



OLR for Existing KUSD Families

This guide is for existing KUSD parents/guardians to complete online registration via the Parent Portal

To begin online registration, go to www.kusd.edu and click the Registration tab.



Click the blue "Parent Portal" button



Educational Options in Kenosha

Parent Initiated School Transfer

Registration

Register

Fees

Head Start

Request

Infinite Campus

Open enrollment

Registration Forms



District - Board of Education - Calendar - Departments - Registration - Schools - Resources -

REGISTRATION

Student Success Begins with Kenosha Unified!

Welcome, Kenosha Unified School District families! Our staff is committed to providing excellent, challenging learning opportunities and experiences that prepare each student for success. Our students are at the heart of all we do, and they are the reason we have a vision of being Wisconsin's top performing urban school district that is highly regarded for continuously exceeding all expectations. We look forward to working with you to educate your child as we watch them learn, grow and succeed from 4K through graduation!

Register for the 2024-25 school year

Para ver esta página en Español, haga clic en el botón Seleccionar Idioma en la parte superior de esta página y elija Español

Online registration for the 2024-25 school year is open for all new and existing KUSD families. All families must complete this required step to ensure important information about your child(ren) is accurately reflected in our records for the upcoming school year.

New and existing families must complete online registration, steps are outlined below.

Schools will communicate events, such as Open House, Gear Up, welcome back events, pictures, yearbook distribution, etc.

Find your 2024-25 boundary school

Pay registration fees

Use the 2024-25 web map application to view Please visit the Infinite Campus Parent boundary schools (effective June 17, 2024). Portal on or after Aug. 5, 2024, to pay 2024-25 school year fees.

Technical assistance

Anyone needing assistance with accessing online registration (e.g. password retrieval, etc.) should contact their child's school or the Helpdesk at 262-359-7700.

New student(s)



Before you begin the enrollment process, please have the following information available:

1. Emergency contact phone numbers 2. Your child's health and/or medication information 3. A valid email address. If you do not have an existing email address, you can create one for free via Google

Gmail, Outlook or Yahoo.

Returning student(s) and/or adding additional children



Before you begin the enrollment process, please have the following information available:

- 1. Emergency contact phone numbers
- 2. Your child's health and/or medication information

Existing families must:

4. Olisi, the Desert Destal Lotter above

Login to the Parent Portal using your email address as the username and enter your password. Use the Forgot password/username links if needed.



KENOSHA UNIFIED SCHOOL DISTRICT

Click "More" at the bottom of the left column.

	Infinite Campus	
Mess	age Center	Message Center
Today		
Calen	dar	Announcements Inbox
Grade	25	District Announcement Wednesday 02/12/2020
Attend	dance	ONLINE REGISTRATION IS OPEN FOR THE 2020-2021 SCHOOL YEAR!
Schee	lule	Parents/Guardians of returning students will find the online registration link in the More section on the left hand side of the screen.
Fees		District Announcement Tuesday 09/09/2014
More	TS	Rev Trak Debit/Credit Card Payment System for School Fees and Other Items

Click "Online Registration".

E Infinite Campus			
Message Center	More		
Today			
Calendar	Address Information	>	Quick Links
Grades	Assessments	>	Kenosha Unified
Attendance	Demographics	>	Whittier Elementary
Schedule	Family Information	>	
Fees	Health	>	
Reports			
More	Important Dates		
	Lockers	>	
	Online Registration	>	

Click the Continue button in the Existing Student Registration box. Even if you have a new child starting school, use this option and you'll be able to the add the new student at the end.

ИЕ	STATUS ACTION
25	(IN PROGRESS) Continue
25	(IN PROGRESS) Co

You will see a list of your existing KUSD students; if incorrect please contact your student's school *before* continuing.

Conline Registration | Existing Student Registration

UDENT NAME	GRADE	INCLUDED IN NEW APP?	REASON IF NOT INCLUDED	ONLINE REGISTRATION SUBMITTED?
ff Smith	04	yes	Included	no
son Smith	12	yes	Included	no

Choose your preferred language and enter your full name in the box.



THIS IS A NON PRODUCTION SITE

Application Number 149033 Application For: 24/25

Welcome Jennifer Smith! 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.



Submit

Click the Begin button to start the registration process.

Infinite 📿 📿 Campus Online Registration

Application Number 57786

English | Español

On the next few pages you will be entering information about the primary household residence for your student/s. This will include the home phone number and street address. PO Boxes are not an acceptable as a household address. Please remember to bring a form of address verification for all NEW addresses or addresses that have changed from last year.



The system will populate much of your information from the Parent Portal. Confirm or edit as needed.



Confirm the home address shown is correct in the drop down. If it is not correct select no and see the following presentation



KENOSHA UNIFIED SCHOOL DISTRICT

If the home address shown is incorrect, enter your new address, effective date and upload current proof of residency (optional).

• Home Address					-
Your address as listed 3600 52nd St Kenosha WI 53144 Is this address curren	d in the portal		Yo un P	PLEAS ur application v til you provide roof of Residen	E NOTE: will not be approved an updated form of acy to your school.
No Please enter the date	that the home address	became inactive for this household. *		Proof of Reside follo	ency is one of the wing
month/day/year *Please verify or ac	dd the information b	elow. Please update any information	n that is incorrect.	- Current lea -Current -Current	se agreement mortgage energy bill
As you enter your a for you. House Number *	addess you may see N,S,E,W	your address appear in a drop dowr Street Name *	n list. If your complete correct address Street Abbreviation (Ex:	does appear you ma	ay choose it and all information will be filled in Apartment/Lot Number
		▼	St, Ave, Dr, Ct) *	•	
City *		State *	Zip *	Ext.	County
Clear Address Field	ds				
< Previous	Next >				

If you prefer your mail to be sent to a different address, select yes in the drop down and add the address information. Then click on "Save/Continue.

🕏 Mailing Address	
Does this household re	eive mail at a different address? *
No	· ·
< Previous	
Save/Continue	

KENOSHA UNIFIED SCHOOL DISTRICT

All existing parents/guardians will be listed. Click "Incomplete" next to each name to confirm required information.



Confirm or update the parent's address

Jack			
Middle Name			
Last Name *			
Smith			
Suffix			
	•		
Birth Date *			
05/29/1986			
Gender *			
Male	•		
Does this person live at	the address liste	d below? *	
Yes	•	-	
3600 52pd St			
Kenosha, WI 53144			

KENOSHA UNIFIED SCHOOL DISTRICT

Confirm or update the parent's contact information and preferences and click "Next"

Contact Information

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

Cell Phone

(555)551-5555

By checking this box I give consent to receive text messages from Kenosha Unified School District

Work Phone

(- x
()	

Other Phone



Email			0	Contact Preference	s		
jsmith@gmail.com	EMERGENCY	HIGH PRIORITY	ATTENDANCE	BEHAVIOR	GENERAL	TEACHER	PRIVATE
Secondary Email							

Work Place Name

It is required that you enter an email address or check the box "Has no e-mail"

< Previous Next >

KENOSHA UNIFIED SCHOOL DISTRICT

Select the parent/guardian's military status for each question.

▼ Military Connection
 The Federal/State Government is requiring school districts to ask all parent/guardians the following questions.
 Is either parent or guardian on active duty in the military (answer question for this specific parent/guardian)?
 Yes
 No
 Is either parent or guardian a traditional member of the Guard or Reserve (answer question for this specific parent/guardian)?
 Yes
 No
 Is either parent or guardian a member of the Active Guard/Reserve (ARG) under Title 10 or full time National Guard under Title 32 (answer question for this specific parent/guardian)?
 Yes
 No

Previous

Next →

Select yes or no if the parent is a migrant worker.

Migrant Worker

Does this person currently work as a migrant worker?

* Migrant status is defined as a student who is, or whose parent/guardian is, a migratory fisher, dairy worker, or agricultural worker, and who has been from one district to another in order to work or obtain temporary or seasonal employment.

Yes, this individual is a migrant worker



For more information click on this link.



Enter and/or edit additional parents/guardians or continue.

Parent/Guardian				
FIRST NAME	LAST NAME	GENDER	RECORD TYPE	COMPLETED
Jack	Smith	М	Existing	COMPLETED
Jennifer	Smith	F	Existing	COMPLETED
Add New Parent/Guardian				
Continue Save/Continue	uardian(<u>s) in this area.</u>			

All existing emergency contacts will be listed. Click "Edit" next to each name to confirm required information.



Remove the person listed as an emergency

contact or continue

Contact Name: Lisa M. Smith

O Demographics

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

First Name *						
Lisa						
Middle Name						
M.						
Last Name *						
Smith						
Suffix						
	*					
Gender *						
Female	•					
Is this person still an em	ergency contac	t for at least or	ne student in th	is household?	*	

KENOSHA UNIFIED SCHOOL DISTRICT

Confirm or update the contact information as needed

Contact Information

At least one Phone Number is required.

Enter the contact information for this emergency contact.

Home Phone

(___)__--

Cell Phone

(222)222-2222

Work Phone

(___)__-__x____

Email

Lisa@gmail.co	m		
< Previous	Next >	+	

Confirm or update the emergency contact's address as needed

Please enter the address for this emergency contact. This information will only be used to verify the contact doesn't already appear in our system.

Does this emergency contact live at the address below? *
No 🔹
3600 52nd St Kenosha, WI 53144
OR AND
Address Line 1
Address Line 2
Example Address Line 1 - 123 S Main St Apt 4 Address Line 2 - Schenectady, NY 12345
< Previous
Cancel Save/Continue

Enter and/or edit additional emergency contacts or continue.

E	Emergency Contact							
	FIRST NAME	LAST NAME	GENDER	RECORD TYPE	COMPLETED			
	Ivan	Smith	М	Existing	COMPLETED			
	Lisa	Smith	F	Existing	COMPLETED			

Add New Emergency Contact



IN AN EMERGENCY, if parent/guardian cannot be contacted, please call and/or release my child to one of the following Emergency Contacts listed. Proper identification will be required before a student is released.

The maximum number of Emergency Contacts is 4



All other household members will be listed here. Click "Edit" next to each name to confirm information or enroll them as a student.

Non-Enrolling Household	Members			
FIRST NAME	LAST NAME	GENDER	RECORD TYPE	COMPLETED
Lia	Smith	F	Existing	(INCOMPLETE)
Add New Household Member (Child	not currently enrolled)			

NOTE: Please list all other members of the household who are not enrolling in this school year. Example: children under the age of 4 as of September 1st or any adult NOT already entered on this application that is living in the household.



Check the box to register the person listed as a student or continue if not applicable.

Nume Ela omiti	1
Demographics	
irst Name *	
Lia	
/iddle Name	
.ast Name *	
Smith	
Suffix	
	•
Birth Date *	
01/01/2020	
Gender *	
Female	•
Does this person live at	t the address
Yes	•
3600 52nd St Kenosha, WI 53144	
Please check this box i	f you wish to
	•

KENOSHA UNIFIED SCHOOL DISTRICT

Enter and/or edit additional non -enrolling household members or continue.

INON-Enrolling Household Members FIRST NAME LAST NAME GENDER RECORD TYPE COMPLETED Lia Smith F Existing COMPLETED > Add New Household Member (Child not currently enrolled) Image: Complete transmission of the household who are not enrolling in this school year. Example: children under the age of 4 as of September 1st or any adult NOT already.

entered on this application that is living in the household.



All existing KUSD students will be listed.

Click "Incomplete" next to each name to confirm required information.

Student						
FIRST NAME	LAST NAME	GENDER	SCHOOL	RECORD TYPE	COMPLETED	
Jeff	Smith	М	Grant Elementary	Existing	INCOMPLETE	>
Jason	Smith	М	Bradford High	Existing	INCOMPLETE	>
Add New Student						
Please include all students that need to be enrolled.						
< Back Save/Contin	nue					

Confirm or update student demographic information as needed

Student Name: Jeff Smith

Oemographics

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 *	Gender *		Enrollment Grade *	
Jeff	Male	•	04	•
Middle Name	Birth Date *			
	06/30/2015			
Last Name *	Foreign Exchange			
Smith	Yes, this is a foreign e	exchange student		
Suffix	○ No, this is not a forei	n exchange student		
•				
Student Cell Number				
()				
By checking this box I give consent to receive text messages from Kenosha Unified School District				
\Box				
For more information click on this link.				
Next >				

KENOSHA UNIFIED SCHOOL DISTRICT

Confirm the student's race

and ethnicity

Race Ethnicity

If you are re-enrolling your student and the information on this page is not correct please contact your student's school.

Is His	panic/Latino *
--------	----------------

Yes 🔻

Please check all that apply. At least one is required. *

American Indian or Alaska Native

Asian

 \sim

Black or African American

Native Hawaiian or Other Pacific Islander

White

< Previous Next >



Select yes or no for the student's homeless status.

Housing

Is this student experiencing homelessness?

Yes - we are staying with family or friends, living in a motel, shelter, or car and cannot provide proof of residency.

○ No - we rent/own our own home and are able to provide proof of residency.



Confirm or update parent/guardian contact preferences and sequence.

Relationships - Parent/Guardians								
At least one person must be marked as 'Guardian'.								
NAME	RELATIONSHIP *	GUARDIAN	MAILING	PORTAL	MESSENGER	SECONDARY HOUSEHOLD	CONTACT SEQUENCE *	
JACK SMITH	Father						1	,
JENNIFER SMITH	Mother •						2 •	

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 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.

< Previous Next >



Confirm or update emergency contact preferences.

Relationships - Emergency Contacts

A minimum of (1) Emergency Contacts are required

NAME	RELATIONSHIP *	CONTACT SEQUENCE *		
IVAN SMITH	Uncle	4		
LISA SMITH	Aunt	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/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.



Confirm or update the relationships of other household members to the student.

Relationships - Other Household

NAME	RELATIONS	SHIP *
LIA SMITH	Sibling	•
JASON SMITH	Sibling	•

Description of Contact Preferences

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



Enter your student's doctor and phone number (optional).

C Health Services - Emergency Information	-
Primary Care Provider	
Primary Care Phone	
Please be prepared to provide documentation directly to the school nurse regarding any and all health conditions/concerns and medications. You will be required to provide immunization documentation at your registration appointment.	:
< Previous Next >	

If your student doesn't have health conditions, select "No" in the drop down and answer the three questions. For students with health conditions select ves and see next presentation

Health Services - Medical or Mental Health Conditions

If your student has more than two health conditions please contact your student's school.

Does this student have any medical or mental health conditions? *



○ Yes - I do give permission for the principal or his/her designee to contact any of the emergency contacts I have provided if my child becomes ill at school and you can not reach me by phone.

No - I do not give permission for the principal or his/her designee to contact any of the emergency contacts I have provided if my child becomes ill at school and you can not reach me by phone.

O Yes - I do give permission to contact the Student's Physician for consultation if needed.

No - I do not give permission to contact the Student's Physician for consultation if needed.

○ Yes - I do give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.

No - I do not give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.

If a serious illness or Accident occurs at school, I understand that my child will be sent by rescue squad to the emergency room. (All expenses charged by the hospital are the responsibility of the Parent/Guardian.)

< Previous Next >

If your student has health conditions complete the required boxes, then answer the three questions.

O Health Services - Medical or Mental Health Conditions

If your student has more than two health conditions please contact your student's school.

Does this student have any medical or mental health conditions? *

Yes	•	-	
Condition *			Comments and Instructions
		•	Remove Condition
Add Condition			

Select "No" in the drop down if your student doesn't take medication. For students who do take medication, please see the next slide.

Health Services - Medications			
Please list all Medications your student is currently taking			
Does this student take any m	edications? *		
No	•		
< Previous Next			

If your student takes medications select "Yes" in the drop down and complete the required boxes. Repeat as needed for additional medications

• Health Services - Medications			
Please list all Medications your student is cu	rrently taking		
Does this student take any medications? *	1		
Yes 🔹	/ /		
Medication *	Where is Medication Administered *	Comments and Instructions	
	· ·		Remove Medication
	Type of Medication *		
	• • • • • • • • • • • • • • • • • • •		
	· · · · · · · · · · · · · · · · · · ·		
Add Medication			
	F		
< Previous Next >			

Select yes or no if your student's Directory Data may be released.

Concerning Disclosure of Student Data

Click on one of the buttons below to replace the current student's information in this section with the corresponding information of the student listed on the button.

Copy from Smith, Jason

Notice is hereby given to all parents and guardians of student age 17 or under and students themselves age 18 or older that the following have been designated Directory Data that may be released to the public including military recruiters and higher education institutions.

The student's name, address, telephone number, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, the most recent previous school attended by the student, and the student's ID photo.

Yes - I agree that my student's Directory Data may be released.

No - I do not agree to release my student's Directory Data.

Next >

< Previous



Select an option for your student's Media Release.

Notice and Media Release -Student and Student Work

Click on one of the buttons below to replace the current student's information in this section with the corresponding information of the student listed on the button.

Copy from Smith, Jason

Our students have many exciting opportunities to display and publish their talents and schoolwork. Video, pictures, and other recordings of our students are often published on the district's website, Channel 20, social media sites and other media sources. These opportunities create excitement and joy for our students and help us strengthen and develop our students and our student body. In order for students to participate in and enjoy these opportunities, the district must receive consent below from parents/guardians of minor students of majority age (i.e. 18 or older and emancipated minors). Student photos, voice and likeness may be used in: • Artwork displays • Social media posts • Videos • Classroom, school or district promotional materials

Parents and guardians of minor students/students of majority age please select one of the following for your student:

I CONSENT to the disclosure of my student's/my class work, my student's/my name, likeness, voice, and image for reproduction, publication, distribution, or exhibition by the Kenosha Unified School District on the district's website and other media sources. I understand that as a result of my student's/my participation in activities, class work and performances, my student/I may be photographed or recorded and that my student's/my picture, image, voice, and name may be transmitted. I understand the district has sole discretion to determine whether a photograph or recording will be transmitted in part or in its entirety, the times, and frequency of transmissions and the type of notices that will be displayed with each transmission. I consent and assign to Kenosha Unified School District all rights for the non-profit use of my student's/my name, likeness, voice, image, and class work, and assignments. My student and I have reviewed and understand this paragraph.

I DO NOT CONSENT to the disclosure of my student's/my class work, my student's/my name, likeness, voice and image for reproduction, publication, distribution or exhibition by the Kenosha Unified School District on the district's website and other media sources. My student/I will assist the district in fulfilling this request. Notwithstanding this election, I understand that because my student/I may have the opportunity to participate in certain programs and activities, that it will not be possible to keep my student/me from being recorded or photographed and my student/I will remove my student/myself from those activities. My student/I have reviewed and understand this paragraph.

< Previous

Next >



Select if your student's photo can appear in the school yearbook.

Yearbook

Each year our schools may produce an annual year book that includes the names and photos of all of the students that attended that year. If you would like your child's name and photo to be excluded from the yearbook please check the appropriate box below. Please note that if your child participates in any public activities during the school year such as Athletics, Theater, etc. it is possible that they may appear in the yearbook

-) Yes My child's photo and name can be included in the annual yearbook
-) No My child's photo and name may not be included in the annual yearbook





Select how long you'd like KUSD to retain your student's behavioral records.

Behavior Records Retention

Laws concerning pupil records and their confidentiality govern the maintenance and destruction of such records. Wisconsin Statute 118.125 Section 3 requires that "behavioral" records be destroyed one year after the student ceases to be enrolled in the school, unless permission is granted in writing to maintain them for a longer period.

"Behavioral records mean those pupil records which include psychological tests; personality evaluations; records of conversations; any written statement relating specifically to an individual pupil's behavior; tests relating specifically to achievement or measurement of ability; the pupil's physical health records other than immunization records or lead screening records required under s. 254.162, law enforcement officers; records obtained under s. 48.396(1)(b)2, (c)3, and any other pupil records that are not progress records," Wis. Stat. sec. 118.125(1)(a).

Please note that if a student leaves the Kenosha Unified School District and the receiving school requests records, all records are mailed as required by law, even though this form is in the student cumulative records. Nevertheless, it is highly recommended that the "permission to retain behavior records" is on file for each student. This will insure that records not requested will be retained up to five yeards after leaving KUSD and be available in the event the student returns to KUSD. If this form is not on file, records will be destroyed one year after leaving KUSD.

) I hereby request and authorize Kenosha Unified School District to retain behavioral records for five years.



) I hereby request and authorize Kenosha Unified School District to retain behavioral records for one year.



Answer all questions about the internet and devices in your home.

Internet/Computer Device Access

Click on one of the buttons below to replace the current student's information in this section with the corresponding information of the student listed on the button.

Copy from Smith, Jason

Can your students access the internet on their primary learning device at home? *

What is the primary type of internet used at the residence? *

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•

•

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Can the student stream a video on their primary learning device without interruption? *

What device does the student most often use to complete school work at home? *

Is the primary learning device a personal device or school-provided? Is the primary device shared with anyone else in the household? *

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KENOSHA UNIFIED SCHOOL DISTRICT

Answer District Policies. When finished, click on

"Save 11 1 O District Policy Acceptance Parent Acknowledgment of Classroom Code of Conduct To review the KUSD policies regarding the Classroom Code of Conduct click here, or to view all policies, go to https://www.kusd.edu/board-education/school-board-policy. I have reviewed the KUSD policies regarding Student Behavior Expectations * Parent Acknowledgment of Student Device Monitoring Any KUSD owned and issued district device is to be used solely for educational benefit and will be properly filtered and monitored to ensure compliance with federal guidelines on and off the KUSD network. While the district respects the privacy and security needs of all individuals, authorized district representatives may review, audit, intercept, access and/or disclose all communications created, received or sent using district technology (including email, website history, etc.) I have reviewed the above statement. * Student Acceptable Use Policy To view this policy in a new window click here, or to view all policies, go to https://www.kusd.edu/board-education/school-board-policy. I have reviewed School Board Policy 6633: STUDENT TECHNOLOGY ACCEPTABLE USE POLICY with my son/daughter. * You are now complete. Please click save to add a new student or click save then save again to finish. **Annual Notices** To review KUSD annual notices click here. I have reviewed the annual notices. * < Previous Save/Continue Cancel

Confirm all students included in your registration.

S	tudent						
	FIRST NAME	LAST NAME	GENDER	SCHOOL	RECORD TYPE	COMPLETED	
	Jeff	Smith	М	Grant Elementary	Existing	COMPLETED	
	Jason	Smith	М	Bradford High	Existing	COMPLETED	
[[Add New Student Please include all students < Back Save/Contin	that need to be enrolled.	To e	nter a new student, click on " If there are no other stu	'Add New Student'' and udents to enter, click ''	d complete required field: Save/Continue''.	S.

Sign in the box with mouse or finger, then click on "Submit".

Please sign on t	the line	below.
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			-
-			
Clear			

PLEASE NOTE: Prior to submitting your application, you may verify all of the data you have entered by going back to the area in question or click on the PDF link below. Your information is not submitted until you click the submit button above. You will receive an email notification that your application was received after clicking submit application.

You must submit your application by clicking the following button.



You have now completed the Online Registration process. Thank you for your time!

Thank you for completing Online Registration! For a PDF copy of the submitted data, please click the link below.

Application Summary PDF