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

Online Registration

Welcome to Chandler Unified School District's Online Registration. You will see the household, parent/guardian and emergency contact information and will be able to change it if necessary. If you have a new address, please make sure to bring proper proof of residency to your child's school registrar. Press the Begin Registration to continue

Existing Student Registration

This editor is to update data for students that are currently enrolled in the District. You may add new students that are registering for the SELECT year later in the process.

Student Name	Grade	Included in new App?	Reason if not included
Child's Name		yes	Included

Registration Year 17-18 ∨ *

Begin Registration

Infinite **Campus** *Online Registration*

Welcome , | Your Name | Please type in your first and last name in the box below.

By typing your name into the box below 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.

Please sign on the line below.   Please type your name

Sign with your mouse or finger

Clear

Submit

This registration is for updating existing students.

Welcome to the Infinite Campus Online Registration. 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 Registration

Application Number 71

* Indicates a required field

▼Student(s) Primary Household ⊘Parent/Guardian ⊘Emergency Contact ⊘Student ⊘Completed

▼ **Home phone**

Home Phone
_____ *

All information is what we currently have in our system on your family. If you have any changes, please make them at this time. If you have no changes, please click next. You must look at every pleat in order o move onto the next screen.

Next ▶

▸ **Home Address**

▸ **Mailing Address**

Save/Continue

*Indicates a required field

▼ Student(s) Primary Household ⟩ ⊘ Parent/Guardian ⟩ ⊘ Emergency Contact ⟩ ⊘ Student ⟩ ⊘ Completed

› **Home phone**

▼ **Home Address**

Your address as listed in the portal

☐ The home address listed is no longer current

[Clear Address Fields]

Click on your address if it appears in box

If you are changing your address or enrolling for the first time, please bring in your proof of residency to the school office.
Residency Information

[Click Next if there are no changes]

‹ Previous   Next ›

› **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.

*Indicates a required field

▼ Student(s) Primary Household ⟩ ⊘ Parent/Guardian ⟩ ⊘ Emergency Contact ⟩ ⊘ Student ⟩ ⊘ Completed

› **Home phone**

▼ **Home Address**

Your address as listed in the portal

[Date you left your previous address]

☑ The home address listed is no longer current

Please enter the date that the mailing address became inactive for this household.   [⊡] *

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

Number	Prefix	Street Name		Tag	Direction	Apartment
*	[∨]		*	[∨]	[∨]	
City	State	Zip	Ext.	County		
*	[∨] *	*				

[Clear Address Fields]

Click on your address if it appears in box

Your address as entered above

If you are changing your address or enrolling for the first time, please bring in your proof of residency to the school office.
Residency Information

‹ Previous   Next ›

› **Mailing Address**

[Save/Continue]

*Indicates a required field

| ▼ Student(s) Primary Household | ⊘ Parent/Guardian | ⊘ Emergency Contact | ⊘ Student | ⊘ Completed |

▸ **Home phone**

▸ **Home Address**

▼ **Mailing Address**

Please use the address editor below to enter your address. You will see the formatted postal address below in the viewer. Once your address appears as it should on U.S. Postal Mail, please click "Save".

☑ The household has no separate Mailing Address

‹ Previous

[Save/Continue]

Only uncheck the household has no separate mailing address checkbox if you would like your mail to be delivered elsewhere. Please enter the information as accurately as possible. Please use proper abbreviations and capitalization. It is important to us to get information sent to you in a timely manner.

▼ **Mailing Address**

Please use the address editor below to enter your address. You will see the formatted postal address below in the viewer. Once your address appears as it should on U.S. Postal Mail, please click "Save".

☐ The household has no separate Mailing Address

| Post Office Box | Number | | Prefix | Street Name | | Tag | Direction | Apartment |
| ☐ | * | | ⌄ | | * | ⌄ | ⌄ | |

| City | State | Zip | Ext. | County |
| * | ⌄ * | * | | |

[Clear Address Fields]

Click on your address if it appears in box

Your address as entered above

‹ Previous

[Save/Continue]

Parent/Guardian Section

All areas <mark>highlighted in yellow</mark> will need your attention.

Infinite Campus Online Registration

*Indicates a required field

✓ Student(s) Primary Household	▼ Parent/Guardian	Emergency Contact	Student	Completed

Parent/Guardian

First Name	Last Name	Gender	Completed	Record Type	
▇▇▇	▇▇▇	F		Existing	Edit/Review

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

Yellow - Indicates that person is missing required information. Select the highlighted row to continue.

✓ - Indicates that person is completed.

[Add New Parent/Guardian]

[Back] [Save/Continue]

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

Infinite Campus Online Registration

*Indicates a required field

✓ Student(s) Primary Household	▼ Parent/Guardian	Emergency Contact	Student	Completed

Parent/Guardian Name: ▇▇▇

▼ **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	Female [⌄] *	

☑ Please check this box if this person lives at the address listed below.

▇▇▇

Next ▸

▸ **Contact Information**

[Cancel] [Save/Continue]

*Indicates a required field

✓ Student(s) Primary Household ▶ ▼ Parent/Guardian ▶ Emergency Contact ▶ Student ▶ Completed

Parent/Guardian Name: ███████████

▼ **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.

> If there has been a recent change in your household you can either provide the new address for a parent or check the box stating that you are not providing a new address.

█████████

☐ I will not provide an address for this parent.

Number	Prefix	Street		Tag	Direction	Apartment
___ *	[∨]		*	[∨]	[∨]	
City		State	Zip	Ext.	County	
*		[∨] *	*			

[Clear Address Fields]

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.

▸ **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	(██) ██ - ██ x
Email	* ████████████████
or	
Has no e-mail	☐ Please make sure to have at least one email for at least parent in the household.
Secondary Email	

[◂ Previous]

[Cancel] [Save/Continue]

*Indicates a required field

| ✓ Student(s) Primary Household | ▼ Parent/Guardian | ⃠ Emergency Contact | ⃠ Student | ⃠ Completed |

Parent/Guardian

First Name	Last Name	Gender	Completed	Record Type	
▓▓▓▓	▓▓▓▓	F	✓	Existing	Edit/Review

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

Yellow – Indicates that person is missing required information. Select the highlighted row to continue.

✓ - Indicates that person is completed.

[Add New Parent/Guardian]

[Back] [Save/Continue]

> The yellow highlight has been removed, stating that the section is complete.

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.

*Indicates a required field

| ✓ Student(s) Primary Household | ✓ Parent/Guardian | ▼ Emergency Contact | ⃠ Student | ⃠ Completed |

Emergency Contact

First Name	Last Name	Gender	Completed	Record Type	Remove Existing Contact	
▓▓▓▓	▓▓▓▓	M		Existing		Edit/Review
▓▓▓▓	▓▓▓▓	F		Existing		Edit/Review

In AN EMERGENCY, if parent/guardian cannot be contacted, please call one of the following Emergency Contacts listed. Proper identification will be required before a student is released to emergency contacts.

Yellow – Indicates that person is missing required information. Select the highlighted row to continue.

✓ - Indicates that person is completed.

[Add New Emergency Contact]

[Back] [Save/Continue]

*Indicates a required field

| ✓ Student(s) Primary Household | ✓ Parent/Guardian | ▼ Emergency Contact | ○ Student | ✓ Completed |

Contact 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.

Next ▸

▸ **Contact Information**

Cancel   Save/Continue

---

*Indicates a required field

| ✓ Student(s) Primary Household | ✓ Parent/Guardian | ▼ Emergency Contact | ○ Student | ✓ Completed |

Contact Name: ████████████

▸ **Demographics**

▼ **Contact Information**

Enter the contact information for this emergency contact.

At least one Phone Number is required.*

Home Phone   (   )   -
Cell Phone   (██) ██ - ██
Work Phone   (   )   -   x
Email

◂ Previous

Cancel   Save/Continue

*Indicates a required field

| ✓ Student(s) Primary Household | ✓ Parent/Guardian | ▼ Emergency Contact | ⊘ Student | ⊘ Completed |

Contact Name: ▮▮▮▮▮▮▮▮▮▮ II

▼ Demographics

Please complete the following information for each

First Name

Middle Name

Last Name

Suffix   [⌄]

Birth Date

Gender   Male [⌄] *

☑ This person is no longer an Emergency Contac

Warning

By checking this box you will not be required to complete any forms for this person and you will deactivate this person as an Emergency Contact for any current students in the family. If you wish to deactivate, please check OK.

[Confirm]   Cancel

Add New Emergency Contact

Back   **Save/Continue**

Infinite Campus *Online Registration*

* Indicates a required field

✓ **Student(s) Primary Household** ▸ ✓ **Parent/Guardian** ▸ ▼**Emergency Contact** ▸ ⊘S

Contact Name:

▼ **Demographics**

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

First Name		*
Middle Name		
Last Name		*
Suffix	[⌄]	
Birth Date		[🔍]
Gender	[⌄]*	

Next ▸

▸ **Contact Information**

[Cancel] [Save/Continue]

Infinite Campus *Online Registration*

* Indicates a required field

✓ **Student(s) Primary Household** ▸ ✓ **Parent/Guardian** ▸ ▼**Emergency Contact** ▸ ⊘Studen

Contact Name: ███████

▸ **Demographics**

▼ **Contact Information**

Enter the contact information for this emergency contact.

At least one Phone Number is required.*

Home Phone	( ) -	
Cell Phone	( ) -	
Work Phone	( ) -	x
Email		

⁒

◂ Previous

[Cancel] [Save/Continue]

Student Section

*Indicates a required field

✓ Student(s) Primary Household	✓ Parent/Guardian	✓ Emergency Contact	▼ Student	⊘ Completed

Student

First Name	Last Name	Gender	Completed	Record Type	
▇▇▇▇	▇▇▇▇	M		Existing	Edit/Review

Please include all students that need to be enrolled.

Yellow - Indicates that person is missing required information. Select the highlighted row to continue.

> If you have more than one student, you will need to edit/review all of them to complete the online annual update.

✓ - Indicates that person is completed.

[Add New Student]

[Back] [Save/Continue]

---

*Indicates a required field

✓ Student(s) Primary Household	✓ Parent/Guardian	✓ Emergency Contact	▼ Student	⊘ Completed

Student Name: [Student Name]

▼ 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.

Legal First Name	▇	*	Gender	Male ▾ *
Legal Middle Name			Birth Date	▇▇▇ *
Legal Last Name	▇	*	Date Entered U.S.	
Suffix	▾			
Nickname				
Student Email Address				

Enrollment Grade	03 ▾ *
Birth City	
Birth State	▾
Birth Country	▾
Enrolled School:	[Current Enrollment]

[Next ▸]

▸ Race Ethnicity

▸ Families in Transition

▸ Relationships - Parent/Guardians

▸ Relationships - Emergency Contacts

▸ Health Services - Health Information

▸ Do Not Release

▸ Parent/Guardian Acknowledgements

[Cancel] [Save/Continue]

* Indicates a required field

✓ Student(s) Primary Household	✓ Parent/Guardian	✓ Emergency Contact	▼ Student	◌ Completed

Student Name: ▮▮▮▮▮▮▮▮

▸ **Demographics**

▼ **Race Ethnicity**

Is Hispanic/Latino No ☑ *

*Please check all that apply. If not Hispanic, at least one is required.

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☑ White

> 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 ›

▼ **Families in Transition**

Are you currently living with a relative or friend due to financial hardship?

○ Yes

○ No

Are you in living in a shelter, car, or in an unstable living situation?

○ Yes

○ No

> Please answer both questions.

‹ Previous   Next ›

▼ Relationships - Parent/Guardians

> **Per FERPA, only legal guardians should have these boxes checked (guardian, mailing, portal, and messenger). If you have checked any of these boxes, you should have proof of legal guardianship provided to the school. This information will be verified by your school.**

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

Name	Relationship*	Guardian	Mailing	Portal	Messenger	Secondary Household	Contact Sequence*	or	No Relationship
▮▮▮▮	MOTHER ☑	☑	☑	☑	☑		1 ☑	I	☐

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.

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 ›

Contact Sequence:
1-4 Parent or guardian
5 and higher Emergency Contact

▼ Relationships - Emergency Contacts

A minimum of (1) Emergency Contacts are required*

Name	Relationship*	Contact Sequence*	or	No Relationship
	EMERGENCY ☑	7 ☑	I	☐
	EMERGENCY ☑	6 ☑	I	☐
	OTHER ☑	4 ☑	I	☐
	GRANDMOTHER ☑	5 ☑	I	☐

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.
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 ▸

▼ Health Services - Health Information

No medical or mental health conditions ☐

or

Existing Condition*	Condition Status*
▓▓▓▓▓▓▓	◯ This condition is current
	◯ This condition is not current

[Add Condition]

My child has allergies to certain food or insects.
◯ Yes
◯ No

My child carries an inhaler or epipen.   Answer all questions
◯ Yes
◯ No

I hereby request and give my consent for the person designated by the principal to administer Acetaminophen (non-aspirin) to my child.
◯ Yes
◯ No

I agree that in the case of serious injury, my child will be taken to the nearest hospital by ambulance if necessary, and emergency care will be provided there until I can be contacted. **ANY EXPENSE OR EMERGENCY TRANSPORTATION AND/OR TREATMENT SHALL BE MY SOLE RESPONSIBILITY.** I also understand that it is my responsibility to provide the school with any personal or emergency changes that occur during the school year.
☐ * Emergency Transportation   Please check this box

◂ Previous   Next ▸

▼ **Do Not Release**

PLEASE DO NOT RELEASE MY CHILD TO THE PERSON(S) LISTED BELOW.
Please list full names and provide the school with court orders or restrictions orders (unless already on file):
Full Name:
Full Name:

◂ Previous   Next ▸

▼ Parent/Guardian Acknowledgements

Acknowledgement of Handbook and School Rules

☐ * I have received information, understand and accept the responsibilities in the agenda including:

- Student Code of Conduct
- Attendance Procedures
- Student Dress Code
- Internet Usage Agreement
- BYOT Responsible Use Agreement
- Transporation Policy
- Parent and Student Transportation Agreement
- School Insurance Information

Handbooks and Course Catalogs

Media Release

Our child's photograph **may** be used for official school publicity which may include the school newsletter or website, district website/marketing, etc.

○ Yes

○ No   Please answer all questions.

Internet Permission

Our son/daughter **may** participate in Internet activities.

○ Yes

○ No

Student Confinement; Parent Notification and Consent

Please indicate your agreement or disagreement for confinement during the current school year in the event it becomes necessary for disciplinary purposes if your student poses imminent physical harm to him/herself or others. I have read this notification and agree/disagree to the following:

○ Yes, **I agree** to allow the District to confine my child for disciplinary purposes.

○ No, **I do not** agree to allow the District to confine my child for disciplinary purposes.

Address Release

I agree to release my address, phone number, and/or email address to parent organizations and/or district-related organizations.

○ Yes

○ No

Residency Affirmation

Please chose only one option below:

○ I affirm that the residency information on this report is current, 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 and I acknowledge responsibilities for the information.

_____

◀ Previous

Cancel   Save/Continue

*Indicates a required field

| ✓ Student(s) Primary Household | ✓ Parent/Guardian | ✓ Emergency Contact | ▼ Student | ✓ Completed |

Student

First Name	Last Name	Gender	Completed	Record Type	
▉▉▉▉	▉▉▉▉	M	✓	Existing	Edit/Review

<u>Please include all students that need to be enrolled.</u>

Yellow - Indicates that person is missing required information. Select the highlighted row to continue.

✓ - Indicates that person is completed.

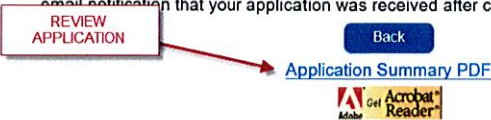> The yellow highlight is gone, which means this section is complete.

Add New Student

Back   **Save/Continue**

Completed Section

*Indicates a required field

| ✓ Student(s) Primary Household | ✓ Parent/Guardian | ✓ Emergency Contact | ✓ Student | ▼ Completed |

You must submit your application by clicking the following button.

Submit

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.

> REVIEW APPLICATION

Back

Application Summary PDF

Get **Acrobat Reader**

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*Indicates a required field

| ✓ Student(s) Primary Household | ✓ Parent/Guardian | ✓ Emergency Contact | ✓ Student | ▼ Completed |

You must submit your application by clicki...

S...

PLEASE NOTE: Prior to submitting your a... have entered by going back to the area in... information is not submitted until you click... email notification that your application was...

Application...

Get **Acrobat Reader**

Warning

Are you sure you that you are ready to submit this registration? You will not be able to enter and/or modify this information after submitting.

Confirm   Cancel

If you would like a copy of your application summary click on the PDF link when you get to the last page.

Infinite Campus *Online Registration*

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

Application Summary PDF

Get **Acrobat Reader**

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.

Reply   Reply All   Forward   IM

campus@smtp2.cusd80.com   10:17 AM

OLR Status - Status Change Notification

Retention Policy   90 Day Retention Policy (90 days)   Expires   10/8/2017

Dear

Thank you for participating in Chandler's Online Registration.

Your status is: Submitted-Existing

Application Number: 71

Thank you.