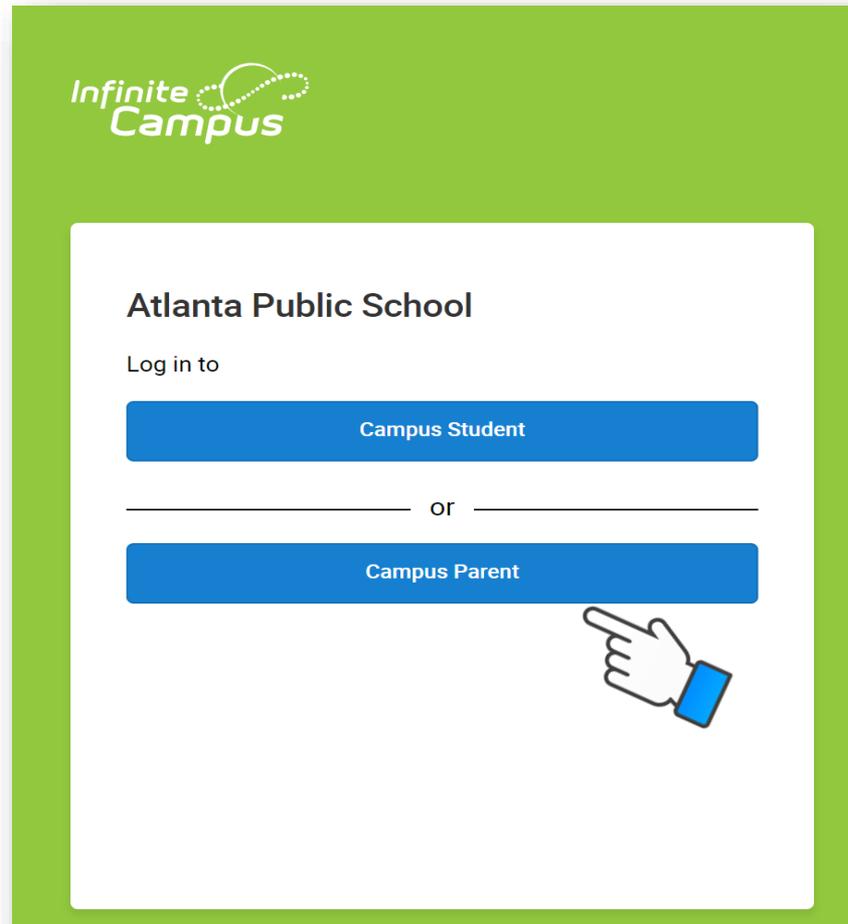


Reregistration via Parent Portal



Infinite Campus

Atlanta Public School

Log in to

Campus Student

or

Campus Parent



Infinite Campus

Message Center

Message Center

Announcements Inbox

No Announcements.

More

Click More



Click Online Registration

The image shows a screenshot of the Infinite Campus web application. At the top, there is a green header bar with the Infinite Campus logo on the left and a hamburger menu icon. Below the header is a dark grey sidebar on the left containing navigation options: Message Center, Today, Calendar, Discussions, and More. The 'More' option is highlighted with a green bar. To the right of the sidebar is the main content area, which is titled 'More'. This area contains several menu items: Address Information, Online Registration, and Next Year Course Request. The 'Online Registration' item is highlighted with a light grey background and has a hand cursor pointing to it. To the right of the hand cursor, the text 'Click Here' is displayed. Below these items is a section titled 'Quick Links' which contains two links: Atlanta Public School and SLDS Portal.



Existing Student Enrollment

Online Registration

Please select from the following:

Register student(s) who are currently enrolled in this district. | **or** |

Click here to go to Existing Student Enrollment



Click Here

Online Registration

Welcome to Online Enrollment. You will see the household Enrollment to continue

New Student Enrollment

This editor is to update data for students that have never be

Enrollment Year 19-20 Current Year ▼*

Select Correct
Enrollment
Year

Begin Enrollment



Click Here
Begin
Enrollment



Select The Enrollment Year

Online Registration

Welcome to Online Enrollment. You will see the household, parent/guardian and emergency contact information and Enrollment to continue

New Student Enrollment

This editor is to update data for students that have never been enrolled in the District.

Enrollment Year 19-20 Current Year *  Select School Year

- 19-20 Current Year
- 20-21 New Year
- 19-20 Current Year

Begin Enrollment



View Student and Begin Enrollment



Johnnetta Johnson

Online Registration

Welcome to Online Enrollment. You will see the household, parent/guardian and emergency contact information and will be able to change it if necessary. Press the Begin Enrollment to continue

Existing Student Enrollment

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

If you only want to enroll new students for the select year at this year, please use the link below to go to the New Student Enrollment form.

[Click here to go to New Student Enrollment](#)

Student Name	Grade	Included in new App?	Reason if not included	Online Registration Submitted
	09	yes	Included	no

Student(s)
Name(s)
Appears Here

Enrollment Year 19-20 Current Year ▼*

[Begin Enrollment](#)



Click Here



Select Application Language



*Infinite
Campus* Online Registration

English | Français | Español



Select Preferred Language

Please pick your preferred language.

S'il vous plaît choisir vos langues préférées.

Por favor, elija su idioma preferred.





[English](#) | [Français](#) | [Español](#)

Welcome to the Infinite Campus Online Enrollment. Before you begin, please gather the following:

- Household information -- address and phone numbers
- Parent information -- work and cell phone numbers, email addresses
- Student information -- demographic and health/medication information
- Emergency Contact - addresses and phone numbers.

Note: Required fields are marked with a red asterisk, and the district will receive the data exactly as it is entered. Dates should be entered as MM/DD/YYYY and phone numbers as xxx-xxx-xxxx.

Click link if you have questions about documents required to complete registration. If you need assistance, please contact a representative who will be back in touch with you the next business day.

[WHAT DO I NEED TO ENROLL IN APS?](#)



[Click Here](#)
Documents Need For Registration

[Begin](#)



Click Here To Begin



Verify Current Household Preferences

* Indicates a required field



▼ Primary Phone

Home Phone

(555)555 -5555 *

Enter Primary Home Phone

	Contact Preferences						
	Emergency	High Priority	Attendance	Behavior	General	Teacher	Private
Voice	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Text	<input type="checkbox"/>	<input type="checkbox"/>					

Description of Contact Preferences

Emergency - Marking this checkbox will use this method of contact for emergency messages

High Priority - Marking this checkbox will use this method of contact for messages labeled as High Priority Notification.

Attendance - Marking this checkbox will use this method of contact for attendance messages, such as those sent by the Attendance Dialer Wizard.

Behavior - Marking this checkbox will use this method of contact for behavior messages, such as those sent by the Behavior Messenger Wizard.

General - Marking this checkbox will use this method of contact for general school messages, such as those sent by the school or district.

Teacher - Marking this checkbox will use this method of contact for teacher-sent messages, including messages regarding failing grades and missing assignments.

Private - Mark if number should be listed as private

If you check the contact number you will receive multiple notifications via email, text, call at each number or contact methods you check.

Next ▶

Click Next to Verify Current Address

▶ Dwelling Address

Save/Continue



Residency Verification

▼ Dwelling Address

Your address as listed in the portal

Dr SW
Atlanta, GA

If the address listed here is no longer current (click here)

The home address listed is no longer current

You have the option upload your GA power bill and/or provide original.

Upload Georgia Power Bill

Click Here To Upload Current GA
Power Bill

Please upload a copy of your lease or mortgage.

Upload Lease/Mortgage

Click Here To Upload
Current Lease/Mortgage Statement

Please upload an affidavit of residency.

Upload Affidavit of Residency

Click Here To Upload
Affidavit Of Residency
Declaration of Residency

For more information about proof of residency click on the link below.

[PROOF OF RESIDENCY IN THE ATTENDANCE ZONE](#)

◀ Previous

Save/Continue

Click Save



Click/Edit Review



* Indicates a required field



Enrolling Adult

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

Click Here to enter information about each parent/guardian

[Add New Parent/Guardian](#)



Enrolling Adult

▼ Demographics

Information for the parent/guardian or enrolling adult Please review and complete the following:

First Name *

Middle Name

Last Name *

Suffix

Birth Date

Gender *

**Review information
for accuracy**

NOTE: The student **must** reside full-time with the enrolling adult at the address listed below.

Dr SW
Atlanta, GA

NOTE: The person enrolling a student should present proper identification. This identification may include a driver's license, a state identification card, a passport, or other official photo identification, such as an ID card obtained through an official government agency or consulate.

For more information about qualifications click on the link below.

[PROOF OF LEGAL GUARDIANSHIP](#)

**Click Next to verify
Enrolling Adult**

Next ▶



Please Enter Language and Contact Information Cell Phone, Work Email, Email Address

In which language would you prefer to receive school communications?

English

Select Prefer Language

Cell Phone (555) 555 -5555

Work Phone (666) 666 -6666 x

Other Phone () - x

Email *apsparent@gmail.com

OR

Has no e-mail

Secondary Email

Contact Preferences

	Emergency	High Priority	Attendance	Behavior	General	Teacher	Private
Voice	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
(SMS)Text	<input type="checkbox"/>	<input type="checkbox"/>					
Voice	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
(SMS)Text	<input type="checkbox"/>	<input type="checkbox"/>					
	<input checked="" type="checkbox"/>	<input type="checkbox"/>					

This information will enable you to receive notifications and updates during the school year

If you check the contact number you will receive multiple notifications via email, text, call at each number or contact methods you check. Description of Contact Preferences

Emergency - Marking this checkbox will use this method of contact for emergency messages

High Priority - Marking this checkbox will use this method of contact for messages labeled as High Priority Notification.

Attendance - Marking this checkbox will use this method of contact for attendance messages, such as those sent by the Attendance Dialer Wizard.

Behavior - Marking this checkbox will use this method of contact for behavior messages, such as those sent by the Behavior Messenger Wizard.

General - Marking this checkbox will use this method of contact for general school messages, such as those sent by the school or district.

Teacher - Marking this checkbox will use this method of contact for teacher-sent messages, including messages regarding failing grades and missing assignments.

Private - Mark if number or email should be listed as private

Previous Next

Click Next to Continue



Migrant Occupation Survey (If Applicable)

▼ Migrant Occupational Survey

Has this person moved in order to work in another city, county, or state, in the last three (3) years?

- Yes
 No



Has this person been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years?
(Check all that apply)

- Agriculture; planting/picking vegetables(such as tomatoes, squash, onions) or fruits(such as grapes, strawberries, blueberries)
 Planting, growing, cutting, processing trees (pulpwood) or raking pine straw
 Dairy/Poultry/Livestock
 Fishing or fish farms
 Processing/packing agricultural products
 Meatpacking/Meat processing/Seafood



Select All That Apply

Other (Please specify occupation):



Click Next to Continue

▶ Active Military Survey

Cancel

Save/Continue



Active Military Survey (If Applicable)

▼ Active Military Survey

"Active Duty" means full-time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve on active duty orders pursuant to 10 U.S.C. Sections 1209 and 1211.

Military Status: ▼*

Military Branch: ▼*

← Previous

Cancel Save/Continue

Click Here for Options

Click Save to Continue



Enrolling Adult(s) Information

* Indicates a required field



Enrolling Adult

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

Click
Edit/Review
Verify
Information

The green (✓) section complete

Add New Parent/Guardian

Back

Save/Continue

Click Save to Continue



Emergency Contact Information



* Indicates a required field



Emergency Contact(s)

First Name	Last Name	Gender	Completed	Record Type	Remove Existing Contact
------------	-----------	--------	-----------	-------------	-------------------------

IN AN EMERGENCY, if parent/guardian cannot be contacted, please call one of the following Emergency Contacts listed. Proper identification is 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

← Click
Add Emergency Contact



Emergency Contact Information

* Indicates a required field



Contact Name: Emergency Johnson

Demographics

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

First Name *

Middle Name

Last Name *

Suffix

Gender *



Please provide emergency contact's legal name as displayed on identification.

Next ▶



Click Next to Continue

▶ Contact Information

▶ Verification

Cancel

Save/Continue



In Case of Emergency... Who do we contact?

▼ Contact Information

Enter the contact information for this emergency contact.

Grandmother *

← Enter Contacts Relationship to Student

At least one Phone Number is required.*

Home Phone (999)999 -9999

Cell Phone (111)111 -1111

Work Phone () - x

Email

◀ Previous

Next ▶

← Click Next to Continue

▶ Verification

Cancel

Save/Continue

←



Does the Emergency Contact Live with You?

▼ 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.

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

Atlanta, GA Dr [redacted]

◀ Previous

Cancel Save/Continue

Click here if the emergency contact resides at the same address

Click Save to Continue



Emergency Contact Complete

* Indicates a required field



Emergency Contact(s)

The green (✓) section complete

First Name	Last Name	Gender	Completed	Record Type	Remove Existing Contact
Emergency	Johnson	F	✓	New	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](#)

Click Save to Continue



Other Household Edit/Review

* Indicates a required field



Other Household

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

Click Here
Edit/Review

In this section, please list all other children of the Primary Household already enrolled in school in the Atlanta Public School District. Please do not enter the information of the children you're in the process of enrolling today.

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

✓ - Indicates that person is completed.

[Add New Household Member \(Child not currently enrolled\)](#)

← Add Other Household Members

[Back](#)

[Save/Continue](#)

← Click Save to Continue



Other Household Members

Demographics

In this section, please list all other children already enrolled in the Atlanta Public School District.

First Name *

Middle Name

Last Name *

Suffix

Birth Date *

Gender *

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

Atlanta, GA

Please check this box if you wish to register this student for the upcoming school year.

Add Other APS student(s) Information

Does this student live in the home? If so, Click Here

Click Save to Continue



Verifying Student Information

* Indicates a required field



Student

First Name	Last Name	Gender	School	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.

✓ - Indicates that person is completed.

[Add New Student](#)

[Back](#)

[Save/Continue](#)

← Click Save to Continue



Student Demographic Information

▼ 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	<input type="text"/>	*	Gender	<input type="text"/>	*	Enrollment Grade	<input type="text"/>	▼	*
Middle Name	<input type="text"/>	*	Birth Date	<input type="text"/>	*				
Legal Last Name	<input type="text"/>	*							
Suffix	<input type="text"/>								
Student Cell Number	(<input type="text"/>) <input type="text"/> - <input type="text"/>								

← Please enter information from the student's Birth Certificate for accuracy

Next ▶

← Click Save to Continue



Vital Residency Survey Enrollment Information

▼ Residential Survey

Is the student's home address a temporary living arrangement?*  Select One Y/N

- Yes
- No

Is this student living with someone other than their parent or legal guardian?*

- Yes
- No

Student Resides with:*

- Both Parents
- One Parent
- Parent and Step Parent
- Guardian
- Foster Parent
- Other

 Select One

NOTE: The student must reside full-time with the enrolling adult.

[Click here for more information about APS Homeless Education Programs.](#)

 Click Next to Continue

▼ Enrollment Information

Based on our records, your zoned school will be:

School_

Student Placement Information

- [Click here](#) for School Zone Information.
- [Click here](#) for more information about Student Transfer Options.

 Click Next to Continue

!6



Relationship of Enrolling Adults to Student

▼ Relationships - Enrolling Adult(s) Enter Sequence

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

Name	Relationship*	Guardian	Mailing	Portal	Messenger	Contact Sequence*	OR	No Relationship
[Redacted]	Mother	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1		<input type="checkbox"/>
[Redacted]	Father	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2		<input type="checkbox"/>

Note: A red arrow points to the 'Contact Sequence' dropdown for the second row.

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.

Students shall be enrolled in school by their parent, legal guardian or a person standing in loco parentis. Enrolling adults must present proper identification upon enrollment.

For more information about this policy [click here](#).

← Click Next to Continue



Emergency Contacts

Other Household Member Relationships

Relationships - Emergency Contacts

A minimum of (1) Emergency Contacts are required*

Name
Emergency Johnson

Relationship*
Grandparent

Select Relationship

Contact Sequence*
3

OR

No Relationship

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 ▶

Click Next to Continue

Relationships - Other Household

Name

Relationship*
Sibling (Brother/Sister)

OR

No Relationship

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.

◀ Previous Next ▶

Click Next to Continue



Health Services

▼ Health Services

Please be prepared to provide documentation directly to the school nurse regarding any and all health conditions/concerns and medications.

For more information on current health and immunization requirements for rising 7th graders and rising 11th graders, see the links below:

1. [Immunizations Requirements](#)
2. [School Health Form](#)

Click Here To Review
Important Information



◀ Previous

Next ▶

Click Next to Continue



Media Release Agreement

▼ Release Agreement - Media

Atlanta Public Schools uses and releases photographs, audio recordings, and/or video recordings taken or recorded at its facilities and events for educational, instructional, or promotional purposes as determined by Atlanta Public Schools for use in broadcast and media formats now existing or created in the future. These photographs and recordings often include depictions of students and/or parents engaged in school functions and activities. Any such photographs, audio recordings, and/or video recordings shall become the property of Atlanta Public Schools and may be used by Atlanta Public Schools or others with the consent of Atlanta Public Schools and/or its representatives. As the parent/legal guardian of a student you may elect to withhold your consent for Atlanta Public Schools' use of photographs, audio recordings, and/or video recordings of your child.

Please note that your written notice will be effective for the current school year only and must be renewed on an annual basis should you wish to continue to opt-out of the release of photographs and recordings. Finally, please note that Atlanta Public Schools is not responsible for, and cannot control, photographs, audio recordings, or video recordings captured by individuals who are not employed by, affiliated with, or under contract with Atlanta Public Schools. Please contact your local school administration or the district's communications team if you have further questions regarding media releases.

NOTE: If you select "YES", it will be considered that you are allowing your student to participate in publicity-related activities and news media opportunities as described below. THE GUARDIAN MUST NOTIFY THE PRINCIPAL OF THE SCHOOL IN WRITING WITHIN 10 DAYS OF RECEIPT OF THE STUDENT HANDBOOK OR BY SEPTEMBER 1 OF THE SCHOOL YEAR.

By selecting "NO" you are advising Atlanta Public Schools of your choice to not have your child's name, image, voice or likeness appear in any form of media communication (Internet, photography, publishing, recording or videotaping) generated by Atlanta Public Schools or newsgathering organization (news media). Additionally, you are expressing that you do not wish for your child to participate in any APS approved media or publicity interviews or discussions that may be used for promotional or newsgathering purposes unless you direct otherwise.

- Yes - I give permission for my child to participate in any public or school media publication.
- No - I do not consent to the School and/or District's use of my child's photograph, voice and/or name in various media projects.

◀ Previous

Next ▶



Click Next to Continue



Technology Agreement

▼ Release Agreement - Technology

*I agree to the Internet acceptable use policy.

Yes

No

← **Select One**

[Internet Acceptable Use Policy](#)

◀ Previous

Next ▶

← **Click Next to Continue**

Discrimination Policy

▼ APS Non Discrimination Policy & Registration Completion

The Atlanta Public School System does not discriminate on the basis of race, color, religion, sex, citizenship, ethnic or national origin, age, disability, medical status, military status, veteran status, marital status, sexual orientation, gender identity or expression, genetic information, ancestry, or any legally protected status in any of its employment practices, educational programs, services or activities. For additional information about nondiscrimination provisions, please contact the Office of Internal Resolution, 130 Trinity Avenue, S.W. Avenue, Atlanta, Georgia 30303.

I have read and understand the APS Non Discrimination Policy*

Yes

No

← **Select One**

I understand that I will still need to physically attend the on-site building registration to complete the entire registration process. There are some portions that cannot be completed online (schedule change requests, counselor meeting requests, obtaining a photo id, joining clubs, etc.).*

Yes

No

◀ Previous

Next ▶

← **Click Next to Continue**

Enrolling Adult Signature

▼ Enrolling Adult Notice and Signature

By clicking here: You affirm that the information you have provided is true and accurate.

*To be enrolled in Atlanta Public Schools, students must reside full-time in the City of Atlanta with their natural parent(s), legal guardian(s), or legal custodian(s). For the purpose of this policy, a resident is defined as an individual who is a full-time occupant of a dwelling located in the City of Atlanta and who, on any given school day, is likely to be at their stated address when not at work or school. A person who owns property in the City of Atlanta, but does not reside in the City of Atlanta, is not considered a resident. **Parents are required to notify Atlanta Public Schools within fourteen (14) days if there is a change in residence. Representatives of Atlanta Public Schools may visit the home to verify residency. A student enrolled in Atlanta Public Schools under falsified information is illegally enrolled and will be immediately withdrawn from school.** Parents and Guardians making false statements or submitting false documentation is a violation of O.C.G.A. §16-9-2, §16-10-20 and/or §16-10-71 of the criminal laws of the State of Georgia and punishable by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both. O.C.G.A. 16-10-71.

By signing below, I swear or affirm that the information I have provided is true and correct.

Please sign on the line below

Use Your
Cursor/Finger
Sign Here

Clear

You are now complete. Please click save to add a new student or click save then save again to finish.

◀ Previous

Cancel

Save/Continue

Click Save to Continue



You're All Done!

Thank You for Completing Online Reregistration



Copies of Residency and /or Vital Records May Be Requested for Verification.

You will receive an email when your application has been processed.

