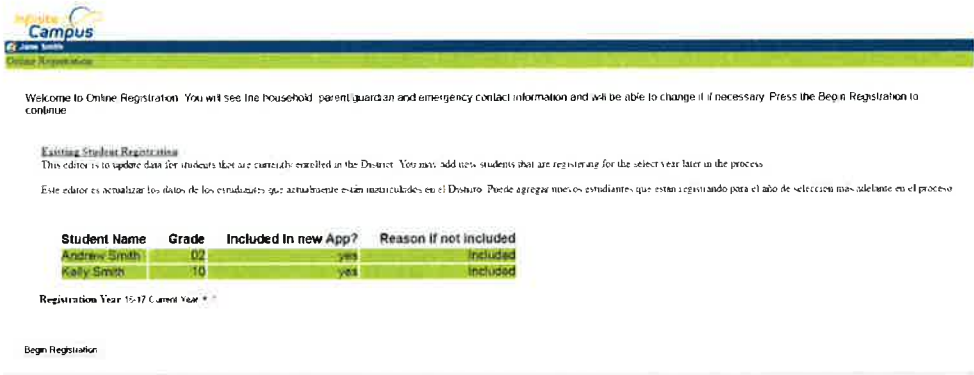


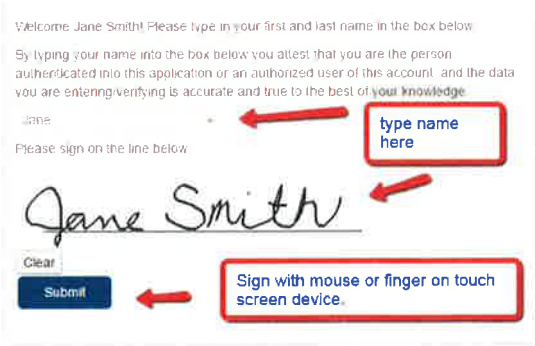
We are excited to share that the Neenah Joint School District will be doing online registration starting with the upcoming the 2016-17 school year (early August). Parents/Guardians will log into the Infinite Campus Parent Portal and click on the Online Registration link. If you have not set up an account previously or forgot your password, please review the parent portal letter before proceeding.



From here, you will see all students linked to the person listed under the Infinite Campus logo and can click "Begin Registration" for Existing Student. Please note that student demographic information only needs to be verified by one parent. Please see information at the end on how to update/confirm information after registration/submission by another parent.



Verify who you are:



Information will pre-populate for you to update.

\* Indicates a required field

Student(s) Primary Household | Parent/Guardian | Emergency Contact | Birth to 4 | Students | Completed

Home Phone

Home Phone or Primary Cell  
(555) 555 - 5555 \*

Home Address

Home Address

Save/Continue

Click on each tab verifying the information and then click next. When done with this page, hit save/continue. Fields noted with an \* are required to be looked at or completed before continuing. **Please note, proper legal documentation MUST be received at the school to remove a guardian.**

Emergency Contacts listed will be those currently listed for any of your children. If you wish to add an emergency contact for just one student, you will list them here. Later, you will indicate which of the emergency contacts should be called for each student & the order to do so. Verification is for adding new emergency contacts and assists with confirming if the person is in our database already. It is not required, but a street name is appreciated.

### Birth to 4

List all children not enrolled in the NJSD. This would include preschool siblings in addition to siblings that may attend school elsewhere, but reside in your household. Other household members may populate here and you can update their relationship with your child in the student tab. If you have no other children to list, select **save/continue**.

\* Indicates a required field

Birth to 4

First Name	Last Name	Gender	Completed	Record Type
<p>Please list all other children of the Primary Household not currently enrolling in school. DO NOT INCLUDE those children that you will be enrolling. They will be added later. CLICK SAVE/CONTINUE IF YOU HAVE NO OTHER CHILDREN RESIDING IN YOUR HOUSEHOLD.</p> <p><b>Yellow</b> - Indicates that person is missing required information. Select the highlighted row to continue.</p> <p><b>✓</b> - Indicates that person is completed.</p>				

Add New Household Member (Child not currently enrolling)

Back Save/Continue

## Student

Click on the "Edit/Review" button for each student

\* Indicates a required field

Essential Primary Household | Parent/Guardian | Emergency Contact | Birth to 4 | **Student** | Enrollment

### Student

First Name	Last Name	Gender	Completed	Record Type
Kelly	Smith	F		Existing <a href="#">Edit/Review</a>
Andrew	Smith	M		Existing <a href="#">Edit/Review</a>

**How to edit all students that need to be updated:**  
Yellow indicates that person is missing required information. Select the highlighted row to continue.  
Green indicates that person is completed.

[Add New Student](#)  
[Back](#) [Save/Continue](#)

Verify data and click next and proceed through all tabs.

Essential Primary Household | Parent/Guardian | Emergency Contact | Birth to 4 | **Student** | Enrollment

**Student Name: Kelly Jane Smith**

**Demographics**

There will be a few steps for each student view when the first or general demographic information. Please verify or add the information below. Please update any information that is inaccurate. 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 first or last name.

Legal First Name	Given	Details	Enrollment Grade
Legal Middle Name	None	Birth Date	10
Legal Last Name	Smith	Date Entered U.S. (Use if born in U.S.)	
Suffix		Foreign Birthdays	
Nickname			

[Verify data and click next](#)

- Basic Eligibility
- Enrollment
- Relationships - Parent/Guardians
- Relationships - Emergency Contacts
- Relationships - Other Household
- Health Services - Medical or Mental Health Conditions
- Health Services - Medication
- WIAA Athlete Information
- WHS Agreement Forms
- Release Agreements

Please note if you sign for forms online, you DO NOT need to complete them on paper.

**Students participating in athletics MUST acknowledge all the WIAA forms and MUST BE DATED TO BE VALID!**

Relationships - Parent/Guardians  
Relationships - Emergency Contacts  
Health Services - Medical or Mental Health Conditions  
Health Services - Medication  
WIAA Athlete Information

**WIAA Athlete Information**

Yes, my child is interested in participating in WIAA Activities. By completing online, you do not need to fill out paper forms.  
My child is not interested in participating in WIAA Activities.

Name of Insurance  
Insurance Number  
Family Doctor  
Doctor Phone  
Family Doctor  
Doctor Phone

I confirm that I have read, understood and agree to abide by all of the information contained in the label. I further certify that I have not understood any information contained in this document. I have sought and received an explanation of the information prior to signing of this statement. I have consented with my student athlete as well.  
[Click here to read WIAA Athlete Info.doc](#)

I have read and understood the athletic release waiver for my child while participating in practice sessions in actual competition. I understand emergency and non-emergency care and all claims, spend and forever release the HSJSD, it's officers, agents and employees (except my own).  
[Click here to read Release Waiver.doc](#)

WIAA Athlete: I have a physical card signed by my physician between April 1, 2015 and March 31, 2017 on file with the athletic office. I further declare I have read the alternate card permissions as required by the WIAA.  
[Click here to read Athlete Physical Card permissions](#)

The Care Authorizer  
[Click here to read TheCare Authorizer](#)

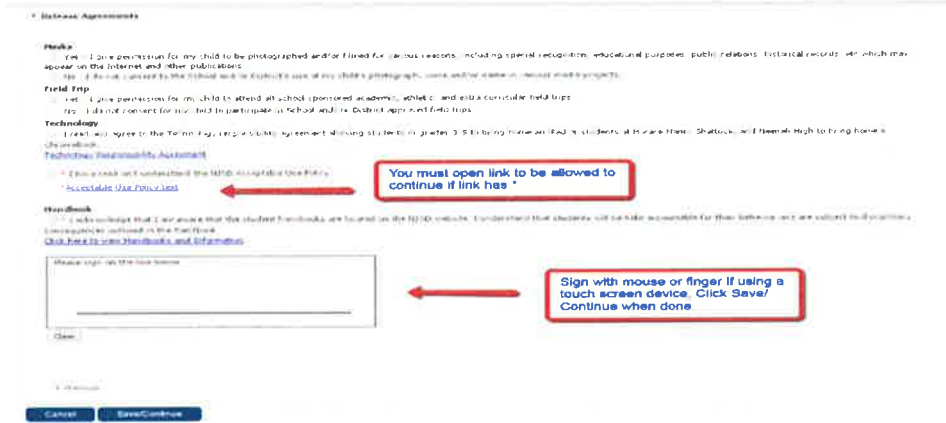
As a parent and as an Athlete, it is important to recognize the rights, responsibilities, and behaviors of a participant in head injury.  
[http://www.wisconsinhsa.org/docs/BehavioralConsentAndInformedAssent.pdf](#)

I will keep the coaching staff informed of any changes or updates related to my child's medical condition and/or care throughout the year. In case of an emergency occasioned by an accident or injury, I give permission to have the respective coach(es) consent to medical medical assistance by the nearest physician and/or hospital.  
[Click here to see Consent Card](#)

I have read the process read, understood, and agreed to all WIAA rules, policies, and authorizations.

[Previous](#) [Next](#)

WHS Agreement Forms



Once you have verified all your students, you can submit. You may print a copy by clicking the application summary as well as after you submit.



After submitting, you will receive the following notice with a link to pay all school fees. The convenience fee will be waived from August 8 until August 26, 2016.

Thank you for completing Online Registration! For a PDF copy of the submitted data, please click the link below. You may pay school fees here [Click here to pay student fees](#)

### Demographic Changes after registration/submission:

You may make additional changes throughout the year by clicking on Household Information (home phone and address changes) or Family Members (email, cell numbers, etc). **Please note, if you wish to change your email, click on your name and not your child.** To update emergency contacts for your children, select the student, and demographics.

