### Annual Update for Emergency Cards

Dear Parents,

Welcome back to another exciting school year in Chandler Unified School District. This year we will be doing our emergency card updates online. Below are step-by-step directions and screen shots should you need any assistance. Please note that you will need to complete every pleat of every section in order to update your emergency card.

🖸 Parent/Guardian Name					
Emergency and Health Update					
change it if necessary. If you ha	ave a new add		nd Medical History Update. You will s oper proof of residency to your child's	ee the household, parent/guardian and emergency contact infor school registrar.	mation and will be able to
	Grade		Reason if not included	Emergency and Health Update Submitted	
Child's Name	07	yes	Included	no	
Onito Trunto	07	Ves	Included		
	00				
Child's Name	09	yes	Included	no	
<u>Child's Name</u> Registration Year 18-19 ¥	09				

Choose English or Spanish



Please pick your preferred language.

Por favor elija su idioma preferido.

Velcome Your Name ! Please type in	n your first and last name in the box below
By typing your name into the box below you authenticated into this application or an aut	u attest that you are the person
you are entering/verifying is accurate and tr	
Please sign on the line below.	Please type your name
Sign with your mouse or finger	
Clear Submit	
Di Spanish	Application Number 18604

Before you begin, please gather the following:

- · Household information -- address and phone numbers
- Parent/Guardian information -- work and cell phone numbers, email addresses
- Student information -- demographic and health information
- Emergency Contact -- phone numbers
- Proof of Residency -- for address changes

Note: Required fields are marked with a red (\*) asterisk, and the district will receive the data exactly as it is entered. Please be careful of spelling, capitalization and punctuation. Dates should be entered as MM/DD/YYYY and phone numbers as xxx-xxx-xxxx.

If you need assistance, please call your child's school during business hours.

 Begin

Friendly Reminder:

There are three pleats in Student(s) Primary Household section. Each pleat must be looked at in order to save and continue to the next section.

Pleat 1: Home Phone Pleat 2: Home Address Pleat 3: Mailing Address

## Student(s) Primary Household Section

Infinite Campus Online Reg	istration				Application Number 18604
* Indicates a required field					
✓ Student(s) Primary Ho	ousehold	arent/Guardian	Semergency Contact	Student	Completed
▼ Home phone					
Home Phone	All information currently have in your family. If changes, please this time. If you ha please click "ne	our system for you have any make them at ave no changes,			
Next >	look at every planet on to the	eat in order to			
Home Address					
▶ Mailing Address					
Infinite Campus Online Reg * Indicates a required field Student(s) Primary H		Parent/Guardian	Semergency Contact	Student	Application Number 18604
Home phone					
<ul> <li>Home Address</li> </ul>					
The home address list	r address or enrolling	sted here	please bring in your proof of	residency to the sch	ool office.
Mailing Address					
Save/Continue					

If you have moved over the summer, please provide proper documentation to your child's registrar. Your application cannot be approved until they have received your proof of residency.

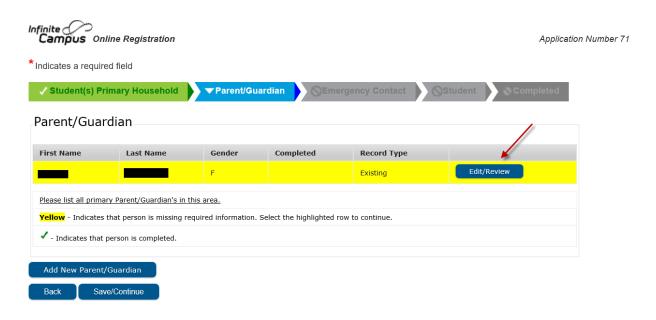
Infinite Online Registration	If you have moved, follow these screen shots to change			Applicati
▼ Student(s) Primary Household	your address	Emergency C	Contact	ent Completed
▶ Home phone				
▼ Home Address				
		L I	Date you left your previous address	
*Please verify or add the information below	7. Please update any informa	ion that is incorrect.		
*	ate Zip	Ext. County	Direction Apartmen	Add new address in this section
Your address as				
If you are changing your address or en Residency Information	rolling for the first time, j	lease bring in your pr	oof of residency to the	school office.
Infinite Campus Online Registratio	n			
* Indicates a required field				
✓ Student(s) Primary Househo	Id OParent/Gu	ardian	nergency Contact	Student
Home phone				
Home Address				
<ul> <li>Mailing Address</li> </ul>				
Please use the address editor below address appears as it should on U.S The household has no separate Leave this box che mail address is th your home ac	. Postal Mail, please click Mailing Address cked if your e same as		ed postal address belov	w in the viewer. Once your
Save/Continue				

Uncheck the "household has no separate mailing address" checkbox if you would like your mail to be delivered somewhere other than the home address. Please enter the information as accurately as possible. Please use proper abbreviations and capitalization.

			Use t	his page if you are	adding			
Home Address			a different mailing address than your home address					
Mailing Addres	5							
Clear Address	City	*	State	Zip *	Ext.	C	ounty	
	ddress if it appe	ars in box						
		ddress as entere						

#### **Parent/Guardian Section**

#### All areas highlighted in yellow will need your attention.



Information that has been auto populated has been imported from what you have previously provided to your child's school.

Infinite Campus Online Registration		Application Number 71
*Indicates a required field		
Student(s) Primary Household	ent/Guardian	Completed
Parent/Guardian Name:		
▼ Demographics		
Enter the parent/guardian you wish to enter.	ase review and complete the following:	
First Name	*	
Middle Name		
Last Name	*	
Suffix	$\checkmark$	
Birth Date		
Gender	Female V*	
✓ Please check the Next →	ox if this person lives at the address listed below.	
Contact Information		
Cancel Save/Continue		

Infinite Online Registration	Application Number 71
✓ Student(s) Primary Household	Student Completed
* Demographics	
Enter the parent/guardian you wish to enter. Please review and complete the following: First Name Middle Name Last Name Suffix Birth Date Gender	
Please check this box if this person lives at the address listed below.     Please check this box if this person lives at the address listed below.     Please check this box if this person lives at the address listed below.     I vour household you can either provide the new address for a parent or check the box stating that youare not prviding a new address.     I will not provide an address for this parent.	
City State Zip Ext. County	Direction Apartment
Click on your address if it appears in box Phone Number  Next	
Contact Information Cancel Save/Continue	

It is important for us to have at least one parent email on file.

Infinite Contraction Application Number 71	
* Indicates a required field	
Student(s) Primary Household	
Parent/Guardian Name:	
Demographics	
* Contact Information	
Enter the contact information and how you'd prefer to receive the different types of messages we will send you.   Cell Phone   Work Phone   (m) mail   Email   or   Has no e-mail   Secondary Email	
Previous  Cancel Save/Continue	

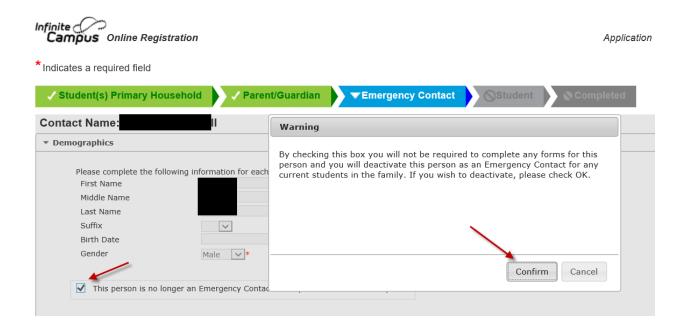
Infinite Campus Online	e Registration				Applicatic	on Number 71
*Indicates a required t	field					
Student(s) Prima	ary Household	▼Parent/Guarc	dian OEmerge	ency Contact	Student Completed	
Parent/Guardi	an					
First Name	Last Name	Gender	Completed	Record Type		
		F	1	Existing	Edit/Review	
Please list all primary F	Parent/Guardian's in this	area.				
Yellow - Indicates tha	t person is missing requi	ed information. Sel	lect the highlighted row t	to continue.		
<ul> <li>Indicates that per</li> </ul>	son is completed.		$\backslash$			
Add New Parent/Gu	ardian		The yellow highlight has b removed, stating that th section is complete.			
Back Save/C	Continue	Ļ				

## **Emergency Contact Section**

You can add and remove emergency contacts. Please make sure to have at least one emergency contact on file if we are unable to reach a parent or guardian.

Campus	Online Registrat	tion				Applicatio	n Number 71
* Indicates a requ	uired field						
🗸 Student(s)	Primary House	hold	Parent/Guardi	an <b>T</b> Emerg	ency Contact	Completed	
Emergency	y Contact						
First Name	Last Name	Gender	Completed	Record Type	Remove Existing Contact		
		м		Existing		Edit/Review	
		F		Existing		Edit/Review	
required before a	a student is release	d to emergend	y contacts.	all one of the followin	g Emergency Contacts listed. Proper i to continue.	dentification will be	
	at person is comple	5 .		5.5			
Add New Eme	rgency Contact						
Back	Save/Continue						

inite Online Registration	Application Number 71
ndicates a required field	
✓ Student(s) Primary Household      ✓ Parent/Guardian      ▼Emergency Con	tact Student Completed
ontact Name:	
Demographics	
Please complete the following information for each emergency contact for your students. First Name Middle Name Last Name Suffix Birth Date	
Gender Male 💉	
This person is no longer an Emergency Contact for any students in this family.	
Contact Information	
Cancel Save/Continue	
Infinite Online Registration	Application Numb
Infinite Online Registration	Application Numb
Infinite Online Registration Campus Online Registration * Indicates a required field ✓ Student(s) Primary Household ✓ Parent/Guardian ▼Emerge	
Infinite Online Registration	
Infinite Online Registration  * Indicates a required field  Student(s) Primary Household Parent/Guardian  Emerge Contact Name:	
Infinite Online Registration * Indicates a required field  Student(s) Primary Household Parent/Guardian Emerge Contact Name: Demographics  Contact Information	
Infinite Online Registration  * Indicates a required field  Student(s) Primary Household  Parent/Guardian  Emerge Contact Name:  Demographics	
Infinite Online Registration Indicates a required field Indicates a requir	
<ul> <li>Indicates a required field</li> <li>Student(s) Primary Household</li> <li>Parent/Guardian</li> <li>Emerge</li> <li>Contact Name:</li> <li>Demographics</li> <li>Contact Information</li> <li>Enter the contact information for this emergency contact.</li> <li>At least one Phone Number is required.*</li> </ul>	
Infinite Online Registration  Indicates a required field  Student(s) Primary Household Parent/Guardian  Enter the contact Information Enter the contact information for this emergency contact. At least one Phone Number is required.* Home Phone	
Infinite Online Registration  Indicates a required field  Student(s) Primary Household Parent/Guardian Emerge Contact Name: Demographics Contact Information Enter the contact information for this emergency contact. At least one Phone Number is required.* Home Phone Cell Phone	
Infinite Online Registration * Indicates a required field  Student(s) Primary Household Parent/Guardian Enter the contact Information Enter the contact information for this emergency contact. At least one Phone Number is required.* Home Phone Cell Phone Work Phone	
Infinite Online Registration Indicates a required field Indicates a requir	







# \*Indicates a required field

Student(s) Primary Household	✓ Parent/Guardian	Emergency Contact	S
ontact Name:			
Demographics			
Please complete the following info First Name Middle Name Last Name Suffix Birth Date Gender	rmation for each emergency co	ntact for your students.	
Next >			
Contact Information			
Infinite Online Registratio	n		
✓ Student(s) Primary Househo	old 🔰 🗸 Parent/Guardian	▼Emergency Contact	Stud
Contact Name:			
Demographics			
Contact Information			
Enter the contact information for the At least one Phone Number is requ			
Home Phone Cell Phone Work Phone Email	( ) - ( ) - ( ) - ×		
Previous Cancel Save/Continue			

## Student Section

		inite Campus Onlin	ne Registration				ŀ	Application Num
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<pre>* Indicates that person is completed.</pre>	<pre>- Indicates that person is completed.</pre>	<mark>ellow</mark> - Indicates th	hat person is missing rea	quired information.	Select the highlighted i	row to continue.	need to edit/review all of them to comp	lete
Back   SeveContinue   Image: SeveContinue   Approximation   Approximation Approxi	Back Swe/Contract   Application   Application Application   Application   Application   Application   Application	- Indicates that pe	erson is completed.					
ent Name: Student Name   mographis where will be a few steps for each student you enter. The first is general demographic information. Please verify or add the information below. Please date 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 difference both in the box marked "last ander". Please enter both names without a date in between. Legal First Name Legal Middle Name Legal Last Name Wet in the box marked "last ander". Please enter both name box marked "last ander". Please tenter but name box marked "last and please tenter barked tenter box marked "last ander". Please tenter but name box marked "last ander". Please tenter but name box marked "last ander". Please tenter barked tenter box marked "last ander". Please tenter but name box marked "last ander". Please tenter but name box marked "last ander". Please tenter barked tenter box marked "last ander". Please tenter but name box marked "last ander". Please tenter bar	Into Name: Student Name:   Inter will be a few steps for each student you enter. The first is general demographic information. Please verify or add the information below. Please date any information that is incorrect. Please enter both name exactly as it appears on the birth certificate. If your student has two last aname?   Inter will be a few steps for each student you enter. The first is general demographic information. Please verify or add the information below. Please date any informer. Please enter both name exactly as it appears on the birth certificate. If your student has two last aname? Legal Irst Name  Legal Irst Name  Legal Last Name  Date Entered U.S. Errollment Grade 03 * Birth Call Current Enollment Met * Errolled School: Current Enollment Current Enollment Next * Next *<							
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Legal Middle Name   Legal Middle Name   Legal Last Name   Suffix   Date Entered U.S.   Birth State   Birth Country   Current Enrollment	Legal Middle Name   Legal Last Name   Legal Last Name   Suffix   Value   Value   Suffix   Value   Value   Next	cates a required field Student(s) Primary H dent Name:	Household V Pare	nt/Guardian	<sup>/</sup> Emergency Contact	▼ Student		
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Infinite Online Registration	Application Num
* Indicates a required field	
Student(s) Primary Household	arent/Guardian
Student Name:	
Demographics	
▼ Race Ethnicity	
Is Hispanic/Latino No 🗸 *	
<ul> <li>*Please check all that apply. If not Hispanic, at lease of the second sec</li></ul>	Information cannot be changed as it is imported from information you have previously provided the registrar at your child's school. If you need to make changes, please contact your registrar.
Previous     Next	
<ul> <li>Families in Transition</li> </ul>	
<ul> <li>No</li> <li>Are you in living in a shelter, car, or i</li> <li>Yes</li> <li>No</li> <li>Previous</li> <li>Next</li> </ul>	Please answer both questions.
Next P	
<ul> <li>Relationships - Parent/Guardians</li> </ul>	
Per FERPA, only legal guardians should have these boxes che guardianship provided to the school. This information will be At least one person must be marked as 'Guardian'.* Name Relationship* G Exerciption of Contact Preferences Guardian - Marking this checkbox will flag this person as legal gua Mailing - Marking this checkbox will flag this person to receive ma Portal - Marking this checkbox will flag this person to receive ma Portal - Marking this checkbox will flag this person to receive ma Portal - Marking this checkbox will flag this person to receive Massenger - Marking this checkbox will flag this person to receive	Suardian Mailing Portal Messenger Additional Household or No Relationship ardian to the student. illings for the student. unt, and this person will be able to view student information within the portal for this student. In messages from the District's messenger system. the student has a additional household membership with this person rson does not share a relationship to the student. By checking this checkbox you are indicating that this person no longer has a
Previous     Next	

ninimum of (1) Emergency Contacts are required*			
Name	Relationship*	or	No Relationship
	×		
	V	I	
	AUNT	1	
	EMERGENCY V	I	
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	EMERGENCY V	I	
Description of Contact Preferences			
elationship to the student. The relationship will be end	a ii one exists.		
ationships - Other Household			
Name	Relationship*	or	No Relationship
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No Relationship - Marking this checkbox will ind elationship to the student. The relationship will b		hip to the student. By checking this checkb	ox you are indicating that this person no lon
No Relationship - Marking this checkbox will ind		hip to the student. By checking this checkb	ox you are indicating that this person no lor
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aith Services - Health Information y checking this box, I certify that this student has or Add Condition child uses an inhaler Yes No child uses an epinephrine auto-injector (Epipen) Yes No ereby request and give my permission for acetaminophe • One (1) tablet for students 12 years and over. Oni • Two (2) tablets for students 12 years and over. Oni • Caetaminophen will not be administered to students • Tablets will not be crushed. Yes No gree that in the case of serious injury, my child will be to	a ended if one exists.  no existing medical or mental health condition  Answer all questions  n to be administered according to standing orders a dose per day. one dose per day. 5 years and younger.  ken to the nearest hospital by ambulance if necess:	<pre>c</pre>	til I can be contacted. <b>ANY EXPENSE OR</b>
No Relationship - Marking this checkbox will ind relationship to the student. The relationship will b Previous Next > Previous Next > Add Services - Health Information y checking this box, I certify that this student has or Add Condition child uses an inhaler Yes No child uses an epinephrine auto-injector (Epipen) Yes No ereby request and give my permission for acetaminophe • One (1) tablet for students 12 years and over. Oni • Acetaminophen will not be administered to students • Tablets will not be crushed. Yes No	a ended if one exists.  no existing medical or mental health condition  Answer all questions  n to be administered according to standing orders a dose per day. one dose per day. 5 years and younger.  ken to the nearest hospital by ambulance if necess:	<pre>c</pre>	til I can be contacted. <b>ANY EXPENSE OR</b>

Do Not Release		
PLEASE DO NOT RELEASE MY CHILE Please list full names and provide th	TO THE PERSON(S) e school with court of	LISTED BELOW. rders or restrictions orders (unless already on file):
Full Name:		
Full Name:		
rui Name.		
Previous     Next		
arent/Guardian Acknowledgements		
Acknowledgement of Handbook and School Rules  * I have received information, understand and accept the resp	onsibilities in the agenda including:	
Student Code of Conduct		
Attendance Procedures     Student Dress Code		
<ul> <li>Internet Usage Agreement</li> <li>BYOT Responsible Use Agreement</li> </ul>		
Transporation Policy     Parent and Student Transportation Agreement		
School Insurance Information		
landbooks and Course Catalogs		
1edia Release		
ur child's photograph <b>may</b> be used for official school publicity wh	ich may include the yearbook, schoo	ol newsletter or website, district website/marketing, etc.
) No	Please answer all	
	questions	
nternet Permission		1
ur son/daughter <b>may</b> participate in internet activities. ) Yes		
- 		
Student Confinement; Parent Notification and Consent Please indicate your agreement or disagreement for confinement of	luring the current school year in the	event it becomes necessary for disciplinary purposes if your student poses imminent physical harm
o him/herself or others. I have read this notification and agree/di	sagree to the following:	
Yes, I agree to allow the District to confine my child for discip		
No, I do not agree to allow the District to confine my child for	disciplinary purposes.	
Residency Affirmation		
lease chose only one option below:	t, and there are no changes.	
There are changes and I have updated the information.	, ,	
By signing below, I affirm all of this information is correct acknowledge responsibilities for the information.	and I	
	-	
Clear		
Cical		
<ul> <li>Previous</li> </ul>		
Cancel Save/Continu	16	

idicates a requir	od field					
Student(s) P	rimary Household	✓ Parent/Gu	uardian Em	ergency Contact	▼Student	Completed
tudent						
First Name	Last Name	Gender	Completed	Record Type	Edit/Review	M
		M	•	Existing	Euroreview	
	students that need to be					
	that person is missing i	required information	Select the highlighted	row to continue.		
<ul> <li>Indicates that</li> </ul>	person is completed.	_	The yellow highlight is g which means this section			
Add New Stude	nt		complete.			
Back Sa	ve/Continue					
leted Sect	<u>ion</u>					
$\sim$						
npus Online	Registration					Application Nu
tes a required f	ield					
		✓ Parent/Guard	lian 🔹 🗸 Emerge	ency Contact	Student	ompleted
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If you would like a copy of your application summary click on the PDF link when you get to the last page.



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

Application Summary PDF



Once you submitted your application, you will receive an email that it has submitted. Please do not reply to this email. If you have any questions, please contact your child's school. You will be updated through email as the registrar goes through all of the applications once the update window is closed. Should you have any changes after the window closed, you will need to go into your child's school and provide those details.

Retention Policy 90 Day Retention Policy (90 days)	Expires 10/8/2017	~
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Thank you for participating in Chandler's Online Registration.

Your status is: Submitted-Existing

Application Number: 71

Thank you.

Dear .