Inscripción a traves de Parent Portal

Infinite Campus	
Atlanta Public School	
Campus Student Or Campus Parent	
J.	



Infinite Campus		ف	-
Message Center	Message Center		
Today			
Calendar	Announcements		_
Discussions	No Announcements.		
More			
	Haga clic en More		



Haga clic en Registration

Message Center	More
Today	Address Information
Calendar	
Discussions	Online Registration Haga clic aquí
More	Next Year Course Request
	Quick Links
	Atlanta Public School
	SLDS Portal



Inscipción de estudiantes actuales

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

Online Registration

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

<u>New Student Enrollment</u> This editor is to update data for students that have never be

Enrollment Year 19-20 Current Year
* Seleccione el año de inscripción correcto
Haga clic aquí

Begin Enrollment

4



Seleccione el año de inscripción

Online Registration

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

New Student Enrollment

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





Vea el estudiante e inicie la inscripción



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

					Elnombre
Student Name	Grade	Included in new App?	Reason if not included	Online Registration Submitted	octudianto
	09	yes	Included	no	estudiante
					aparece aqu
Enrollment Year 19-20 Cu	irrentYear 🔻 *				
~					
Begin Enrollment	📜 Ha	aga clic aquí			
Begin Enrollment	📜 Ha	aga clic aquí			

6

Seleccione el idioma de la solicitud







Please pick your preferred language.

S'il vous plaît choisir vos langues préférées.

Por favor, elija su idioma perferred.

Seleccione idioma de preferencia





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. be entered as MM/DD/YYYY and phone numbers as xxx-xxx.

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

necesarios para la inscripción







Verifique las preferencias actuales del hogar





Verificación de domicilio





Campus Onli	ine Registration				Application
ndicates a require	d field				
✓ Student(s) Dw	elling Address	▼Enrolling Adul	©Emerger	ncy Contact(s)	Other Household
Enrolling Ad	ult				
First Name	Last Name	Gender	Completed	Record Type	
First Name	Last Name	Gender F	Completed	Record Type Existing	Edit/Review
First Name	Last Name	Gender F M	Completed	Record Type Existing Existing	Edit/Review Edit/Review
First Name	Last Name	Gender F M his area.	Completed	Record Type Existing Existing	Edit/Review Edit/Review
First Name	Last Name	Gender F M his area. quired information. Se	Completed	Record Type Existing Existing	Edit/Review Edit/Review



Padre matriculando al estudiante

▼ Demographics	
Information for the parent/guardian or enrolling adult Please review and co	omplete the following:
First Name Middle Name Last Name Suffix Birth Date Gender	* Revise si la * información es correcta
NOTE: The student must reside full-time with Atlanta, GA	n the enrolling adult at the address listed below. Dr SW
NOTE: The person enrolling a student should present proper identification. T identification card, a passport, or other official photo identification, such as a consulate.	his identification may include a driver's license, a state an ID card obtained through an official government agency or
For more information about qualifications click on the link below.	
PROOF OF LEGAL GUARDIANSHIP	
Next > Haga clic en Next para verificar al padre matriculando al	
estudiante	



Ingrese el idioma y la información de contacto, teléfono celular, correo electrónico del trabajo, dirección de correo electrónico



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

Haga clic en Next para continuar





Encuesta de trabajo migrante (Si aplica)





Encuesta de servicio militar activo (Si aplica)

* Active Military Survey		
"Active Duty" means full-time duty status in the active uniforme 1209 and 1211.	ed service of the United States, including memb	ers of the National Guard and Reserve on active duty orders pursuant to 10 U.S.C. Sections
Military Status: Military Branch:	¥ *	Haga clic aquí para opciones
Previous		
Cancel Save/Continue	Haga clic en Save para continuar	

Información de Padre(s) matriculando al estudiante

*Indicates a required field

irst Name	Last Name	Gender	Completed	Record Type		
		F	1	Existing	Edit/Review	
		М	1	Existing	Edit/Review	
Diazco lict all prim	any Parent/Cuardian's in	this area		La sección verde ves	con la palomita tá completa	
(ellow - Indicates	s that person is missing r	equired information	. Select the highlighted	row to continue.		Editar / Revisa
 Indicates that 	t person is completed.					Verificar información

Haga clic en Save para continuar



Información de contacto de emergencia





Información de contacto de emergencia

th emergency contact for your students.
*
*
as displayed on identification.
n Next para continuar





¿Con quién nos comunicamos?

At least one Phone Nu	Grandmother	al estudiante
Home Phone	(999)999 -9999	
Cell Phone	(111)111 -1111	
Work Phone	() -	x
Email		
	🕨 🚽 Haga cl	ic en Next para continuar
Previous Next		



¿El contacto de emergencia vive con usted?

Please enter system.	the address for this emergency contact. This information will only be used to verify the contact doesn't already appear in ou
	Haga clic aquísi el contacto de emergencia
	reside en la misma dirección
	Please check this box if this person lives at the address listed below.
	Atlanta, GA



Información de emergencia completa



Back Save/Continue

Haga clic en Save para continuar



Otros miembros del hogar

Editar/Revisar

Infinite Online Registration					Application NL
*Indicates a required field					
✓ Student(s) Dwelling Address	🗸 Enrolling Adu	lt 🗸 Emerger	ncy Contact(s)	other Household	Student
_C Other Household					
First Name Last Name	Gender	Completed	Record Type		
	F		Existing	Edit/Review	Hagaclicaqui
In this section, please list all other childre the information of the children you're in the children you're in the section of the children you're in the section of the se	n of the Primary House	<u>hold already enrolled ir today.</u>	n school in the Atlanta Public S	Par School District. Please do no	aeditar/revisar
Yellow - Indicates that person is missing	required information. S	Select the highlighted r	ow to continue.		
 Indicates that person is completed. 					
Add New Household Member (Child no Back Save/Continue	ot currently enrolled)		Agregue	otros miembr	os del hogar
Hagac	licen Save para	acontinuar			



Otros miembros del hogar

In this section, please l	ist all other children already enrolled in	the Atlanta Public School District.
First Name	*	Agregue información de otros
Middle Name		Agreguernionnacionaeolios
Last Name	*	estudiantes de APS
Suffix	· · · · · · · · · · · · · · · · · · ·	
Birth Date	*	
Gender	remaie V	
	Atlanta, GA	es que sí, haga clic aquí.
Please check this	box if you wish to register this student	for the upcoming school year.
	Haga	licon Savo nara continuar



Verificación de la información del estudiante

Infinite Campus On	line Registration						Application	Number 15371
* Indicates a require	ed field							
✓ Student(s) D	welling Address	🗸 Enrollin	g Adult	Emergency Co	ontact(s) 🗸 Oth	er Household	▼Student	Completed
$_{\Box}$ Student								
First Name	Last Name	Gender	School	Completed	Record Type Existing	Edit/Review	w	
Please include all	students that need to b	e enrolled.						
Yellow - Indicate	s that person is missin <u>c</u>	required inform	ation. Select the	highlighted row to co	ontinue.			
 Indicates that 	t person is completed.							
Add New Studer	nt							•
Back Sav	ve/Continue			laga clic en Sa	ave para contini	uar		



Información demográfica del estudiante

Temographics		
There will be a few steps for each student you er below. Please update any information that is inco certificate. If your student has two last nam without a dash in between.	nter. The first is general demographic information. I prrect. Please enter the student's name exactly nes, please enter both in the box marked "last	Please verify or add the information y as it appears on the birth : name". Please enter both names
Legal First Name	Gender Gender Birth Date	Enrollment Grade
Student Cell Number ()		Por favor ingrese la información del acta de nacimiento del estudiante
Next >	Haga clic en Save para continua	r



Información de residencia vital para la inscrición

▼ Residential Survey
Is the student's home address a temporary living arrangement?* Yes No Is this student living with someone other that their parent or legal guardian?* Yes No Student Resides with:* Both Parents One Parent
Parent and Step Parent Seleccione uno
Guardian
Foster Parent
Other
NOTE: The student must reside full-time with the enrolling adult.
Click here for more information about APS Homeless Education Programs.
Previous Next Next Next
Enrollment Information
Based on our records, your zoned school will be: School
Haga clic en Next para continuar



Relación al estudiante del adulto inscribiendo al estudiante

Ingrese secuencia Relationships - Enrolling Adult(s) At least one person must be marked as 'Guardian'.* Name Relationship* Guardian Mailing Contact Sequence No Relationship Portal Messenger 1 Mother Father 2 **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. 27 Haga clic en Next para continuar Previous Next >

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Contactos de emergencia Relación de otros miembros del hogar





Servicios de salud

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:



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Next 🕨

Haga clic en Next para continuar



Autorización de publicidad

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, 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.

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Haga clic en Next para continuar



Autorización de tecnología



Política contra la discriminación

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.



Firma del adulto inscribiendo al estudiante

Enrolling Adult Notice and Signature

Al hacer clicaquí: Usted afirma que la información que ha proporcionado es verdadera y correcta

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.



Cancel Save/Continue







¡Yatermind Graciasporcompletarlainscripción

Se podrá solicitar copias de residencia y/o registros vitales para verificación. Usted recibirá un correo electrónico cuando su solicitud haya sido procesado.

