OLR for New KUSD Families

Getting Started: What You'll Need

Before you begin, please gather the following items. Having these ready will make registration quick and stress-free.

- ❏ A valid email address
- ❏ Emergency contact information
- ❏ Your child's birth certificate or passport
- ❏ Immunization records
- ❏ Parent/guardian photo ID
- ❏ Proof of residency (see next page)
- ❏ Health information (allergies, medications, medical conditions)
- ❏ Payment method for school fees (after registration)

Required Proof of Residency Documents:

Families must provide one **(1) document from Group A and two (2) documents from Group B.**

Group A - ONE document:

- ❏ Signed and dated lease agreement with expiration date
- ❏ Mortgage statement or property deed
- ❏ Property tax bill
- ❏ Disclosure statement of HUD-1 Form (new home purchase)

Group B - TWO documents:

Issued within the last 30 days:

- ❏ Utility bill (gas, electric, or water)
- ❏ Bank or credit card statement
- ❏ Pay stub

Issued within the last 12 months:

- ❏ Automobile registration
- ❏ Home/Renters or Automobile Insurance
- ❏ Notice of Decision (Wisconsin subsidy statement)
- ❏ W-2 Form

To begin online registration, visit www.kusd.edu/registration

Scroll to "Step 1: Complete Registration Online". Click the blue "Register" button under the New Families heading.

Step 1: Complete Registration Online

All KUSD families complete registration online using our secure **Parent Portal**. Use the boundary school locator to view schools based on your home address.

New Families

If your child is new to KUSD, click the **Register** button to create an account and begin registration.
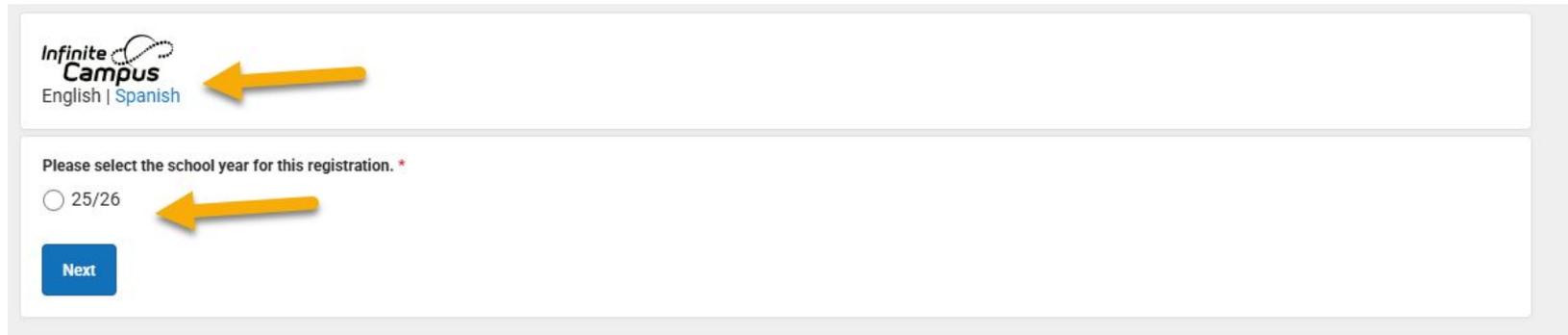
[Register]

Returning Families

If your child has attended KUSD before, or if you are enrolling another child, log in to the **Parent Portal** to review and update your child's information or add a new student.

[Parent Portal]

Click your preferred language and the school year for this application.

Infinite Campus

English | Spanish

Please select the school year for this registration. *

○ 25/26

Next

Complete all the required fields, then click "Begin Registration".

Infinite Campus *Online Registration*

English | Spanish

Please complete the information below to begin the registration process.

25/26

Parent/Guardian First Name *

This field is required

Parent/Guardian Last Name *

Date of Birth (MM/DD/YYYY) *

MM/DD/YYYY

Email Address

user@example.com

Previously Attended this District *

I'm not a robot
reCAPTCHA
Privacy - Terms

Begin Registration

Type your first and last name in the box, then click "Submit".

Welcome Jack Doe! 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.

Type Your First and Last Name to Continue *

⊘ This field is required

Submit

Click "Begin".

Infinite Campus *Online Registration*

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Application For 25/26
English | Spanish

* Indicates a required field

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.
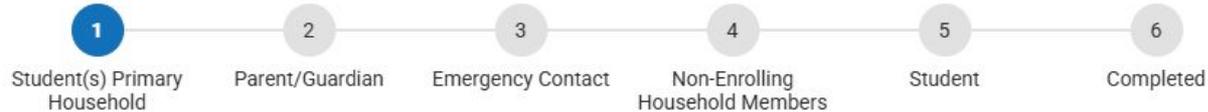
Begin

Enter your primary phone number, then click "Next".

Infinite Campus Online Registration

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①——②——③——④——⑤——⑥
Student(s) Primary   Parent/Guardian   Emergency Contact   Non-Enrolling   Student   Completed
Household   Household Members

* Indicates a required field

Primary Phone   —

Primary Phone *

(___)___-____

Next >

Home Address   +

Mailing Address   +

Save/Continue

Enter your home address, then scroll down to upload proof of residency.

*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.

Clear Address Fields

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

See page 3 for acceptable proof of residency.

Upload proof of residency, then click next.

Proof of residency is required if you are updating your address or enrolling a new student, even if you already have children attending KUSD. You may upload your proof of residency to your application or submit it to your child's boundary school.

Proof of Residency Documentation from both Category 1 & 2 – MANDATORY

Category 1: One valid document, either paper or digital copy, which lists both the name of the parent/guardian AND CURRENT ADDRESS)

- Current Monthly Mortgage Statement or property deed
- Current Real Estate Tax Bill
- Signed & Dated Lease with Expiration Date

Category 2: Two valid documents, either paper or digital copies, again matching both the parent/guardian's name AND CURRENT ADDRESS. Acceptable items from OLR submission date and within the last 30 days

- Credit Card Bill (Visa, MC, AmEx, Discover)
- WE Energies Utility Bill
- Bank Statement
- Pay Stub

Acceptable items exempt from the 30-day rule but must be within the prior 12 months

- Automobile Registration
- Current Home/Renters Insurance/ Auto Insurance Documents
- Notice of Decision (Wisconsin subsidy statement)
- W2 Form
- Driver's License

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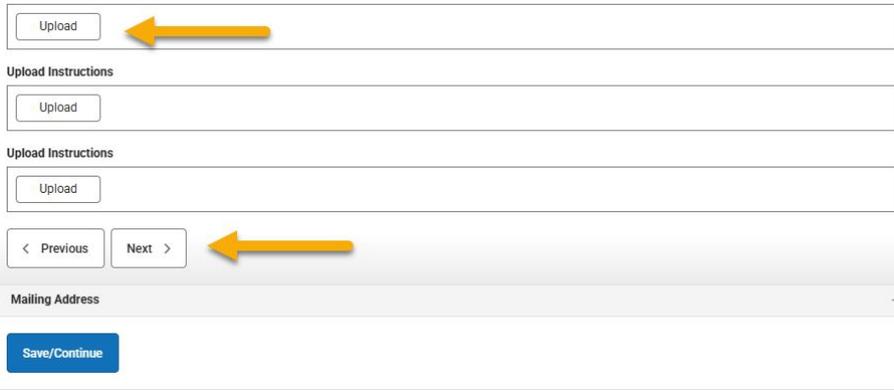
[Upload]

Upload Instructions

[Upload]

Upload Instructions

[Upload]

[< Previous] [Next >]

Mailing Address   +

[Save/Continue]

All new families are required to proof of residency.

Uploading proof of residency here is an optional choice, otherwise please submit it to your boundary school.

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

Does this household receive mail at a different address? *

This field is required

< Previous

Save/Continue

Click "Add New Parent/Guardian", fill out all required fields, then click "Save/Continue". To add another parent/guardian, Click "Add New Parent/Guardian". <u>After</u> all primary guardians have been listed, click blue "Save/Continue" at bottom of screen.

Add an emergency contact for your student(s). Then Click "Save/Continue." To add another emergency contact, Click "Add New Emergency Contact".<u>After</u> all emergency contacts have been listed, Click blue "Save/Continue" at bottom of screen.

PLEASE NOTE: This should be an emergency contact.

Do not enter Parent/Guardian(s) here if already entered in the Parent/Guardian section.

Add any "New Household Member (Child not currently enrolled). Then click "Save/Continue." To add another household member, click "Add New Household Member (Child not currently enrolled)". <u>After</u> all non-enrolling members of the household have been listed, click blue "Save/Continue" at bottom of screen.

PLEASE NOTE:
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.

To add student(s), click "Add New Student".

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✓ Student(s) Primary Household — ✓ Parent/Guardian — ✓ Emergency Contact — ✓ Non-Enrolling Household Members — ! Student — 6 Completed

* Indicates a required field

Student

FULL NAME	SCHOOL	COMPLETED
No records available.		

In order to help prevent the creation of duplicate records, please do not create new records in this section for the following people:

FULL NAME	REASON
Jack Doe	Already in this application as a Parent/Guardian
Jill Doe	Already in this application as an Emergency Contact

Add New Student

Please include all students that need to be enrolled.

< Back

Fill out all required fields under Demographics, then click "Next".

Fill out all required fields under Race Ethnicity, then click next.

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 *

[▼]

⊘ This field is required

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
☐

[‹ Previous] [Next ›]

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Fill out the required field under Housing, then click "Next".

O Housing   —

• Is this student experiencing homelessness?

For more information please click here.

*
◯ 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.

⟨ Previous   Next ⟩

Fill out all required fields under Language Information, then click "Next".

Language Information

Please enter the basic language information for your student below.

Student Language *

[▼]

Parent/Guardian Language *

[▼]

What is the language most often spoken at home? *

[▼]

What was the first language spoken by the student? *

[▼]

Has your child ever received English as a Second Language (ESL/ELL) services? *

[▼]

< Previous   Next >

Fill out the required field under Home Language Survey, then click "Next".

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

< Previous   Next >

Fill out the required fields under Previous Schools, then click "Next".

○ 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? *

< Previous   Next >

Fill out the required fields under Relationships-Parent/Guardians, then click "Next".

● Relationships - Parent/Guardians							—

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

NAME	RELATIONSHIP *	GUARDIAN	MAILING	PORTAL	MESSENGER	SECONDARY HOUSEHOLD	CONTACT SEQUENCE *
JACK DOE	▼ ❗ This field is required	☑	☑	☑	☑		▼ ❗ This field is required

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.

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Fill out all required fields under Relationships-Emergency Contacts, then click "Next".

Relationships - Emergency Contacts

A minimum of (1) Emergency Contacts are required

NAME	RELATIONSHIP *	CONTACT SEQUENCE *
JILL DOE	▼ ⓘ This field is required	▼ ⓘ This field is required

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.

< Previous   Next >

Fill out all required fields under Health Services-Medical or Mental Health Conditions, then click "Next".

● 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.

*

*

○ 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 ›]

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Fill out the required field(s) under Health Services-Medications, then click "Next".

Health Services - Medications

Please list all Medications your student is currently taking

Does this student take any medications? *

[dropdown ▼]

[< Previous] [Next >]

Fill out the required fields under Student Services, then click "Next".

Fill out the required field under Concerning Disclosure of Student Data, then click "Next".

⚪ 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, household 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.

[‹ Previous] [Next ›]

Fill out the required fields under Yearbook, then click "Next".

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

< Previous   Next >

Fill out the required field under Behavior Records Retention, then click "Next".

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.

‹ Previous   Next ›

Fill out the required field under Internet/Computer Device Access, then click "Next".

Internet/Computer Device Access —

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

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? *

▼

‹ Previous   Next ›

Fill out the required fields under Parent Acknowledgement of Student Behavior Expectations, then click "Next".

Parent Acknowledgment of Student Behavior Expectations

To review the KUSD policies regarding the Classroom Code of Conduct click here, or to view all policies, go to here

I have reviewed the KUSD policies regarding Classroom Code of Conduct *

☐

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. *

☐

Annual Notices

To review KUSD annual notices click here.

I have reviewed the annual notices. *

☐

< Previous   Next >

To add add another student, click "Add New Student" and complete all required fields. Repeat as needed.

After adding all new students, click "Save/Continue" at bottom of screen.

Infinite Campus Online Registration

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English | Spanish

✓	✓	✓	✓	5	6
Student(s) Primary Household	Parent/Guardian	Emergency Contact	Non-Enrolling Household Members	Student	Completed

* Indicates a required field

Student

FULL NAME	SCHOOL	COMPLETED	
Josie Doe	Not Assigned	COMPLETED	›

In order to help prevent the creation of duplicate records, please do not create new records in this section for the following people:

FULL NAME	REASON
Jack Doe	Already in this application as a Parent/Guardian
Jill Doe	Already in this application as an Emergency Contact

[Add New Student]

Please include all students that need to be enrolled.

[‹ Back] [Save/Continue]

Click "Save/Continue".

Now that you are almost finished with the Online Registration

<mark>PLEASE NOTE: YOUR CHILDS REGISTRATION IS NOT YET COMPLETE. YOU MUST CONTACT YOUR BOUNDARY SCHOOL TO FINALIZE REGISTRATION.</mark>

Finalizing registration includes submitting the following documents:

- Child's birth certificate or passport
- Child's immunization record
- Parent/Guardian's government-issued photo ID
- Proof of residency documentation

For more information click here.

Please click save to add a new student or click save then save again to finish.

< Previous

Cancel   Save/Continue

Click "Submit" to complete the application.

Infinite Campus *Online Registration*

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English | Spanish

✓ Student(s) Primary Household — ✓ Parent/Guardian — ✓ Emergency Contact — ✓ Non-Enrolling Household Members — ✓ Student — **6** Completed

* Indicates a required field

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.

| Back | Application Summary PDF | | Submit |

For a PDF copy of the submitted data, click "Application Summary PDF".

Infinite Campus Online Registration

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

Application Summary PDF

THANK YOU

Any questions?
Contact Helpdesk at:
262-359-7700 • helpdesk@kusd.edu

kusd.edu   KenoshaSchools   KenoshaSchools   KenoshaSchools