this method of contact for teacher-sent messages, including messages regarding failing grades and missing assignments.

**Private** - Mark if number or email should be listed as private

- Enter phone numbers and email information. (You must enter an e-mail address or check “Has no e-mail”.)
- Contact Preferences will be checked if you have an email address.
- Click **Next**.

- Enter your Cell Phone and Texting Information for the Connect Ed system used to send calls regarding attendance, snow days, school information, and emergency notifications. Read the descriptions for additional 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.

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 ▶

- Select the appropriate Language to receive calls and texts.
- Click **Next**

▼ Fishing/Agricultural Industry

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

☐ Yes
 ☒ No

◀ Previous

Next ▶

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

Previous

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

Parent

First Name	Last Name	Gender	Completed	Record Type	
		F	✓	EXISTING	<div>EDIT</div>

Description of Add Parent/Guardian  

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

✓
- Indicates that person is completed.

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

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.

Parent Name:

▼ Demographics

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

First Name

\*

Middle Name

Last Name

\*

Birth Date

Gender

\*

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

Next ▶

▶ Contact Information

▶ Cell Phone Texting Information

▶ Migrant Worker

▶ Impact Aid

Save

Cancel

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

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

Add New Parent

Back

Save/Continue

## EMERGENCY CONTACTS

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

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

Add New Emergency Contact

Back Save/Continue

- Verify personal data. Please enter Legal name and birthdate. This helps us match up records. Please do not enclose nicknames or preferred names in quotes, this will cause problems with future registrations.

**Contact Name:** MIRANDA CAMPBELL

▼ **Demographics**

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

First Name  \*

Middle Name

Last Name  \*

Birth Date

Gender  \*

Next ►

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

Contact Name:

Demographics

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

First Name

\*

Middle Name

Last Name

\*

Suffix

Birth Date

Gender

\*

Next

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

Contact Information

Enter the contact information for this emergency contact.

At least one Phone Number is required.\*

Home Phone

( ) -

Cell Phone

( ) -

Work Phone

( ) - x

Email

Previous

SAVE

CANCEL

## Other Household Members

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

- Click **Add New Household Member**

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

### Other Household

First Name	Last Name	Gender	Completed	Record Type
<u>Description of Add Other Household Member</u>				
<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** (circled in red)

**BACK** **SAVE/CONTINUE**

- Enter the required information on the household member and click **Save**.

First Name JEROME \*

Middle Name T

Last Name WASHINGTON \*

Suffix ▼

Birth Date 04/18/2011

Gender MALE \*

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

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

### Student

First Name	Last Name	Gender	Completed	Record Type	
		F		EXISTING	EDIT

Description of Add Student

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

- Indicates that person is completed.

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

**Living Situation**

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

☒ Yes  
☐ No

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

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

*Is the student an unaccompanied youth?\**

☐ Yes  
☐ No

If you checked any of the boxes above, please click on the Children In Transition Form, fill out the form, print the form and take it to your child's school.

[Children In Transition Form](#)

- Click Yes or No to Tribal Enrollment . If your student/ family has a history of tribal enrollment the information will be entered here.

**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

- Parents cannot change existing Guardian relationships with their children. If legal guardianship has changed, contact your child's school and provide a copy of the legal order changing guardianship.

▼ Relationships - Parent/Guardians

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

Name	Relationship*	Guardian	Mailing	Portal	Messenger	Contact Sequence*	OR	No Relationship
[Name]	Mother	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1		<input type="checkbox"/>
[Name]	Father	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2		<input type="checkbox"/>

Description of Contact Preferences

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

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

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

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

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

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

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

◀ Previous   Next ▶

- Click in the drop down field and establish relationship. If no relationship exists, click in the **No Relationship** box.
- Set the **Contact Sequence**. This indicates to school personnel who should be called first when it is necessary to contact a parent regarding a student.
- All fields with a red asterisk are required fields.
- Click **Next**.
- Verify Emergency Contact Information. If you see an emergency contact listed you do not want, you can click No Relationship by their name. You may also go back to the **Emergency Contact Section**, click **Edit** by their name, and click **Delete**.
- Set the **Contact Sequence** for your Emergency Contacts. This indicates to school personnel the order of contact when it is necessary to contact an emergency contact regarding a student.

▼ Demographics

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

First Name OTIS\*

Middle Name

Last Name REDDING\*

Suffix

Birth Date

Gender MALE\*

Next ▶

► Contact Information

SAVE CANCEL DELETE

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

JEROME WASHINGTON	SIBLING
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- Enter Health Services information. Click **Next**.

**Health Services - Emergency Information**

Primary Care Provider

Primary Care Phone ( ) -

Previous
Next

- Enter **Medical or Mental Health Information**. Click **Add Condition**, select the condition from the dropdown and enter any comments or instructions.

**Health Services - Medical or Mental Health Conditions**

No medical or mental health conditions

OR

Condition\*

Comments and Instructions

Remove Condition

Add Condition

Previous
Next

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



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

**Health Services - Medications**

No medications ☐

OR

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

Add Medication

Previous

Next

- 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

Previous

Next

- 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.

Previous

- Click **Next**

- 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.

◀ Previous      Next ▶

- 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.

[◀ Previous](#) [Next ▶](#)

- 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.

[< Previous](#)    [Next >](#)

- Click **Next**
- Click the **Release Agreement—Directory Information**. Choose the appropriate response

**▼ Release Agreement – Directory Information**

Certain information is made available to most individuals (those not listed under "Who can our 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 person who requests it. The following information is included in the directory information:

- 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 information. If you do not wish to have your child's information released, you must make a written request for directory information and will not release such information if it is the administrator's right to see any documents or materials directly related to their children that are kept within the school.

☐ Please withhold WUSD directory information for my child. This includes all outside entity recognition lists, graduation programs, printed newsletters, and sports activity programs/schedules as school officials.

☒ Please do not withhold WUSD directory information for my child.

◀ Previous      Next ▶

- Click **Next**
- Click Military Opt Out. Check the appropriate box

▼ 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**
- 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 (grades 11, 12 and 5th year students). If your child is not a Junior or Senior, please check "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

Does this child have at least one parent that has graduated from a 4 year college or university? No ▼

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- 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.

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- Click **Next**

- 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](#)

- 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](#)

- 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.

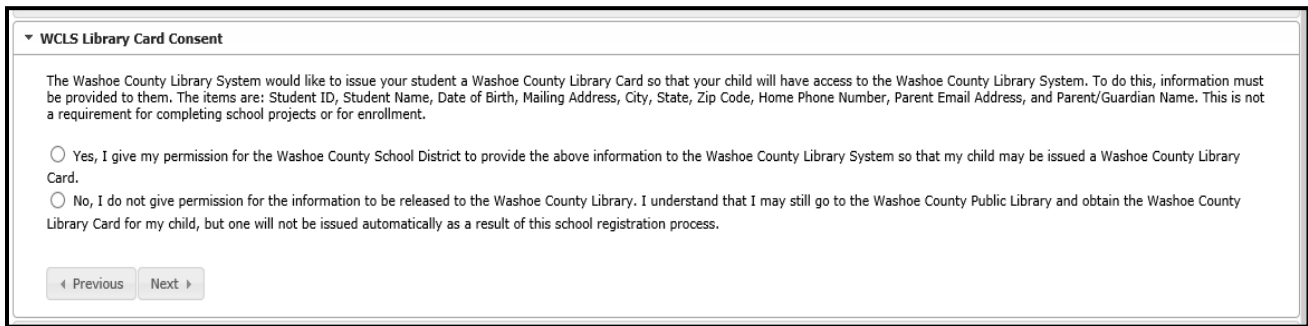
▶ Educational Involvement Accord

▶ Release Agreement - Consent to Provide Data to Nevada Colleges and Universities

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

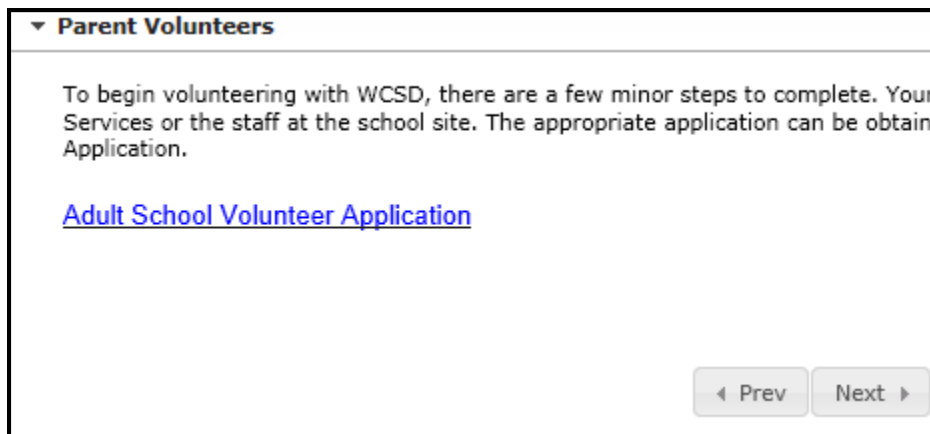
The Washoe County Library System would like to issue your student a Washoe County Library Card so that your child will have access to the Washoe County Library System. To do this, information must be provided to them. The items are: Student ID, Student Name, Date of Birth, Mailing Address, City, State, 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.

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- Click **Next**
- Parents who would like to volunteer in the classroom must fill out the **Adult School Volunteer Application**



▼ 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.

[Adult School Volunteer Application](#)

◀ Prev   Next ▶

and turn it into the school. There is a link on the **Parent Volunteers** window.

- Click **Save**

- Verify all students in the list. All of your children who are students should be shown, even if they go to different schools. When completed, all students should have a green check mark. You may click Edit if you would like to review.

✓ Household

✓ Parent

✓ Emergency Contact

✓ Other Household

▼ Student

Student

First Name	Last Name	Gender	Completed	Record Type
		F	✓	EXISTING

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

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](#)