



OLR for New KUSD Families



This guide is for
parents/guardians new to
KUSD to complete online
registration.




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





Click the blue “Register Now” button under the New Student(s) heading.



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REGISTRATION

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REGISTRATION

Welcome, families! KUSD will begin enrolling for the 2020-21 school year on Monday, Feb. 17. The first day of school for all students in grades K-12 is Tuesday, Sept. 1, except Frank and Wilson who will begin Tuesday, Aug. 4. All 4K students begin on Tuesday, Sept. 8, except Frank and Wilson who begin Monday, Aug. 10. Be sure to check out the [hours of the school day](#) for your child's school and this year's [school supply](#) list to prepare for the first day.

Steps for online registration are outlined below. If you do not have access to a computer, one is available at your child's boundary school or the Educational Support Center, 3600 52nd St. Please contact the KUSD Enrollment Support Line at 262-359-7000 with enrollment questions or the KUSD Helpdesk at 262-359-7700 for technical assistance.

NEW STUDENT(S)

REGISTER NOW

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

- Emergency contact phone numbers
- Your child's health and/or medication information
- A valid email address. If you do not have an existing email

RETURNING STUDENT(S) AND/OR ADDING ADDITIONAL SIBLINGS

CAMPUS PORTAL

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

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



Choose your preferred language and select school the year for this application (if available).

English | Spanish

Please select 22/23 if you are registering for the current school year. Select 23/24 for next school year. *

☐ 23/24

☐ 24/25

Next



Complete all the required fields.

This page is only for families that are NEW to KUSD. Please complete the information below to begin the registration process. If you are an existing KUSD parent/guardian and enrolling a NEW 4K student please log on to your parent portal to enroll your new student.

24/25

Parent/Guardian First Name *

Parent/Guardian Last Name *

Parent/Guardian Email Address *

Verify Email Address *

Please check this box if any student being entered has attended a school in this district in the past. *

☐☐

I'm not a robot



reCAPTCHA
Privacy - Terms

Begin Registration



Type your first and last name in the box.



[English](#) | [Español](#)

Welcome John Johnson! 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.



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.

Begin





Enter your home/primary phone number.

Household

☒ Primary Phone

Primary Phone *


() -

Next >

Home Address

Mailing Address

Save/Continue





Enter your home address and upload proof of residency (optional).

▼ Home Address

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

As you enter your address you may see your address appear in a drop down list. If your complete correct address does appear you may choose it and all information will be filled in for you.

House Number

N,S,E,W

Street Name

Street Abbreviation (Ex: St, Ave, Dr, Ct)

N,S,E,W

Apartment/Lot Number

City

State

Zip

Ext.

County

Clear Address Fields

Click on your address if it appears in box

Your address as entered above

PLEASE NOTE:
Your application will not be processed/approved until we receive your proof of residency.

Proof of Residency is:
-Current lease agreement
-Current mortgage statement
-Current energy bill

Proof of residency is required for ALL new students, whether you are an existing KUSD family or new to the district. You may upload your proof of residency to your application, submit it to your child's boundary school or bring it to the Central Enrollment Office.

*ACCEPTABLE FORMS OF PROOF OF RESIDENCY:

- CURRENT WE Energies Bill
- CURRENT Title/Mortgage Information
- CURRENT Lease Agreement

NOTE: If you are not uploading proof of residency to your application, you may continue by clicking the "Next" button below.

Upload

All new families are required to provide proof of residency. It is optional if you choose to upload it here, otherwise please submit it to your school or the Central Enrollment Office.

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KENOSHA UNIFIED SCHOOL DISTRICT



If you prefer your mail to be sent to a different address, select yes in the drop down and add the address.

Mailing Address

Does this household receive mail at a different address? *

[< Previous](#)

[Save/Continue](#)



Confirm and complete guardian information.

Parent/Guardian Name: Steven Smith

Demographics

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

First Name *

Steven

Middle Name

Last Name *

Smith

Suffix

Birth Date *

01/01/1984

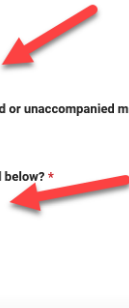
Gender *

I am registering myself as an emancipated or unaccompanied minor *

Does this person live at the address listed below? *


3600 52nd St
Kenosha, WI 53144

Next >





Confirm or update the parent's contact information and preferences.

 **Contact Information**

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

Cell Phone

() - -

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

☐

Work Phone

() - - X - - - -

Other Phone

() - - X - - - -


Email

Secondary Email

Work Place Name

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

[< Previous](#) [Next >](#)





Select the parent/guardian's military status.

▼ 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

Did you answer yes to any of the above questions?

- ☐ Yes
☐ No

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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
- ☒ No, this individual is not a migrant worker

[For more information click on this link.](#)

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Enter additional parents/guardians or continue.

Parent/Guardian

FIRST NAME	LAST NAME	GENDER	COMPLETED
Steven	Smith	M	COMPLETED >

Add New Parent/Guardian

Please list all primary Parent(s)/Guardian(s) in this area.

< Back

Save/Continue



Enter at least one emergency contact.

Emergency Contact

FIRST NAME	LAST NAME	GENDER	COMPLETED
No records available.			

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

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Save/Continue



Complete the required fields.

Contact Name: Mary Smith

✔ Demographics

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

First Name *

Mary

Middle Name

Last Name *

Smith

Suffix

Birth Date

month/day/year



Gender *

Female

Next >



Enter the contact information.

Contact Information

At least one Phone Number is required.


Enter the contact information for this emergency contact.

Home Phone

Cell Phone


Work Phone

Email






Confirm or update the emergency contact's address as needed.

 **Verification**

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



Address Line 1


Address Line 2

Example
Address Line 1 - 123 S Main St Apt 4
Address Line 2 - Schenectady, NY 12345

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Cancel

Save/Continue





Enter additional emergency contacts or continue.

Emergency Contact

FIRST NAME	LAST NAME	GENDER	COMPLETED
Mary	Smith	F	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

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Save/Continue



Enter all non-enrolling household members.

Non-Enrolling Household Members

FIRST NAME	LAST NAME	GENDER	COMPLETED
No records available.			

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.

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Save/Continue



Click “Add New Student”.

Student

FIRST NAME

LAST NAME

GENDER

SCHOOL

COMPLETED

No records available.

Add New Student

Please include all students that need to be enrolled.

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Enter all required student information.

Student Name: Jason Smith

✓ 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 *

Jason

Gender *

Male

Enrollment Grade *

KG

Middle Name

Birth Date *

05/16/2019

Birth Country *

United States of Amer...

Last Name *

Smith

Foreign Exchange

- ☐ Yes, this is a foreign exchange student
☐ No, this is not a foreign exchange student

Suffix

Nickname

Student Cell Number

() - -

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



[For more information click on this link.](#)

Next >



Select 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 Hispanic/Latino *

Yes ▼

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

American Indian or Alaska Native

☐

Asian

☐

Black or African American

☐

Native Hawaiian or Other Pacific Islander

☐

White

☒

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

✓ Student(s) Primary Household → ✓ Parent/Guardian → ✓ Emerg

Student Name Jill Marie Johnson

▸ Demographics

▸ Race Ethnicity

▼ **Housing**

☐ Yes, this student is homeless

☐ No, this student is not homeless

[For more information click on this link.](#)

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Complete the student and parent language fields.

▼ Language Information

Please enter the basic language information for your student below.

Student Language	<input type="text"/>	▼ *
Parent/Guardian Language	<input type="text"/>	▼ *
What is the language most often spoken at home?	<input type="text"/>	▼ *
What was the first language spoken by the student?	<input type="text"/>	▼ *
Has your child ever received English as a Second Language (ESL/ELL) services?	<input type="text"/>	▼ *

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Answer yes or no to the Home Language Survey questions.

▼ Home Language Survey

The information on this form helps us identify students who may need help to develop the English language skills necessary for success in school. Language testing may be necessary to determine if language supports are needed by your child.

Answers will **NOT** be used for determining legal status or for immigration purposes. If your child is identified as eligible for English language services, you may decline some or all of the services offered to your child.

You will be asked an initial question and there may be additional questions asked depending on the answers given.

Was the first language used by this student English?

- ☐ Yes
- ☐ No



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Please note that additional questions will appear dependent on how you answer each question.



Please provide the student's previous school.

Previous Schools

Please enter information regarding this student's prior schools. If student has never attended school please mark n/a in the fields

Previous School

School *

City *

State

Country

Phone

Is your student currently suspended or expelled from another school? *

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Enter parent/guardian relationship, 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* OR No Relationship

John Johnson Father ☒ ☒ ☒ ☒ ☐ 1 ☐

Description of Contact Preferences

Guardian - Marking this checkbox will flag this person as a guardian.

Mailing - Marking this checkbox will flag this person as a mailing contact.

Portal - Marking this checkbox will flag this person as a portal contact.

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.

Select which checkboxes are appropriate for the parent(s) listed

"Contact Sequence" signifies who the school should call 1st, 2nd, 3rd, etc. should the need arise

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Enter emergency contact(s) relationship and contact sequence.

✓ Relationships - Emergency Contacts

A minimum of (1) Emergency Contacts are required

NAME	RELATIONSHIP *	CONTACT SEQUENCE *
MARY SMITH	Aunt ▼	2 ▼

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.

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Enter the relationships of other household members to the student.

✓ Student(s) Primary Household

✓ Parent/Guardian

✓ Emergency Contact

✓ Non-Enrolling Household Members

▼ Student

Compl

Student Name Jill Marie Johnson

Demographics

Race Ethnicity

Housing

Relationships - Parent/Guardians

Relationships - Emergency Contacts

Relationships - Other Household

Name	Relationship*	OR	No Relationship
Jack Johnson	Sibling	<input type="checkbox"/>	<input type="checkbox"/>

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.

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

✓ Student(s) Primary Household > ✓ Parent/Guardian > ✓ Emergency Contact > ✓ Non-Enrolling Household Member

Student Name Jill Marie Johnson

▸ Demographics

▸ Race Ethnicity

▸ Housing

▸ Relationships - Parent/Guardians

▸ Relationships - Emergency Contacts

▸ Relationships - Other Household

▼ **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.

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You may enter your student's doctor here, although it is not required.



If your student doesn't have health conditions, check the box and answer the three questions. For students with health conditions, please see the next slide.

✓ 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? *

No

*

- ☒ 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.

*

- ☒ 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.)

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

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 presentation.

 **Health Services - Medications**

Please list all Medications your student is currently taking

Does this student take any medications? *

No ▼

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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 currently taking

Does this student take any medications? *

Yes

Medication *

Where is Medication Administered *

Comments and Instructions

Remove Medication

Type of Medication *

Add Medication

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Select yes or no if your child has an IEP or 504 Plan.

▼ Student Services

Does your student have a current IEP?

Does your student have a current 504 plan?

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

▼ Concerning Disclosure of Student Data

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.

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Select an option for your student's Media Release.

▼ Notice and Media Release -Student and Student Work

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 or 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.

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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

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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 years 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.

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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? *

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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Answer District Policies. When finished, click on “Save/Continue”

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. *

☐

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Cancel

Save/Continue

KENOSHA UNIFIED SCHOOL DISTRICT



Confirm all students included in your application.

Student

FIRST NAME	LAST NAME	GENDER	SCHOOL	COMPLETED
Jason	Smith	M	Not Assigned	COMPLETED >

Add New Student

Please include all students that need to be enrolled.

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Save/Continue



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

Please sign on the line below.



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.

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Application Summary PDF

Submit





**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](#)